Evolving Communities
Beyond Services

Building Bridges
National Community Mental Health & Addictions Conference 2010
14-16 April 2010 Wellington Convention Centre

ConferenceHandbook
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Welcome from Building Bridges Trust

Kia ora, Talofa lava, Kia orana, Malo e lelei, Fakalofa lahi atu, Talohani, Ni sa bula vinaka, Namaste, Ni hao, Bonjour, Greetings

Building Bridges Trust was established to support the hosting of this conference that brings together people from across the sector, to showcase examples of relevance, innovation, sustained quality and community focus. The trust uses any money from previous conferences to get things started and to make sure that people with lived experience of mental distress are supported to attend. The Trust is a voluntary body with five current members: special thanks to Michael Aitkens, Judi Clements, David Codyre, and Tracey Cannon. We would also like to thank Phyllis Tangitu who has left us since the Christchurch conference.

We would like to offer our sincere thanks and appreciation to everyone who has contributed to this conference. To the delegates, thank you for taking the time to attend. We trust you find it a worthwhile experience. We know that your participation and then the information and enthusiasm you take back to your workplace will decide whether this is a successful event or not. We anticipate that it will be.

We would especially like to thank the organisations who backed this conference by underwriting or agreeing to become sponsors: Eli Lilly, Careerforce Community Support Services ITO, The Mental Health Commission, Ministry of Health, Te Pou, ALAC, and the ARC Group. And a big thank you to our exhibitors and friends of the Building Bridges: Richmond NZ, Mental Health Foundation, Care NZ, Pathways, Kites, Wellink Trust, Case Consulting, Wild Bamboo, Net Soft, Platform, and Blueprint.

Without your support this conference is not possible. For those of you involved in the planning, Robyn and Colin our convenors, the hard working committee members and Amy from Flow Events Ltd, many thanks for your time, deliberations and contributions to the decisions that have influenced this event. It is always a huge undertaking and commitment. Well Done!

Vicki Burnett
Chair
Building Bridges Trust
**Whakatauki**

**Ka Oho te Wairua**  When your Spirit is Awakened  
**Ka Mataara te Tinana**  When your body is Alert  
**He Aroha ki te Aroha**  When love is Unconditional  
**Ka Kaa te Rama**  Enlightenment Flows  

*Naa,*

**Te Rauparaha**

**Nau mai! Haere Mai! Whakataumai ra! Welcome!**

Welcome to Evolving Communities Beyond Services, Whakatipuranga a rohe he ratonga kei tua ou moemoea, the 5th Building Bridges Community Mental Health & Addictions Conference.

After so much time spent preparing for this conference it gives us the greatest pleasure to be able at last to welcome everyone to the event itself! We have put together a programme that we hope will vigorously stimulate your interest in the ever-changing subject of mental health and addictions. We hope you find that the hallmark Building Bridges mix of presenters from across the broad spectrum of people who make up our community brings you so many ‘must hear’ presentations that you will find it difficult to decide which of these you must miss!

We explain in the section Conference Themes how the theme Evolving Communities Beyond Services came about. As always however, Building Bridges is a conference where the people who provide mental health services and the people who make use of them, as well as families and other stakeholders are brought together to build the bridges of communication and understanding that help improve, and hopefully diminish the need for, specialist services.

We hope you also find time to sample some of the many delights of this jewel of a city, Wellington – Te Whanganui A Tara (or Poneke as it’s known), plays host to Building Bridges for the first time. This Conference Committee like others before it has endeavoured to put our own special stamp upon the programme.

No conference of this scale succeeds without a great deal of work from a lot of people. First and foremost we would like to thank the local organising committee whose names appear below. For more than a year these people have given a great deal of their time in putting this event together. They are the folk in the snazzy black tee-shirts who will be everywhere during the conference to assist you in whatever way they can.

As well we’d like to thank Vicki Burnett and the Building Bridges Trust for their support and funding to enable many consumers and whanau to get to the conference. Thanks too to the Ministry of Health for its funding enabling a further number of addictions consumers and whanau to attend.
We’d like to heap praise and gratitude upon Amy Fitzgerald of Flow Events Ltd for tirelessly supporting the committee with her always professional and efficient direction and management of the complex logistics involved.

A special thank you to conference MC Fiona Clapham Howard, who did such a wonderful job making the 2006 Christchurch conference run smoothly that we simply had to invite her back!

And finally we acknowledge with gratitude the warm welcome and constant holding of the mana that is being provided by the Tangata Whenua Ngati Toa Rangatira me Te Ati Awa.

Noreira koutou ra nga manuhiri tuarangi puta noa o te ao nau mai haere mai whakatau mai ra huri noa huri noa tena koutou, tena koutou, a tena tatou katoa.

Mauri Ora Kia Tatou!
Naa,

Colin Slade & Robyn Priest
Conference Co-conveners

Explanation of the Powhiri
Here in Te Whanganui a Tara we are in Te rohe o Ngati Toa, the territory or whenua of the people of Ngati Toa Rangatira.

Protocol or kawa requires that the Kaumatua Rangatira of Ngati Toa Rangatira formally welcome conference delegates to this place. In the powhiri the kaumatua, the conference organising committee and other dignitaries will form the tangata whenua or welcoming party on the stage. Keynote speakers and other important guests will form the manuhiri or visiting party sitting opposite on the stage. The powhiri will continue until each side has finished speaking. There may be a waiata or song after each speaker as is tradition. You are welcome to join in if you know the song. The greater the singing, the greater and warmer will be the mana, the spiritual aura that the kaumatua will ensure we are all enfolded within while we are in their care.
Conference Themes

A note from the Conference Convenors

Evolving Communities beyond Services is our theme for this Building Bridges Conference. Why? We believe that although the configuration of mental health services has remained largely unchanged for some 40 years, transformation is occurring as we speak. Mental health, the restoration of it, the maintenance of it and the enhancement of it is increasingly being taken charge of by the people who matter: us. All of us have the power and the responsibility to take decisions on our own behalf in the pursuit of our own good health and wellbeing. From time to time we may need to engage services and professionals to assist us in that pursuit. But more and more, because we choose to act sooner rather than later, the services we go to are in the primary rank.

However, primary services are no longer confined to the traditional general practice. Increasingly they may take the form of a holistic youth health service that provides peer mental health support, outdoor recreation programmes, relationship and sexual health advice, self esteem classes and so on. (Such a service might have a GP attached to it too!) They may be marae-based services that offer cultural alternatives to western clinical models of mental health and addiction treatment. They may be peer support services of every kind: post natal depression, bi-polar support, hearing voices, anxiety disorders, family/whanau support groups, and an increasing range of addictions peer support groups.

‘Self-help’ groups have traditionally been seen as ‘amateur’ or peripheral supplements to the ‘real’ mental health services. But secondary and tertiary services are now starting to recognise that much valuable and evidence based research knowledge is being accumulated within the community of people who experience the many different kinds of symptoms that clinicians group into common diagnoses and who take the time to explore and investigate the symptoms they experience. A prime example is the WRAP planning programme developed by pioneer consumer researcher, Mary-Ellen Copland that has been enthusiastically adopted for introduction to their service-users by many secondary mental health services in New Zealand and around the world. More and more professional peer support services are being established, as is specialised professional training for the people who work within them.

What does this kind of ‘consumer revolution’ mean for the future development of services? Certainly it will mean a greater diversity of options of help for people who are experiencing a deterioration in their mental health. It will mean earlier and less traumatic intervention, (the ambulance at the top of the cliff as one presenter puts it). It will mean a blurring of the boundary between primary mental health services and specialist secondary services that seem to be, as another presenter describes it, ‘parallel universes’. It will mean a reduction in the need for those specialist secondary services and the ability for more resources to be put into the primary health and health promotion sector. Above all it will mean the community taking more responsibility for its own health and evolving beyond the need for services.
We have designed a programme to highlight many of the advances that are emerging in mental health today and to enable and encourage opportunities for discussion that will drive the continued transformation of services in the future.

**Self: Understanding Me**

The challenges of wellbeing, the significance of a personal belief structure and the fundamental nature of being ‘me’. An exploration of the building blocks of health, wellbeing and recovery and the notion of personal perception. Examining self in the context of our relationships with others and how to live well with mental illness of addiction.

**Services: Analysing our Successes**

The Government’s focus on primary level care has broadened the ways to access services. What has been the impact of those changes? Have we got it right? And can all people who need the services afford it? This stream analyses the lessons learned and the challenges still to be resolved. It looks at the need to continue improving access to both mental health and addiction services. It explores the relationship between primary and secondary health provision and funding. It focuses on the growth of peer-run services and asks: how can we ensure that a real choice of culturally specific and socially oriented service is available to all?

**Partnerships: Creating New Possibilities**

How do we create better and more effective partnerships between service providers? And what about those not typically identifying with the mental health and addiction sector? The links between welfare, education, housing, employment, youth, religious, physical health and other sectors are vital to ensure that those in need get the right support at the right time. This stream explores some of the innovative approaches to shared services and collaboration. Its focus is both within and beyond what we currently consider as mental health and addiction services to explore how our communities and the threads that connect us all can lead to powerful and sustaining approaches to wellbeing.

**Beyond: Developing the Pathway**

How can we help create a stronger and healthier community into the next 10 years? Are community attitudes to mental health and alcohol, other drug and gambling problems changing? Are we an enabling society or one still afraid of what we don’t know? Increasingly youth health services are showing us a new approach and attitude towards maintaining wellbeing. What other changing trends are already shaping our practices and policies and how do we capture these changes and the transformational opportunities that we might need to embrace?
Keynote Speakers

Shona Clarke, Consumer Advisor Project Leader for Adolescent Mental Health, Werry Centre

Shona is the Youth Consumer Advisor Project Leader at the Werry Centre for Child and Adolescent Mental Health, Workforce Development. She has enthusiastically advocated for youth consumer participation, and has advised in various mental health settings for years. Shona has a Bachelor of Arts majoring in psychology from the University of Auckland and is currently studying postgraduate psychology.

What the Mental Health Sector Can Learn from Young People

*Wednesday 14 April 2010 @ 11.00am in the Town Hall Auditorium*

Despite public perceptions of youth, we can learn a lot from young people and the way they think. Mental health services and the broader sector aren’t exempt, as youth perspectives can bring a lot to ensuring good services are delivered in a timely manner when they’re needed, and that a “problem” is just that and not a lifelong “illness”. While I don’t think I count as a young person any more, I still like to think of mental health and illness from a youth perspective. Because I think getting it right with young people has implications for adults and everyone in between, this keynote address is going to draw on what young people can teach and bring stories to demonstrate this. So, don’t even go there with that deficit-focussed thinking and open your mind to what young people can bring!

Karlo Mila-Schaaf, Poet and Author

Presentation Sponsored by the Mental Health Commission

Karlo Mila-Schaaf (Karlo Mila) worked at the Health Research Council from 2001-2004 as the Manager, Pacific Health Research. One of the projects she was responsible for during that time was the drafting of the Pacific health research guidelines. Of Tongan and Pakeha descent, she has written two books of poetry, one of which was awarded the “best first book of poetry” at the 2006 Montana New Zealand Book Awards. She has recently submitted her PhD which focused on how second generation (NZ-born) of Pacific peoples operate culturally. Karlo is now living in Palmerston North with her family and is working on an automythographical novel which blends fiction with memoir to explore experiences of unwellness and recovery.
Lights on the Bridge to Recovery

Wednesday 14 April 2010 @ 4pm in the Town Hall Auditorium

The lens of pathology tends to have the monopoly on the way we view mental health illnesses and experiences. Alice Walker writes that: “We were not meant to suffer so much & to learn nothing.” Self-knowledge is one of the few gifts that can be associated with surviving the crisis, illness, and collapse of a serious mental health episode. Self-knowledge is often the only light at the end of a disastrous and devastating tunnel. How do we ensure that we then learn to value this knowledge, rather than stigmatising and medical-izing our own experiences and delegating these to silences, our unspoken darkness, joining other skeletons in the closet. How do we carry what we learn, like candles of light, to illuminate the rest of our journey? How do we pass these torches on to others? We have stories and strategies of survival. Learning what ‘makes us well’, ‘what keeps us well’, and ‘how to stay well’ is the precious ore of resilience. It is hard-won. It is wisdom granted often at great cost. It is the elusive treasure of the many tests and quests for wellbeing involved in a mental health episode. It is so easy to bury these experiences in shame and forgetting. As we recover, and return to the ‘land of the living’ can we be brave enough to look back? Can we keep our maps and trace our pathways of healing? Can we look back at the tenuous lines we followed and recognise our own courage and tenacity in the journey of recovery? The biggest challenge, of course, is whether we can pass these maps, lights, stories and experiences on to those who need them - to those still standing on the other side of the bridge. And the corresponding sector-wide challenge is ‘how do we do this better’?

Karlo will be introduced by:

Dr Peter McGeorge, Chair, Mental Health Commission (Sponsor of this Keynote Presentation)

Dr Peter McGeorge is a Child, Adolescent and General Psychiatrist who has extensive experience in the development and delivery of services in New Zealand and Australia. Over the course of the past 20 years he has been involved in national policy development, reviews of Mental Health Services and setting up systems of integrated community and hospital based mental health care.

Lana Frado, Executive Director, Sound Times Support Services, Canada

Lana Frado is the Executive Director of Sound Times Support Services, a consumer / survivor operated community mental health agency, providing community mental health agency, providing community support, as well as specialised services to those involved in the criminal justice system and substance users. She has worked within the consumer / survivor community for almost two decades in both grassroots and mainstream initiatives. She has worked in cross-
disability activism, policy and system design, employment and human rights issues at local, provincial and national levels. She lives in Toronto, Ontario, Canada.

Fair Play: Consumer-operated Services as Partners

*Thursday 15 April 2010 @ 9am in the Town Hall Auditorium*

What happens when a consumer-operated service is included in a new funding initiative? Mainstream and alternative - held to mutual service agreements. Can they cope? Can they learn to work in partnerships? Would politics get in the way? Join Lana Frado to find out how traditional mental health services cope with a “level playing field”. She will recount the history of designing and implementing two consumer-operated programs within a larger network of services funded to prevent or reduce the involvement of consumer/survivors in the criminal justice system in Toronto, Canada and her presentation will elaborate on the challenges and successes of partnering with mainstream and traditional mental health services. Assessments and case loads. Care plans and outcome measurements. Can you use a different strategy and still play a friendly game? Or do the stakes get higher as strategies are challenged? Do any players defect to the other team? And does the playing field remain level?

Dr Helen Rodenburg FRNZCGP, GP Island Bay Medical Centre, Trustee Capital PHO, Member Mental Health Advocacy Coalition, Wonca Working Party on Mental Health

Helen is a GP at Island Bay Medical Centre in Wellington and on the Board of Capital PHO. She has experience in PHO service improvement and development, and quality improvement in both the primary sector and at the interface between primary and secondary care. In relation to mental health her current roles are: CCDHB Journey Forward Leadership Group Chair; Member Mental Health Advocacy Coalition; Member World Organisation of National Colleges of Family Medicine (Wonca) Working Party on Mental Health (International- WHO Collaboration 2009), and Clinical Director Primary Mental Health, Compass Health (management services for 3 CCDHB PHOs). • Clinical Director Primary Mental Health, Compass Health (management services for 3 CCDHB PHOs)

Primary Mental Healthcare: What does it mean and what will the future bring?

*Thursday 15 April 2010 @ 2pm in the Town Hall Auditorium*

There have been a number of developments in the provision of primary mental health care in New Zealand with the increasing recognition that primary care should be central to development of service delivery. These include Ministry of Health funded Primary Mental Health Initiatives (PMHI) as well as existing projects in primary / secondary care liaison. Primary care for mental
health forms an essential part of both comprehensive mental health care and general primary care. GPs and practice nurses in the past, provided between 50 % and 75% of all mental health care without dedicated funding, time or resources. There are now opportunities to become even more effective in this work, as part of “usual” care and as part of extended roles that come with increased support for primary mental health care and the advent of new options for people.

This presentation will look at primary care and primary mental health care drawing on international, national and local examples. The need to modify services in response to specific community needs has become clear with the implementation of the initiatives. It is essential when planning primary mental health services, that the primary care philosophy is understood and respected. Mental health can not be separated from primary health care and an integrated approach in primary care is essential. The potential for wider integration and new ways of working will be discussed.

Helen will be introduced by:

Janice Wilson, Deputy Director General, Population Health Directorate

Prior to her appointment as DDG Population Health, Dr Janice Wilson held the position of DDG, Mental Health, since 1 July 2000. She joined the Department of Health in March 1993 as Director of Mental Health, and was also appointed to the position of Chief Psychiatric Advisor in July 1993, later called Chief Advisor, Mental Health in 1997. Prior to joining the Ministry, Janice was Manager of Mental Health Services for the Wellington Area Health Board. A psychiatrist and Fellow of the Royal Australian and New Zealand College of Psychiatrists, Janice held the honorary position of President from May 1997 until June 1999. Janice also holds a Diploma in Health Administration and a certificate of Health Economics from Victoria University. She has worked both clinically as a psychiatrist and as a Manager in Mental Health Services.

Jacqui Dillon, Chair, Hearing Voices Network, UK

Jacqui Dillon is a writer, campaigner, international speaker and trainer specialising in hearing voices, psychosis and trauma. She is the national Chair of the Hearing Voices Network in England, a charity which works to promote acceptance and understanding of the experiences of hearing voices, seeing visions, tactile sensations and other sensory experiences. Jacqui is a member of the co-ordinating committee for the Campaign to Abolish the Schizophrenia Label. She has published several articles and papers and is on the editorial board of the journal Psychosis: Psychological, Social and Integrative Approaches. Along with Professor Marius Romme and Dr Sandra Escher she is co-author of the book, Living with Voices , an anthology of 50 voice hearers’ stories of recovery. Jacqui is also a voice hearer.
The Personal is Political

*Friday 16 April 2010 @ 9am in the Town Hall Auditorium*

The concept of the ‘personal is political’ developed out of the women’s liberation movement in the 1960s, establishing a clear link between our lived experience and the broader political and social setting in which we exist. This concept is also highly relevant to contemporary attitudes and responses to mental health issues and notions of sanity and madness. The traditional bio-medical approach deems experiences like hearing voices as symptoms of an illness best suppressed with medication. However, there is a growing body of evidence which views hearing voices as a meaningful response to disturbing and overwhelming experiences that can be understood and integrated into a person’s life. By sharing personal experiences of madness and recovery, these issues are explored so that madness is understood as a sane response to surviving in a crazy world. Consequently, advocating and campaigning for the rights of those labeled as mentally ill has now become the last great civil rights movement.
Invited Speakers

Conference Opening Address,
Hon Tariana Turia, Associate Minister for Health

Wednesday 14 April, 9:45am, Town Hall Auditorium

Hon Tariana Turia (Ngā Wairiki/Ngā Apa, Ngā Rauru, Tuwharetoa, Whanganui) is co-leader of the Maori Party and the member of parliament for Te Tai Haumia since July 2002. Currently she sits outside of cabinet as Minister for Disability Issues and the Community and Voluntary Sector, as well as holding associate ministerial positions in both health and social development and representing Maori on several cabinet committees. Minister Turia has dedicated much of her time to achieving improved health outcomes for Maori. For the greater part of her time in Parliament she has played a significant role in developing government policies and strategies for improving the health and wellbeing of whanau Maori, hapu, iwi and communities nationwide. Her role within the current government builds on her previous work within Maori health in and outside of Parliament. Prior to Parliament, Minister Turia’s career in Maori health and development has been extensive. From her involvement in marae based training initiatives to high-level managerial positions, most notably as Chief Executive of the central region’s largest Maori Health Service Provider Te Oranganui Iwi Health Authority, she has worked tirelessly for her whanau and te ao Maori. Prior to Parliament, Minister Turia’s career in Maori health and development has been extensive. From her involvement in marae based training initiatives to high-level managerial positions, most notably as Chief Executive of the central regions largest Maori Health Service Provider Te Oranganui Iwi Health Authority, she has worked tirelessly for her whanau and te ao Maori.

Conference Closing Address
Evolving into the Future
Mary O’Hagan, International Consultant

Friday 16 April, 3pm, Town Hall Auditorium

What have the discussions at the 2010 Building Bridges conference told us about where we are going in mental health? Mary O’Hagan will close with her observations and then open it up to the audience to give theirs. Mary O’Hagan experienced severe mental health problems and used mental health services for several years as a young woman. She slowly realised that, like her, many people were not helped or understood in the mental health system and some were deeply harmed by it. Society, in collusion with the mental health system, had also failed to uphold the rights and participation of some of its most marginalised citizens. In response to this, Mary initiated the user/survivor movement in New Zealand in the mid 1980s. From 1991 to 1995 she was the first chair of the World Network of Users and Survivors of Psychiatry. Mary was a mental health commissioner in New Zealand between 2000 and 2007. She is now an international consultant in mental health. Over the last two decades she has occupied many roles in many types of agencies, always with an overriding commitment to promote service user expectations of services as well as their full participation in society.
Panel Presentations & Discussions

1. Panel: How do we take a strengths based approach to improving the images of young people?

*Wednesday 14 April 2010, 11.45am, Town Hall Auditorium*

The panel will discuss how young people are perceived and the implication of this. They will explore the differences in the images of young people within mental health services and wider such as within other relevant services and the wider community.

The panellists will draw on their youth perspective to describe what a strengths-based approach means for them and how to use this to improve the perception of young people within mental health services, services that come into contact with young people and the community. Panellists will speak about their ideas of what young people as well as audience members can do to improve the perception of young people. Panel members are from a range of youth related services from across the country and may inspire and motivate you to reflect on your own practice, attitudes, and communications with young people.

**Panellists**

*Shona Clarke, Werry Centre (Chair)*

**Consumer Advisor Project Leader for Adolescent Mental Health, Werry Centre**

Shona is the Youth Consumer Advisor Project Leader at the Werry Centre for Child and Adolescent Mental Health, Workforce Development. She has enthusiastically advocated for youth consumer participation, and has advised in various mental health settings for years. Shona has a Bachelor of Arts majoring in psychology from the University of Auckland and is currently studying postgraduate psychology.

*Ricky Malcolm, New Zealand Aotearoa Adolescent Health & Development*

Ricky Malcolm has deep connection with the youth sector in New Zealand. At 20 years old, he is involved in a number of organisations at both a governance and grass roots level. He became a member of the Rise E Tu youth healthy eating & healthy action advisory committee to the Ministry of Health in 2006 and since then found his passion in working with young people. To the astonishment of his teachers, friends and family, Ricky decided to take the risk in leaving high school halfway through his 7th form year, as a prefect and school leader to pursue youth and community work.

In 2007, Ricky started as a youth peer support member at the Waves Youth Health & Development Service in New Plymouth and has only recently moved on to experience working with young people in schools as a teacher aide. Ricky
is also a member of the New Zealand Aotearoa Adolescent Health and Development national council, a trustee of the Taranaki Television Trust and Access Radio Taranaki Trust and has an active involvement with local police and community development. This year, Ricky is going to run for local council in a further bid to build the bridge between young people and decision makers in his community.

**Gemma Scott, Evolve Youth Services**

Gemma is 25 years old and she works at Evolve Youth Service in central Wellington. Evolve is a free health and social service for 10-25 year olds, with a strong emphasis on youth development and youth participation.

Gemma grew up in Wellington and her education background is mostly in administration. She became interested in the health and community sector through her involvement with community, youth and mental health groups, as well as her own life experiences. She started work at Evolve as a Peer Support Worker when it first opened six years ago, and over the years her role has grown from part-time peer support to her current role as Office Manager. During that time Gemma has seen first hand how challenging and diverse the issues faced by young people can be when trying to access healthcare or support. She really loves working with young people and supporting them to achieve their goals and learn new skills. “It's great to be part of a service that is able to make a difference in the wellbeing of young people in our community.”

**Joshua Domican, Youth Consumer Advisor, Waiatemata DHB**

Joshua Domican is the Youth Consumer Advisor for Waitemata DHB. He is 21 years old and has a previous consumer experience in Mental Health. He is focused on strengths based youth development, as well as getting technology and innovative ideas such as texting and youth health promotion running and active in the DHB.

He works with the Marinoto child and youth teams, Early Psychosis Intervention and the Auckland Intensive Clinical Support Service for CYFS Children and Youth clients with Mental Health Issues. He covers the whole Waitemata area, including West Auckland, North Shore and Rodney. Some of the initiatives he has launched are better waiting rooms, youth forums and developing youth friendly service brochures. He is also a member of the Waitemata DHB Youth Advisory Group and also a member of The Like Minds Youth Advisory Group for The Mental Health Foundation. Outside of work he is a surf kayaker, skateboarder and is currently running The Uprising Skate Ministry, a Christian based skateboarding initiative. He is studying part time for a Diploma in Graphic Design at Media Design School in Auckland.

**Nathan Bellingham, Representative, Rubicon Youth Alcohol & Drug Support**

Nathan Bellingham is a 16-year-old Whangarei Boys High School student. He is in year 13, currently studying for his NCEA level 3. Nathan is a prefect and head boarder at Carruth Boarding School at Whangarei Boys High School. His interests are music and driving. Nathan's home town is in Dargaville. Nathan is a Rubicon representative and role model for students in his school.
Kate Doak, Youth Consumer Advisor, Canterbury District Health Board

Kate Doak is a young woman who has first-hand experience of the challenges of recovering from depression, anxiety disorder and living day to day with Attention Deficit Disorder. Currently a Youth Consumer Advisor with the Canterbury District Health Board’s Child, Adolescent, and Family Mental Health Service, Kate’s everyday work in service development is informed and enriched by her experience as a service user. Kate has been an active supporter of youth and family involvement for over six years and worked as a volunteer for the pioneering CDHB CAF Representatives Group formed in Christchurch during that time. She has a particular interest in ensuring clinicians, young people and families form strong partnerships and she works closely with the family/whanau advisor for her service. When Kate is not working for the CDHB she is a distance social work student at the University of Otago and intends to one day defect to the clinical side of Mental Health.

Panel: The interface between justice, addictions and mental health: working together for the common good – how can we make it work?

Thursday 15 April 2010, 9.45am, Town Hall Auditorium

The justice system is currently one of the major providers for people with mental health and addictions issues. The panel will discuss issues, both negative and positive, associated with the interface of mental health and addictions services and the justice system. The panellists will draw from their fields of expertise to explore how we move from a fragmented system to working together for the common good.

Panellists
Lana Frado, Sound Times, Canada (Chair)

Lana Frado is the Executive Director of Sound Times Support Services, a consumer / survivor operated community mental health agency, providing community mental health agency, providing community support, as well as specialised services to those involved in the criminal justice system and substance users. She has worked within the consumer / survivor community for almost two decades in both grassroots and mainstream initiatives. She has worked in cross-disability activism, policy and system design, employment and human rights issues at local, provincial and national levels. She lives in Toronto, Ontario, Canada.

Paraire Huata, Moana House

Paraire Huata (Ngati Kahungunu) has been described as a trainer, instigator, teacher, mentor, and inspirational speaker, who is passionate about mental health and drug and alcohol issues, particularly as they relate to Māori. Paraire has a
background in teaching, training and tutoring in the fields of Counselling and Social Work. His main focus has been around developing and implementing Māori models of practice in a variety of settings including mental health, forensics, alcohol and other drugs, and family violence.

Stephanie McIntyre, Downtown Community Ministry
Stephanie is the Director of Downtown Community Ministry (DCM), a social service agency in Wellington city that has a current emphasis on addressing and preventing homelessness. The agency, established in 1969, has a longstanding reputation for providing down-to-earth support for its service users and for speaking out on issues affecting disadvantaged and marginalised people. DCM is leading the call for "wet housing" as an innovative solution to provide housing for people with long histories of homelessness and alcohol dependence. Stephanie was previously Social Justice Commissioner for the Anglican Church. In this capacity she had a pivotal role in organising the 1998 Hikoi of Hope when New Zealanders marched the length of the country protesting a huge rise in poverty. She is also a member of the NZ Social Entrepreneur's Fellowship.

Judge John Walker, District Court Judge
Judge John Walker has been a District Court Judge and Youth Court Judge for 15 years. He has been involved in the development of court assisted interventions for Alcohol and other Drug dependency including the establishment of the Youth Drug Court in Christchurch, the establishment of AOD clinicians in court, and the education of judges on the use of the court processes to encourage offender engagement in programmes dealing with the underlying causes of offending. Judge Walker is currently involved in establishing a better engagement between the court and the community in Porirua and improved multi agency collaboration in the court setting.

Lynette Knox, Care NZ
Lynette Knox is the Wellington Regional Manager for Care NZ and a very experienced addictions counsellor after having worked in alcohol and drug, mental health and problem gambling for around 20 years. Lynette began working in the AOD field in Aspell House in 1990 and has worked in therapeutic communities throughout her career. She was instrumental in setting up and eventually managing the first Drug Treatment Unit in prisons at Arohata Women’s Prison and also set up a private residential treatment centre for Care NZ. As a valuable member of Care NZ’s management team Lynette looks forward to seeking opportunities for Care NZ in the future. In addition to her work for Care NZ Lynette is actively involved in the Maori Women’s Welfare League, Weltech Advisory Group, AOD Cluster Porirua, the NGOUS Working Group and the Building Bridges Conference Committee.

Paul Bennett, author of autobiography ‘Walking with the Taniwha’
“In 1974 aged 16/17 I grew up in the time of the ‘Mr Asia’ international drug ring, first using cannabis heads, then LSD and heroin. In 1978 I left the hard drugs behind. In 1982 I was the first Maori to represent NZ at a World Contest where I got
busted. In 1983 I ended up on Australia’s Gold Coast in the thick of the Designer Drug/Gang scene using speed, cocaine and ecstasy. In 1995 pure-ephedrine/liquid-meth made an appearance and a year later crystallized methamphetamine began flooding the streets. November 1997 I was admitted to Prince Charles Hospital, Brisbane, being assessed for a double lung transplant. I was turned down because I tested positive for hepatitis B and C. Twelve months later, now back in New Zealand I was given approximately two months to live. Mid 1970’s I visited a friend in Tokanui. The place freaked me out, so when I lost the plot I wouldn’t access the system because I thought all Mental Services were like that. There was also the stigma of ‘the nut house / loony bin’ etc. I found myself in my family cemetery where I dealt with my guilt trip. Through a course of events I undertook the Holistic approach to health. It was during this time I wrote my book. It was my self rehabilitation. For five years I delivered Power Point presentations to the entire Public Health sector, but now prefer group workshops re Corrections Rehabilitation.”

3 Panel: Parallel Universes - what is mental health in primary care?

*Thursday 15 April 2010, 3pm, Town Hall Auditorium*

Panellists

Helen Rodenburg (Chair)

Helen is a GP at Island Bay Medical Centre in Wellington and on the Board of Capital PHO. She has experience in PHO service improvement and development and quality improvement in both the primary sector and at the interface between primary and secondary care. In relation to mental health her current roles are: CCDHB Journey Forward Leadership Group Chair; Member Mental Health Advocacy Coalition; Member World Organisation of National Colleges of Family Medicine (Wonca) Working Party on Mental Health (International- WHO Collaboration 2009), and Clinical Director Primary Mental Health, Compass Health (management services for 3 CCDHB PHOs).

Michael Chan, CEO, Pacific Health Trust Canterbury

Other panellists will be announced on the day.

4 Panel: What Would a Mental Health System that was Responsive to People from Ethnic Communities Look Like?

*Friday 16 April 2010, 2pm, Town Hall Auditorium*

People migrate to improve their well-being, whether through economic and social enhancement or to reduce persecution. However, the stress of migration and acculturation can negatively impact on mental health, thereby reducing the benefits of migration. In addition, culturally specific beliefs about health and illness and ways of caring do not vanish when people
move from one country to another, so a responsive mental health system needs to be relevant, accessible and appropriate and take into account the range of ways in which people make sense of their lives. The efforts of settlement, re-settlement and acculturation require a broad approach to ensure that the broader determinants of health are considered and that linkages between ethnic communities, government, NGOs are made to support good mental health and well being. This panel will examine these issues for people from migrant, refugee and diasporic communities and consider the importance of coordinated, innovative and strategic approaches to ensure thriving and dynamic communities.

Ruth Desouza, AUT University (Chair)
Ruth is a Senior Research Fellow in the Centre for Asian and Migrant Health Research at AUT University as well as the Programme Leader of the Bachelor of Health Science (Health Promotion). Ruth has a background in mental health nursing, education, research, health promotion and governance. She is actively involved in progressing mental health promotion agendas as seen in her membership of the reference groups for the Mental Health 101 programme, the Nationwide Services Framework (NSF) Project Mental Health and Addictions Sector, Asian, Migrant and Refugee reference group (Tier 2 &3) and the development of the Te Pou Migrant, Refugee and Asian mental health research agendas. Ruth is a Board member of Counties Manukau District Health Board, Board member of the Asia New Zealand Foundation and a Member of the Lottery Community Sector Research Committee.

Mervin Singham, Director Office of Ethnic Affairs
Mervin Singham is from Malaysia and has lived in New Zealand for over twenty four years. He has an Honours Degree in Law from the University of Canterbury in Christchurch and a First Class Honours Masters Degree in Law from the University of Auckland. Mervin’s career encompasses management roles in both the private and public sector. He has attended the Proteus Leadership Development Programme at the London Business School and the Harvard Business School’s Leading Change and Organisational Renewal Programme. Before assuming the position of Director of the Office of Ethnic Affairs, Mervin spent eight years working in the field of human rights where he held the position of Chief Mediator, Human Rights Commission and, prior to that, several years in a multinational company based in New Zealand. His achievements include several United Nations consultancy projects and work in a number of jurisdictions including Australia, Fiji, Canada, UK and the Middle East. In 2007 he led a policy dialogue between the UK and New Zealand governments on the topics of multicultural communities, diversity and social cohesion. Mervin has a particular interest in conflict resolution, public policy and intercultural issues.

Athena Gavriel, Community Mental Health Nurse
Athena is a New Zealand Greek and Cypriot. She is a mother of three young adults, has been a caregiver for several elderly family members and has worked as a mental health nurse for 35 years. During this time she has always had an interest in culture, identity, mental health and making services and therapies more user friendly for people from diverse backgrounds.
Her BA in psychology and anthropology and a PhD in Nursing have followed these interests. She has advocated for her own community and other groups over the years, participated in the development of interpreting and other services and policies in this area. She supports cultural safety in practice and works to support these principals in her clinical area. Athena has recently returned to acute inpatient care in Wellington after running a clinic for a community mental health team. She is also a part of the Wellington Women’s Ethnic Network, a member of several Greek and Cypriot Community Groups and the Wellington Regional Refugee Health and Wellbeing Action Plan. In her spare time Athena enjoys writing poetry, music, gardening and the company of friend and family.

Kirsten Wong, Community Advocate

Kirsten Wong is a Wellington-based communications specialist and former policy analyst. She has been active in the Chinese New Zealand community for most of her adult life, and has particular interests in identity construction and social justice.

Ms. Nemu Lallu, Project Manager, Mental Health Directorate, Ministry of Health
General Conference Information

Venue
This year’s conference will be held at the Wellington Convention Centre. The centre comprises the Wellington Town Hall and The Michael Fowler Centre. The buildings, which are connected by an air bridge, are situated side by side on Wakefield Street in the heart of Wellington. Conference sessions will be split across the two buildings. Refer to the venue map at the back of your nametag.

Car Parking
There is some parking available at the venue at hourly rates with a maximum of 2 hours allowed. More parking is available at the Wilsons public car park situated directly across the road from the convention centre. The early bird rate (enter before 10am and exit before 7pm) is $12 per day.

Registration
On arrival at the venue you must register your attendance at the registration desk located on the ground floor of the Michael Fowler Centre. Please ensure you wear your nametag at all conference sessions and social functions. The registration desk will be open at the following times:
Tuesday 13 April: 4:00pm-7:00pm
Wednesday 14 April: 7:00am-5:00pm
Thursday 15 April: 7:00am-5:00pm
Friday 16 April: 7:00am-5:00pm

Meeting Spaces
Delegates can expect all plenary keynote and panel presentations to take place in the Town Hall Auditorium on Wednesday and Thursday, and in the Ilott Theatre on Friday. Registration and the conference art exhibition is set up in the Fletcher Challenge Foyer of the Michael Fowler Centre. Conference catering and trade/exhibition stands can be found in the Renouf Rooms, level 1 of the Michael Fowler Centre. The Film Festival and the flexi-track room where ad hoc ideas worth sharing will be presented will take place in the Square Affair Rooms on the ground floor of the Town Hall. Finally, all concurrent sessions will take place in the Civic Rooms on level 3 of the Town Hall and the Lion Harbour View Lounges in the Michael Fowler Centre. Refer to the map at the back of your nametag. Fowler Centre. Refer to the map at the back of your nametag.

Speaker Preparation
The Green Room, adjoining the Town Hall Auditorium, is set up with laptops and internet access. Presenters are welcome to use this room should any adjustments to powerpoint slides or presentations be required.

Internet Access
$10 internet cards are available to purchase from the reception of the Convention Centre which is located on the ground floor of the Michael Fowler Centre. Inquire at conference registration desk.
Building Bridges Art Exhibition

Over 75 artists from all corners of Aotearoa will be exhibiting their works in the Building Bridges Art Exhibition. The exhibition will be set up in the Fletcher Challenge Foyer for the duration of conference. Exhibition booklets are available upon request from the conference registration desk. We encourage all delegates to make time to look at the exhibition and find out more about the interesting and individual journeys of the artists. We believe this exhibition reflects the vibrant personality of the consumer community. Rosemary Stokell is the convenor of the exhibition and she will be available to talk with delegates on Wednesday 14 April. Art works will be sold at the conference reception. Please note that only cash or eftpos can be accepted.

Film Festival

A mini film festival will run alongside sessions at certain times of the three days of conference. The festival will boast a programme of narrative, documentary features and shorts, as well as some inspirational talks from TED.com. All pieces screened in the Square Affair Suite. Please check the back of your nametag for a handy schedule.

Playback Theatre - It’s a Fine Line

We are delighted to be able to bring you Playback Theatre - a unique form of improvisation and one which can be moving, inspiring and very funny! A Playback line-up typically has a conductor, four actors and a musician. There are no props, no costumes and no scripts. Real life stories from the audience are spontaneously played back by the actors in a variety of ways accompanied by music. Tellers (audience) choose actors to play the characters in their stories. Playback Theatre performances are voluntary participation. Sharing a story or saying nothing and enjoying the show is all part of the Playback Theatre experience. Playback Theatre will perform in the Town Hall Auditorium at 6pm on Thursday 15 April 2010. A gold coin donation will be collected at the door and a cash bar will be operating.

Freezeframe

Amidst the conference throng and milieu of people, you will find Freezeframe lurking in corridors, sneaking around poster stands, infiltrating coffee mornings, compiling surprising material, popping up in plenary lessons! It’s true, Freezeframe are back! Back to evolve communities way, way, way beyond services! Watch out for them! They work hard at being inconspicuous.

Ideas Worth Sharing – Flexi Track

The Flexi Track is an ‘unconference’ track where organisers have set aside the Square Affair Suite for conference delegates to pencil in ad hoc sessions. Please see the whiteboard outside this room to see what ideas worth sharing will be presented and by whom. All delegates are welcome to present from this room. This is our way of including all manner of standpoints, opinions, ideas and expression to our already full programme. So, if you have an update on a project or would like to share some information on the interesting stuff you’re working on, then we suggest you write your name and topic up on the whiteboard! The Square Affair Suite is located just at the door of the Town Hall Auditorium. We encourage delegates to check this board often. You never know what you might miss otherwise!
Sponsors and Exhibitors

This conference would not be possible without the support of our sponsors. Below is a list of our sponsors and exhibiting sponsors. They are listed with non-exhibiting sponsors first, followed by the exhibiting sponsor in order of exhibition booth number. Please refer to the map overleaf.

Mental Health Commission
Transcending barriers means letting go of the things that hold us back or removing the limits and the obstacles that prevent us from living fully in our communities. At the Mental Health Commission we are pleased to be able to support Karlo-Mila-Schaaf. As a poet, researcher and person of the Pacific Karlo creates the opportunity for us to celebrate what it means to participate in the mental health and addictions sector in 2010.

Ministry of Health
Building Bridges is a conference that is a wonderful showcase for the mental health and addiction sector. Over the years the conference has provided one of the few avenues for proactive exchange of ideas, models of practice, research and networking for the sector. This year’s programme continues this tradition, and it is a conference that the Ministry of Health is proud to be able to support.

The ARC Group
The ARC Group supports the Building Bridges 2010 conference theme Evolving Communities Beyond Services. We are engaged in dismantling the boundaries between our organisations, across the ‘mental health sector’ and the communities in which we work. We know that sustained support beyond service provision is a necessary ingredient in recovery and that requires our ARC members to make the best possible use of the relationships, knowledge and resources available to us.

Exhibiting Sponsors

Te Pou
Te Pou, the national centre of mental health research, information and workforce development, is committed to building a strong and responsive workforce that supports a recovery focused mental health and addiction service sector. For this reason, Te Pou is pleased to sponsor the Building Bridges Conference 2010, a key event to promote, share and inform community based mental health and addiction services across Aotearoa.
Contact Person:
Kerry Jones, Support Coordinator, Te Pou, Phone: 09 301 3722, kerry.jones@tepou.co.nz, www.tepou.co.nz

Exhibition Stand Number: 1

**Kites, Case and Wellink**

Our collective sponsorship models the collaborative ways in which we work and supports our collective goal of consumer leadership as a key mechanism to achieve social inclusion for people who experience mental health and addiction problems. All three organisations work in innovative and inclusive ways and we welcome the opportunity to share our learning.

Contact Person:
Marge Jackson, Kites Trust, phone 04 384 3303
Case Consulting, phone 04 385 2103
Wellink Trust, phone 04 801 8500

Exhibition Stand Number: 2

**Mental Health Foundation**

Building Bridges is one of the landmarks in the mental health calendar; it brings together a wide range of professionals and experts through experience. It is an opportunity to show and see just how much has been, and how much more can be, achieved. The Foundation is proud to support the conference and excited about this year's Evolving Communities Beyond Services theme.

Contact Person:
Jude Johnston, Information Officer, Mental Health Foundation NZ

Exhibition Stand Number: 3

**Richmond New Zealand**

Richmond New Zealand was established in 1978 and is a national non-government organisation providing community based mental health services, intellectual disability support services and addiction services. We are committed to working actively and constructively with others, and contributing to the wider outcomes of healthy, vibrant, communities

Contact Person: Helen Telford, PO Box 2322 Christchurch 8140, Phone 03 357 0150, www.richmondnz.org

Exhibition Booth: 4
Alcohol Advisory Council of New Zealand (ALAC)

ALAC is happy to be a sponsor for this conference as it provides support for those working in the mental health and addiction area. It provides opportunities for ALAC both with its resources and personal contact to strengthen relationships and seek opportunities to work in partnership with key people working in these areas.

Contact Person: Phillip Parkinson, Manager Central Region, email: p.parkinson@alac.org.nz

Exhibition Booth: 5

Care NZ

As a leading non-government organisation in the field of providing addiction treatment and recovery, Care NZ supports the Building Bridges 2010 conference. We believe the conference provides an excellent means to further strengthen the crucial relationship between the mental health and addiction sectors. We do this in order to best support those we serve.

Contact Person: Lynette Knox, Regional Manager, Wellington 04 384 1517

Exhibition Booth: 6

Pathways

Pathways is a leading national provider of community-based mental health and wellness services. We have a successful 21-year history and currently operate in nine regions across New Zealand. At Pathways we believe in creating mental health and wellness opportunities that enable people to live their dreams. By providing a range of support services around housing, practical daily living, employment and being healthy we help people to live well in the communities of their choice.

Contact Person: Frances Arts, www.pathways.co.nz

Exhibition Booth: 7

Eli Lilly NZ

Eli Lilly and Company (NZ) Ltd has had the pleasure of supporting the Building Bridges Conference since 1997 and is dedicated in working in partnership with the mental health community.

Contact Person: Heather Simpson, Community Liaison Manager,
Eli Lilly and Company (NZ)

Exhibition Stand Number: 8
Careerforce Community Support Services ITO Ltd

As the Industry Training Organisation that has coverage across the Mental Health and Addictions sector, Careerforce is proud to be a sponsor of the 2010 Building Bridges conference. As part of our business strategy going forward, we have identified the need to engage with the many and varied stakeholders within the Mental Health and Addictions community. Sponsorship of this conference is one of the many ways in which we plan to do this. One of the key projects this year is the review of the Mental Health and Addictions pathway including the Level 4 National Certificate and Level 6 Diploma. We look forward to working with you to ensure the pathway developed meets the needs of the sector.

Contact Person: Richard Blakeborough, Strategic Relations & Communications Manager, Phone: 03 374 1322, Email Richard.blakeborough@careerforce.org.nz, Web: www.careerforce.org.nz

Exhibition Stand Number: 9

Wild Bamboo

Wild Bamboo is a software company specialising in affordable, easy to use and easy to access web-based information management systems for the community and non-government sector. Our product is called Recordbase; it’s PRIMHD compliant, doesn’t cost the earth, and it’s being used by some of New Zealand’s leading non-government organisations. Let us demonstrate how to streamline your information management and reporting systems. See you at the 2010 Building Bridges conference!

For more information visit our website www.wildbamboo.co.nz

Tracey Whitley - Business Development, tracey.whitley@wildbamboo.co.nz

Phone: 0800 422 648 Mobile: 027 298 5824

Exhibition Stand Number: 10

Netsoft

Netsoft is supporting the Building Bridges Conference because we can help organisations that attend the conference to achieve the key aims of this conference - through care plans, clinical notes and assessments we can help organisations understand the people they support. Through greater reporting and analysis we can assist you to analyse the successes and opportunities. Through the greater sharing of data we can help you create new partnerships and pathways for your organisations and the people you support.

Contact Person:

Michael Beaumont, Phone 09 620 6407 or 021 773 136

Email michaelb@netsoft.net.nz
Te Rau Matatini and Matua Raki

Te Rau Matatini is a national Maori Health Workforce Development organisation focused on workforce development solutions and advancement of indigenous wellness. We provide a range of training programmes, scholarships, career pathway opportunities and retention and recruitment programmes. Te Rau Matatini supports the Building Bridges conference as an important opportunity for the mental health and addiction workforce.

Matua Raki, the National Addiction Workforce Development Centre, is proud to support the Building Bridges Conference. With its mix of innovative and stimulating research and workshops, this conference will be extremely valuable to the addiction treatment sector. Matua Raki aspires to “passion, commitment and excellence”, and we know these aims will be reflected in the conference.

Contact Person:
Dianne Hendey, Information Officer, Matua Raki
Level 6, Agriculture House, 12 Johnston Street, Wellington phone (04) 499 9340

Exhibition Stand Number: 12
Sponsors and Exhibitors Map

Key

1  Te Pou
2  Kites/Case/Wellink
3  Mental Health Foundations
4  Richmond NZ
5  Alcohol & Drug Advisor council of NZ
6  Care NZ
7  Healthy
8  Eli Lilly
9  Careforce Community Support Service ITO LTD
10  Wild Bamboo
11  Netsoft
12  Te Rau Matatini and Matua Raki
# Programme

**WEDNESDAY 14 April 2010**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.30am - 08.30am</td>
<td>Registration, arrival tea &amp; coffee</td>
<td>Fletcher Challenge Foyer Michael Fowler Centre</td>
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<tr>
<td>08.30am - 08.40am</td>
<td>Briefing on Powhiri proceedings (Fiona Clapham Howard)</td>
<td>Renouf Level 1 Michael Fowler Centre</td>
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<tr>
<td>08.40am - 09.00am</td>
<td>Conference Powhiri and Welcoming Ceremony</td>
<td>Town Hall Auditorium</td>
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<tr>
<td>09.00am - 09.40am</td>
<td>Housekeeping (Fiona Clapham Howard)</td>
<td>Town Hall Auditorium</td>
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<tr>
<td>09.40am - 09.45am</td>
<td>Welcome from the Building Bridges Trust (Vicki Burnett, Chair)</td>
<td>Town Hall Auditorium</td>
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<tr>
<td>09.45am - 10.15am</td>
<td>Conference Opening Address (Associate Minister of Health, Hon Tariana Turia)</td>
<td>Town Hall Auditorium</td>
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<tr>
<td>10.15am - 10.55am</td>
<td><strong>Morning Tea - Sponsored by The ARC Group</strong></td>
<td>Renouf Level 1 Michael Fowler Centre</td>
</tr>
<tr>
<td>11.00am - 11.45am</td>
<td><strong>KEYNOTE</strong> What the Mental Health Sector Can Learn from Young People (Shona Clarke, The Worry Centre)</td>
<td>Town Hall Auditorium</td>
</tr>
<tr>
<td>11.45am - 12.30pm</td>
<td><strong>PANEL YOUTH</strong> - How do we take a strengths-based approach to improving the images of young people? (Chair: Shona Clarke, Panellists: Kate Doak, Ridly Malcolm, Gemma Scott, Josh Domician and Nathan Billing)</td>
<td>Town Hall Auditorium</td>
</tr>
<tr>
<td>12.30pm - 1.10pm</td>
<td><strong>Lunch - Sponsored by The Mental Health Commission</strong></td>
<td>Renouf Level 1 Michael Fowler Centre</td>
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## CONCURRENT SESSIONS

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<th>ROOM</th>
<th>Auditorium (Town Hall)</th>
<th>Civic 1 (Town Hall)</th>
<th>Civic 2 (Town Hall)</th>
<th>Civic 3 (Town Hall)</th>
<th>LHVL 1 (Michael Fowler Centre)</th>
<th>LHVL 2 (Michael Fowler Centre)</th>
<th>Ideas Worth Sharing (Square Affair 1)</th>
<th>Film Festival (Square Affair 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.15pm - 1.45pm</td>
<td>Mary O’Hagan, Merging Recovery into the Wellbeing Agenda</td>
<td>Cassandra Lasley, Peer Support in Clinical Teams: Four Years on and Going Strong</td>
<td>Caroline Hearst, Autism Spectrum Disorders: Elephants in the Mental Health Room</td>
<td>Paul Bennett, Messed Up My Life Cos I Got High</td>
<td>Heather Barnett and Walatama Tamahana, Exploring Discrimination Within and Towards Families and Whanau of People who Experience Mental Illness</td>
<td>Judith Olivier and Paul Baird, Kotuku A Unique Journey</td>
<td>Check Schedule at the back of your name tag!</td>
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<tr>
<td>1.50pm - 2.20pm</td>
<td>Beth Nokes, Lataga: A Win Win Collaboration</td>
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<tr>
<td>2.25pm - 2.55pm</td>
<td>Susie Crooks, Putting a Human Face on Madness</td>
<td>Arina Pearson &amp; Douglas Holmes, Peer Run Services: Analysing Our Successes</td>
<td>Chris Tauer, Understanding Care Relationships: A Comparative Study in Mental Health and Intellectual Disability</td>
<td>Colin Slade &amp; Mal Joyce, Is Personal Experience of Mental Illness an Asset to Mental Health Nursing Practice?</td>
<td>Naomi Cowan &amp; Anne-Marie Burton, Caring for Families</td>
<td>Claire Moore, Improving quality by evaluating mental health services: Partnership-Evaluation-Recovery PER Team at Counties Manukau DHB</td>
<td>Gerald Hoffman, Towards a Holistic, Mentally Healthy New Zealand University Community</td>
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<td>3.00pm - 3.30pm</td>
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<tr>
<td>3.30pm - 3.50pm</td>
<td><strong>Afternoon Tea - Sponsored by ALAC</strong></td>
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<tr>
<td>4.00pm - 5.00pm</td>
<td><strong>KEYNOTE</strong> Lights on the Bridge to Recovery (Karlo Mia-Gshaaf) - sponsored by the Mental Health Commission and introduced by Commissioner Dr Peter McGeorge</td>
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<tr>
<td>5.15pm</td>
<td>Welcome Reception and Building Bridges Art Exhibition (drinks and nibbles)</td>
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**Themes**

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<tr>
<th>PARTNERSHIP</th>
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<td>SERVICES</td>
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# Programme

**THURSDAY 15 April 2010**

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<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>08.00am - 08.45am</td>
<td>Registration, arrival tea &amp; coffee</td>
<td>Fletcher Challenge Foyer, Michael Fowler Centre</td>
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<tr>
<td>08.45am - 9.00am</td>
<td>Delegates move to Town Hall Auditorium</td>
<td>Town Hall Auditorium</td>
</tr>
<tr>
<td>09.00am - 9.45am</td>
<td>KEYNOTE Fair Play: Consumer-operated Services as Partners (Lana Frado, Sound Times Support Services, Canada)</td>
<td>Town Hall Auditorium</td>
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<tr>
<td>9.45am - 10.45am</td>
<td>PANEL JUSTICE; ADDICTIONS &amp; MENTAL HEALTH: The interface between justice, addictions and mental health - working together for the common goal - how can we work it out? (Chair: Lana Frado, Panellists: Parare Huata, Stephanie McIntyre, Paul Bennett, Judge John Walker, Lynette Knox)</td>
<td>Town Hall Auditorium</td>
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<tr>
<td>10.45am - 11.15am</td>
<td>Morning Tea - Sponsored by Te Pou</td>
<td>Renouf Level 1, Michael Fowler Centre</td>
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## CONCURRENT SESSIONS

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<th>Auditorium (Town Hall)</th>
<th>Civic 1 (Town Hall)</th>
<th>Civic 2 (Town Hall)</th>
<th>Civic 3 (Town Hall)</th>
<th>LHWL 1 (Michael Fowler Centre)</th>
<th>LHWL 2 (Michael Fowler Centre)</th>
<th>Ideas Worth Sharing (Square Affair 1)</th>
<th>Film Festival (Square Affair 2)</th>
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<tbody>
<tr>
<td>11.15am - 11.45am</td>
<td>Marion Blake &amp; Jan Dowland (Platform) with Tim Harding, (Care NZ) and Peter McGeorge (HRC)</td>
<td>Vanessa Cooper, Barriers to Employment: Discrimination and Social Marginalisation</td>
<td>Hugh Norris, Positive Mental Health</td>
<td>Angela Bates, Are We Making a Difference?</td>
<td>Anne Scott, A Critique of Wellness Recovery Action Planning (WRAP)</td>
<td>Check Schedule at the back of your name tag!</td>
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<tr>
<td>11.50am - 12.20pm</td>
<td>Sonja Goldsack, MH101-Mental Health Learning: Developing a Responsive Mental Health Literacy Programme</td>
<td>Eileen McAtam, Health, Recreation and Stigma</td>
<td>Kirsten Philipson and John Zonneveld, Headspace-The Ambulance at the Top of the Cliff</td>
<td>Stephen White The Role of Spirituality in the Development of an ‘Essential Self’</td>
<td>Katie Owen, Sport as an Intervention: Opportunities for All</td>
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<tr>
<td>12.25pm - 12.55pm</td>
<td>Colin Slade Telling, Stories</td>
<td>Rosy Philips &amp; Lindsay Fortune, Real Life, Real People-And That Includes Staff</td>
<td>Joanna Davison, ‘Out of Sight, Out of Mind: The Sexuality Experiences of Women with Enduring Mental Illness</td>
<td>Clare Aspinall, Square Pegs in Round Holes: Rethinking Solutions to Homelessness in Aotearoa/New Zealand</td>
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<tr>
<td>1.00pm - 1.55pm</td>
<td>Lunch - Sponsored by Career Social Services ITD (NOTE: Lunchtime Forum “People with a Lived Experience of Alcohol, Other Drugs &amp; Gambling” - all welcome!</td>
<td>Lunch in: Renouf Level 1, Michael Fowler Centre</td>
<td>Forum in: LHWL 2, Michael Fowler Centre</td>
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Programme
THURSDAY 15 April 2010 (continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room</th>
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<tbody>
<tr>
<td>2.00pm - 2.15pm</td>
<td>Janice Wilson, DDG Population Health, Ministry of Health.</td>
<td>Town Hall Auditorium</td>
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<td>2.15pm - 3.00pm</td>
<td>KEYNOTE Integrated Family Health Care - What is it and what does it mean for primary mental health? - Dr Helen Rodenburg FRNZCGP</td>
<td>Town Hall Auditorium</td>
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<td>3.00pm - 3.45pm</td>
<td>PANEL Parallel Universes - what is mental health in primary care? (Chair: Helen Rodenburg. Panelists: Michael Chan Pacific Health Trust, others will be announced)</td>
<td>Town Hall Auditorium</td>
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<tr>
<td>3.00pm - 3.45pm</td>
<td>Afternoon Tea - Sponsored by Ministry of Health</td>
<td>Renouf Level 1 Michael Fowler Centre</td>
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**CONCURRENT SESSIONS**

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<tr>
<td>Auditorium <em>(Town Hall)</em></td>
<td>Dennis Duer &amp; Esther Bulkoit, Opening Doors to Recreation</td>
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<tr>
<td>Civic 1 <em>(Town Hall)</em></td>
<td>Dr Sarah Dwyer &amp; Nenu Lallu, Primary Mental Health Care in the New Primary Care Environment: key directions and feedback from the sector</td>
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<tr>
<td>Civic 2 <em>(Town Hall)</em></td>
<td>Nikki Porteous, Supported Employment- 7 Steps to Building a Bridge to Wellbeing</td>
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<tr>
<td>Civic 3 <em>(Town Hall)</em></td>
<td>Marge Jackson &amp; Suzy Stevens, A Good Idea is Not always Enough</td>
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<td>LHVL 1 <em>(Michael Fowler Centre)</em></td>
<td>Jacqueline Kidd, Sue Crooks, Deborah Lamphire &amp; Dr Peter McGeorge, Burning Bridges! Not Us! Stories of Success from People with High and Complex Needs in their Care</td>
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<tr>
<td>LHVL 2 <em>(Michael Fowler Centre)</em></td>
<td>Check Schedule at the back of your name tag!</td>
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<td>Ideas Worth Sharing <em>(Square Affair 1)</em></td>
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<td>Film Festival <em>(Square Affair 2)</em></td>
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**Themes**

- **PARTNERSHIP**
- **BEYOND**
- **SERVICES**
- **SELF**

**Close of Day Two**

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<th>Time</th>
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<tr>
<td>5.15pm</td>
<td>Delegates move to West Gallery Town Hall via Civic Square</td>
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<tr>
<td>6.45pm</td>
<td>PLAYBACK THEATRE performance for conference delegates in the Town Hall Auditorium - gold coin donation</td>
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<tr>
<td>6.45pm</td>
<td>Delegates Free Time</td>
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# Programme

**FRIDAY 16 April 2010**

## Time  | Event | Location
--- | --- | ---
08.00am - 09.00am | Registration, arrival tea & coffee | Fletcher Challenge Foyer Michael Fowler Centre
09.00am - 10.00am | **KEYNOTE** The Personal is Political (Jacqui Dillion, Hearing Voices Network, UK) | Town Hall Auditorium
10.00am - 10.25am | Morning Tea | Renouf Level 1 Michael Fowler Centre

### CONCURRENT SESSIONS

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<tr>
<th>ROOM</th>
<th>Auditorium (Town Hall)</th>
<th>Civic 1 (Town Hall)</th>
<th>Civic 2 (Town Hall)</th>
<th>Civic 3 (Town Hall)</th>
<th>LHW 1 (Michael Fowler Centre)</th>
<th>LHW 2 (Michael Fowler Centre)</th>
<th>Ideas Worth Sharing (Square Affair 1)</th>
<th>Film Festival (Square Affair 2)</th>
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<tr>
<td>10.30am - 11.00am</td>
<td>Talofa Tafs, Popaso (Canoe) Model - A Pacific Recovery and Strength Concept in Mental Health</td>
<td>Judi Clements, Mary O’Hagan, Susie Crooks &amp; Sara McCork Weir: Destination Recovery: A Preview</td>
<td>Gary Platt, Leadership: Rooted in Recovery-Branches Interven with Communities</td>
<td>Steve Carter, Young People Speaking Out About Stigma and Discrimination Associated with Mental Illness</td>
<td>Paul Burns &amp; Hipley Theyers, “The Addictions &amp; Mental Health Sectors Should Never the Twain Meet”</td>
<td>Tula Brannley, Joshua Palmer, Jess Senior &amp; James Tall, Peer Researchers: Bridging the Gap to Better Evaluate Alcohol and Other Drug Services</td>
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<td>11.05am - 11.35am</td>
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<td>11.40am - 12.20pm</td>
<td>Yvonne Andrew and Evelyn McCaskill, I am a Survivor</td>
<td>Vicki Keddell and Jess Kean, Education as Primary Intervention-Healing of Thyself</td>
<td>Terry Lynch, Mud - A One Man Show</td>
<td>Kirsten Philipsen and Joshua Palmer, Filling the Gap: Identifying and Evolving Services to Support the Needs of a Changing Community</td>
<td>Jenny Wolf, Raine Berry, Dr Helen Warren &amp; Susan Scotford, Te Arai O Te Orange and Integrated Solutions - A Coherent National Response to Co-existing Mental Health and Addiction Problems</td>
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<td>12.25pm - 12.55pm</td>
<td>Jim Burdett &amp; Nicky Grant, Training the Peer Support Workforce</td>
<td>Susie Crooks, Recovery Forum</td>
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<td>1.00pm - 1.55pm</td>
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**1.00pm - 1.55pm** LUNCH - Sponsored by Eli Lilly | Renouf Level 1 Michael Fowler Centre

**2.00pm - 3.00pm** PANEL: What would a Mental Health system that was responsive to people from Ethnic Communities look like? (Chair: Ruth deSouza AUT. Panelists: Merwin Singham (Office of Ethnic Affairs), Kristan Wong, Athena Gavriel and Nemu Lalli MOH) | Town Hall Auditorium

**3.00pm - 3.30pm** Closing Address ‘Evolving into the Future’ Mary O’Hagan | Town Hall Auditorium

**3.30pm - 4.00pm** Conference Close and Prize Giving (Fiona Clapham Howard) | Town Hall Auditorium
Wednesday
Abstracts
Abstract: Over the last 15 years academics and governments have turned their attention to population wellbeing, partly because they have discovered that economic growth doesn’t make people happier once they are above the breadline. We now know quite a lot about the determinants and consequences of loss of wellbeing, as well as some of the population-based interventions that protect wellbeing. At the same time a recovery approach has been developed in the mental health field. Looked at one way the recovery approach is wellbeing promotion for one of the population groups most at risk of loss of wellbeing – people with a mental illness diagnosis. On both a conceptual and a practical level there are compelling reasons why the recovery agenda needs to merge into the whole of population wellbeing agenda. It reduces stigma and discrimination against people with a diagnosis. It sidetracks the marginalisation of recovery by the mental health system. It takes mental health services out of the ghetto and places them alongside other services and resources that promote wellbeing. Merging recovery into wellbeing ultimately makes sense because the determinants and consequences of loss of wellbeing as well as the population-based interventions that protect wellbeing, are the same for people with a diagnosis as they are for others.

Presenter’s Notes to Delegates: Long live the revolution!
Peer Support in Clinical Teams: Four Years on and Going Strong!
Cassandra Laskey, Professional Leader Peer Support Specialists, Counties Manukau District Health Board
1.15pm, Civic 1 Town Hall (30 mins)

Abstract: This paper describes the process of implementation of a new workforce (Peer Support Specialists) into multidisciplinary teams delivering recovery enhancing services to people who experience mental illness; from the perspective of the Professional Leader Peer Support Specialists. The Peer Support Specialist (PSS) role is one in which the person is trained to use their personal experience of recovery from mental illness and/or addictions to inspire hope and empower service users to achieve their personal recovery goals. The main contribution of this paper lies in the analysis of successful implementation; tensions, challenges and opportunities. Some of the issues explored are role definition and integrity, professionalism, partnership and supervision. The paper also celebrates some of the achievements of the first four years of service delivery. The paper concludes that PSS services are a valuable addition to community and inpatient clinical teams. It offers recommendations for those considering developing PSS services and suggests key issues which should be considered in service development and implementation.

Biography: Cassandra Laskey is Professional Leader for Peer Support Specialists, Mental Health Services at Counties Manukau District Health Board. Previous roles have been within the education sector. Cassandra is also a Trustee of the Inaugural Board for Te Puriri Trust, a Counties Manukau peer-led non-government organisation.
Abstract: Autism Spectrum Disorders (ASD) such as Aspergers Syndrome (AS) are currently thought to affect 1% of the population. Although categorised in 1944 by Hans Asperger AS did not make it into DSM until the mid1990’s so many older people with the condition remain undiagnosed. However, although ASD are now in the DSMIV, they are not mental illnesses but neuro-developmental conditions. The manifestations of ASD are often misdiagnosed as mental illness. People with the condition tend to experience high anxiety levels and difficulties in life which can segue into depression especially if the underlying ASD is not identified. However, ASD will affect the response to the treatment offered for depression or other mental health issues.

This presentation will look at some of the traits of those at “the invisible end of the spectrum”; people with ASD whose condition is not apparent in structured interviews where most mental health diagnoses occur. It will examine the stories of several people with ASD who have suffered from mental distress and look at how a diagnosis of ASD has affected their mental health. It looks at the signs these people feel were indicative of ASD that could be picked up by clinicians. It shows how understanding about ASD has enriched the lives of many with the condition.

Presenter’s notes to Delegates: Attendees will be invited to discuss their understandings of ASD and comment on the information presented.

Biography: I work as a Consumer Advisor for Canterbury District Health Board and am acting chair of the board of trustees of ASK – Autism Spectrum Kiwis. I am a qualified librarian and art psychotherapist and have taught art related subjects as part of the community education programme. I also have a long history of major depression which I tried to address via the mental health system with psychotherapy, medication and ECT. Eighteen months ago I came to suspect that the root of my mental health issues might lie in Aspergers Syndrome (AS) and proceeded to get an official diagnosis of this condition. I now wonder if depression and other mental health problems, as well as sometimes being manifestations of AS, can also occur due to people with AS trying to live without making allowances for the specific sensitivities and impairments resulting from this condition. Following my interest in the effects on individuals of undiagnosed AS I have interviewed many people who were diagnosed as adults with AS about their mental health pre- and post-diagnosis, and the effects that diagnosis (or self-diagnosis) has had on their lives.
**Messed up my life ‘cos I got high**
Paul Mathew Bennett, Drugs Abuse Resistance Education Consultant, Ngaiterangi Iwi Runanga Trust, Mt. Maunganui

**1.15pm, Civic 3 Town Hall (30 mins)**

**Abstract:** I am the author of biography “Walking with the Taniwha”. In 1974 aged 16/17 I grew up in the time of the ‘Mr Asia’ international drug ring, first using cannabis heads, then LSD and heroin. In 1978 I left the hard drugs behind. In 1982 I was the first Maori to represent NZ at a World Contest where I got busted. In 1983 I ended up on Australia’s Gold Coast in the thick of the Designer Drug/Gang scene using speed, cocaine and ecstasy. 1995 pure ephedrine/liquid-meth made an appearance and a year later crystallized methamphetamine began flooding the streets. November 1997 I was admitted to Prince Charles Hospital, Brisbane, being assessed for a double lung transplant. I was turned down because I tested positive for hepatitis B and C. Twelve months later, now back in New Zealand I was given approximately two months to live. Mid 1970’s I visited a friend in Tokanui. The place freaked me out, so when I lost the plot I wouldn’t access the system because I thought all Mental Services were like that. There was also the stigma of ‘the nut house / loony bin’ etc. I found myself in my family cemetery where I dealt with my guilt trip. Through a course of events I undertook the Holistic approach to health. It was during this time I wrote my book. It was my self rehabilitation. For five years I delivered Power Point presentations to the entire Public Health sector, but now prefer group workshops re Corrections Rehabilitation.

**Biography:** I have been speaking and delivering Power Point presentations, in a 95% voluntarily role to different sectors of our country, including the entire public health sector, community groups, ACC, secondary schools, Tauranga Polytechnic, Corrections Programs, marae hui, drug users, gang members etc re drug abuse resistance education, and rehabilitation support.
Exploring Discrimination Within and Towards Families and Whanau of People who Experience Mental Illness
Heather Barnett, Senior Researcher/Policy Analyst, Mental Health Foundation with Waiataimai Tamehana, Director, Tamehana Consultancy Ltd

1.15pm, Lion Harbour View Lounge 1 Michael Fowler Centre (60 mins)

Abstract: The Mental Health Foundation’s current research project – Families, Whanau, Mental Illness and Discrimination – is being undertaken as part of the Like Minds, Like Mine programme. The research explores discrimination within and towards families and whanau of people who have experience of mental illness and identifies strategies for reducing these forms of discrimination. The research is based on data from nine focus groups and one large discussion forum. This presentation provides an account of findings from the research and draws upon participants’ own words to convey key messages about discrimination within and towards families and whanau. In particular, the presentation addresses discrimination towards families and whanau from mental health services and extended family and whanau, and the way dominant societal norms and media stereotypes perpetuate discrimination. Perceptions about the presence, prevalence and nature of discrimination from the differing positions of family or whanau, and that of family members who have been diagnosed with mental illness, are discussed. Tensions and complexities relating to the meaning of discrimination within the context of family and whanau are also addressed. Key strategic sites in conjunction with a range of mechanisms for countering family and whanau related discrimination are identified. Attendees are invited to discuss ways these strategies can be further developed to enhance connection, communication and collaboration within and between families, communities and services.

Biography: Heather Barnett (PhD) is Senior Researcher/Policy Analyst for the Mental Health Foundation of New Zealand. Heather has a background in mental health and critical psychology and undertook doctoral research involving a critique of clinical psychology training programmes in Aotearoa New Zealand. She managed narrative research with young adults and co-authored Journeys of Despair, Journeys of Hope (Barnett and Lapsley, 2006) for the Mental Health Commission. Heather was also a key writer for the Mental Health Commission’s report on the decade since the Mason Inquiry into mental health services, Te Haereenga Mo Te Whaka ranga 1996-2006.

Waiataimai Tamehana (Tamehana Consultancy Ltd) is Tangata Motuhake of Nga Ruahine, Ngati Ruanui and Taiwhenua descent. He is the Director of Tamehana Consultancy Ltd, a kaupapa Maori peer service, who specialises in mental health service development, including resource development, education and training. Waiataimai is also Kairuruku (Service coordinator) for Te Roopu Awhina kaupapa Maori community mental health services, a researcher, auditor, trainer and educator. He has 10 years’ involvement with the Ministry of Health’s Like Minds, Like Mine national programme to counter stigma and discrimination associated with mental illness. Waiataimai brings a strong philosophy that suggests that mental health and recovery is both cultural and contextual, interwoven with experiences of the past and aspirations for the future. For some their lives and their journeys mirror those of their ancestors and by understanding this inter-connectedness with ancestors and its relationship to Te Tiriti o Waitangi, one may find a firm foothold in countering family/whanau discrimination associated with mental illness.
Kotuku – A Unique Journey
Judith Oliver, Team Leader Kotuku, Health Action Trust (Nelson) with Paul Baird, Administrator, Compass, Health Action Trust (Nelson)
1.15pm, Lion Harbour View Lounge 2 Michael Fowler Centre (30 mins)

Abstract: Kotuku is a unique peer support crisis intervention and crisis respite service. Set in a rural area within the Tasman district, it provides a tranquil setting for guests who are experiencing an emotional or mental crisis. Kotuku provides accommodation for four guests to stay for up to two weeks. Our goal is to provide a comfortable non-judgmental environment in which the guests might be able to process the stresses they are experiencing and explore new options for themselves.

The service is based on the concepts of self awareness and reflection, understanding and mutuality, creating dialogue, honest communication, flexible boundaries, shared power and responsibility, creating new ways of “making meaning”, empathy and accountability, respect, absolute belief in recovery and having fun. Kotuku recently won the Research and Innovation section of the Nelson Marlborough District Health Board’s 2009 Health Quality and Innovation Awards.

This presentation explores the journey of Kotuku since its inception – the successes and the challenges.

Biography: Kia Ora. My name is Jude Oliver and I am the Team Leader at Kotuku, a peer-support crisis respite house, managed by Health Action Trust. In 2003 I gained my Mental Health Workers Certificate and also attended training in Peer Support and Advocacy. I was then lucky to be asked to work within the Compass Peer Support and Advocacy Service (also under Health Action) when it began. I have been a Peer Support Worker at Kotuku since its inception in 2007 and moved into the Team Leader role in early 2009. I experienced traumatic treatment in psychiatric hospitals in my late teens and early twenties. On discharge there was no follow up or support and I felt very alone. Somewhere like Kotuku would have helped me on my journey to recovery.

Kia Ora. My name is Paul Baird, administrator for Compass Peer Support and Advocacy Service(under Health Action Trust). Compass provides peer support services in the Nelson/Tasman region including a 24/7 0800 phone service. I have had various roles within the area of mental health(mainly in Dunedin) before taking on this position, including Co-ordinator for an organisation named ASCO(Advisory and Support Otago), which runs a drop-in centre, food co-op, food-bank and mental health support. Prior to working for Health Action, I spend time as a guest at Kotuku to assist with my recovery.
Lalaga: A Win-Win Collaboration
Beth M Nobes, Manager, Psychiatric Consumers Trust, with Seulata Fui and Maria Glanville
1.50pm, Civic 1 Town Hall (30 mins)

Abstract: Consumers in Canterbury have benefited from the collaboration between Pacific Trust Canterbury and Psychiatric Consumers Trust. Pacific people who have experience of mental illness still suffer stigma and discrimination including from their own family/whanau. Previously efforts to offer a consumer meeting place were not very successful due to a shortage of space in the Pacific Trust’s offices. By combining our resources, the Pacific consumers have been able to move their support group to the drop-in centre known as Latnam House. With the large space and the good facilities, including pool table, computers and large screen TV, the programme has grown to address isolation issues, offer language support, introduce opportunities to meet with a kaumatua regularly and welcome whanau in to share time in a warm, safe, comfortable setting. One year on, this programme has given support to approximately 40 Pacific Island consumers and added new projects such as running Healthy Pacific Lifestyles programmes and song writing. Most important of all the community shares time with each other, gaining strength and support and with family, breaking down stereotypes and stigma. Lalaga promotes wellbeing throughout the sector and has been a great source of support following the challenges the tsunami in Samoa and Tonga has generated. Psychiatric Consumers Trust is a peer run, peer staffed, community provider with support from the CDHB and other funders.

Biography: Beth Nobes has been the manager of Psychiatric Consumers Trust (PCT), a consumer-run, consumer-staffed service, for three years. PCT offers the Advocacy Team in Christchurch and has a Rural Advocate Programme supporting consumers across Canterbury. The Trust also operates Latnam House, the drop-in centre for consumers in Christchurch. In addition to the regular activity-based social programmes, Latnam House also offers the Women’s Group and Lalaga, the Pacific Island Consumer Drop-in. Awareness – Canterbury Action on Mental Health has recently joined with PCT, widening the scope of action for consumers that the Trust can facilitate. Beth is also the Mental Health representative on the CDHB’s Consumer Council, is a member of the National Peer Support Forum and serves on various mental health consultative groups.
But What if I’m Both?” Rupturing the Artificial Boundary Between Professional and Patient Roles
Jacquie Kidd, Senior Lecturer, University of Auckland
1.50pm, Civic 3 Town Hall (30 mins)

Abstract: A distressed nurse writes, “I felt as if it was an unwritten rule for psych nurses – that there was some sort of dividing line between them and us – that if you’re a nurse you can’t really also be a patient, but what if you’re both???” This presentation shows the results of research into mental illness in nurses. It describes the barriers nurses experience when they are in need of mental health care, and how those barriers can trap them in a place of silent pain. It also suggests that valuing health care professionals who have experience of mental illness can enrich service provision.

Presenters Notes to Delegates: Come with an open mind, honesty, and a willingness to look at current practices and radical change for nurses.

Biography: He mihinui mahana ki a koutou. I live and work in Hamilton, teaching mental health nursing to post graduate nurses. I am also a researcher, with a love for poetry, stories and art which helps us to understand each others’ lives.

Tena ra koutou katoa.
Tapu Ake – A New Experience
Andrea Williamson, Service Leader, Pathways Health with Janice McGill, Tupu Ake & Fionna Sutherland, CMDHB
1.50pm, Lion Harbour View Lounge 2 Michael Fowler Centre (30 mins)

Abstract: Tupu Ake – An environment that embraces recovery values that inspire regeneration and re-growth for people and their families/whanau. This is a collaborative partnership with Pathways and Counties Manukau District Health Board (CMDHB). Tupu Ake is a community option for people who would have otherwise been admitted to an inpatient setting and who choose to access this service.

Tupu Ake is a peer support led service (staff who have lived experience of mental health issues and who have completed Peer Employment Training). Recovery values that are embraced in this service are hope, choice, empowerment, recovery environment and spirituality. These values are set in a foundation of love/aroha and mutual relationships. CMDHB community mental health teams provide daily clinical assessment and review of recovery goals in collaboration with the guest, and Tupu Ake staff. This presentation explores the conception, birth, and the 18-month growth of a peer led community acute alternative option. We will share with you a variety of stories of many people’s experiences; these will include guests, clinicians, and the Tupu Ake staff.

Biography: Andrea Williamson  (Pathways Service Leader Tupu Ake)My name is Andrea Williamson and I am a Service Leader employed by Pathways Health Ltd, where I have worked for just over thirteen years. Previously I had worked in Forensic and Brain Injury Units in Auckland as a Registered Nurse and also for a short period of time with the Justice Department. Whilst with Pathways I have held positions as a Registered Nurse, Team Leader, Clinical Leader and now Service Leader for Tupu Ake, our peer led service in Counties Manukau. My interests are travel (as much as possible!), theatre and people-watching whilst having brunch on the weekend. I live in Auckland and have an adult daughter and two beautiful cats. I hope you enjoy the presentation we bring to you today.

Janice McGill  (Pathways Team Leader Tupu Ake)I’m Janice McGill and I am proudly part of this Building Bridges Presentation for Tupu Ake. I have had a simple start to the Mental Health Services as a casual for a residential complex, and I have gradually progressed through various parts of the service - e.g. Residential and Respite services, Community Living services - to now, as the team leader of a peer lead service; Tupu Ake. As an individual who has experienced mental illness in the past, I feel that I am currently working in an environment that identifies with those experiences and creates an opportunity for me to connect with empathy and understanding. I am therefore proud to be a part of a progressive, alternative acute service such as Tupu Ake, and look forward to what the future will bring for those experiencing mental
illness, the peers and clinical staff involvement, and the community services that will be available.

Fionna Sutherland (CMDHB Service Manager Cottage CMHT). Kia Ora, I am Fionna Sutherland, born in Taupo, grew up in Hamilton, trained to be an Occupational Therapist in Heretaunga, Wellington. My partner Tom and I live in Manurewa, Counties Manukau and have a beautiful energetic six-year-old boy Tamati. I graduated in 1991 and have worked in the mental health sector ever since, following in the footsteps of my mother and older sister both of whom trained as psychiatric nurses. (I don’t like the sight of blood or needles hence I became an OT.)

My career journey has been
Tokanui Hospital – locum OT sixmonths
Kingseat Hospital – OT three years
Cornwall House community mental health centre Auckland DHB OT/Keyworker – three years
Challenge Trust non government organisation – seven years leading/Managing level 3 and 4 mental health residential rehab services

Currently Team Manager at The Cottage community mental health centre Counties Manukau DHB – coming up five years. I enjoy working in the Counties Manukau mental health sector as I find it a creative and innovative DHB. Together the Provider Arm and the NGO sector work in partnership to challenge the existing boundaries and to look for opportunities on how to further enhance mental health services. One of these opportunities has been Tupu Ake, a peer led community acute facility which is an alternative to the traditional inpatient setting. I hope you enjoy sharing with us our journey, experiences and learning.
Putting a Human Face on Madness
Susie Crooks, Consultant, Mad & Proud
2.25pm, Town Hall Auditorium (60 mins)

Abstract: Our Lives in 2014 is a recovery vision from people with experience of madness. This presentation is intended to showcase consumer leadership from across the sector. Our Lives creates a broad platform of agreement and the panel will interpret what this means for service development and delivery. The World views of Maori, Pasifika, Youth, Seniors, urban and Rural regions, Gay, Lesbian, Parents, Managers, Doctors, Nurses, Front Line workers, Refugees, and people with fiscal disabilities will be presented. This workshop will be fun, creative and informative. It is intended to show how dynamic and talented consumers are.

Biography: I have experience of madness and spent the last 15 years setting up peer run services, from peer support to advocacy. I have also worked with the media and other government agencies on reducing stigma and discrimination. I will include consumer leaders from across the sector, including NGO, DHB, and Public Health.
Peer Run Services: Analysing our Successes
Arana Pearson, Director, Keepwell Ltd with Douglas Holmes, Consumer Participation Co-ordinator, St Vincent’s Mental Health Service, Sydney
2.25pm, Civic 1 Town Hall (60 mins)

Abstract: Increasingly New Zealand mental health is funding consumer peer run services. The value of peer run service approaches to people is increasingly acknowledged although professionals still question the evidence base and the practical guidelines as to how to set up and deliver consumer peer run services. Increasingly Mental Health Services acknowledge the effectiveness of person centred and consumer driven practice. Consumer community peer run service approaches also supports clinical best practice.

This workshop canvasses recent approaches with consumer peer run services by and for people who experience mental illness. We will discuss the lessons and successes of consumer peer run services initiatives. We will explore barriers to developing peer run services and issues of support needed for developing community based initiatives including a discussion on funding models and Governance structures.

The workshop facilitators are people with an experience of recovery and consumer peer run service delivery, and will draw on practice and research from around the world and encourage open reflection about local initiatives and experiences. People who are interested in supporting this work are very welcome to attend. We will write up the outcomes of the discussion which may become a document useful for ongoing discussion in the sector about these issues identified during the workshop.

Biography: Arana Pearson B.A. is director and trainer for Keepwell Ltd. Keepwell trains and supports peer run service initiatives across Australia and New Zealand. He is the Co-Chair of the New Zealand Hearing Voices (Peer Run Services) Network of Aotearoa which is a registered charitable trust delivering services for nearly three years now.

Douglas Holmes is the Consumer Participation Co-ordinator with St Vincent’s Mental Health Service, Darlinghurst, Sydney, New South Wales. He is the Vice Chair and a founding member of the Hearing Voices Network New South Wales. Doug is also chair of the New South Wales Consumer Workers Forum.
Understanding Care Relationships: A Comparative Study in Mental Health and Intellectual Disability
Chris Taua, PhD Candidate/Nursing Lecturer, Queensland University/CPIT
2.25pm, Civic 2 Town Hall (30 mins)

Abstract: Contemporary quality processes in improving mental health care require service user involvement at many levels. By including the voices of all parties in a care relationship better outcomes and more responsive services have been proven. A study is being undertaken using grounded theory methodology to explore the needs of people with intellectual disability, their carers and the nurses who support them during a psychiatric hospital admission. The key foci of the study are to understand what people with intellectual disability and their carers experience during an inpatient admission to a mental health service; to understand how nurses manage the complex processes of determining and delivering care; and investigate and compare the experiences of each cohort. At this early stage the literature reveals that evidence for effective assessment and treatment frameworks in relation to the work of the nurse in this area and informed by the recipients of care and their carers is sparse. The fundamental aim of this study then is to take notice of the complex and specific health needs of individuals and their carers whilst recognising the needs of those nurses providing the care. Listening to their experiences is one way to achieve this. This presentation will firstly overview the proposed study, and then discuss a literature review being carried out, thereby acknowledging the complexity of nursing in this area whilst revealing the lessons that can be learnt by involving the recipients of care.

Biography: Chris is a PhD student with the University of Queensland. Her clinical background is as a registered nurse working with people with intellectual disability and mental health issues. It was during this time that she began to wonder about how to improve the involvement and self determination of those people she cared for in regard to their own health. Her studies since have mainly focused around this topic leading to this proposed study. More recently Chris has worked as a Principal Lecturer in the School of Nursing at CPIT. Her main teaching areas are in mental health and disability preparing both nursing students and mental health support workers for their careers in mental health. Her teaching planning and delivery are constantly underpinned by contemporary philosophies of Recovery, evidence based practice and consumer self-determination. Doctors Neville and Hepworth are the Advisors to this study, they will not be presenting.

Non Presenting Co Authors – Dr Christine Neville and Dr Julie Hepworth Queensland University
Is Personal Experience of Mental Illness an Asset to Mental Health Nursing Practice?
Colin Slade, Mental Health Consumer Consultant & Service Improvement Leader, Q-nique Services with Mal (Marian) Joyce, Registered Psychiatric Nurse and Clinical Team Leader CCDHB
2.25pm, Civic 3 Town Hall (60 mins)

Abstract: Is personal experience of mental illness an asset to mental health nursing practice? This question raises other questions:

1. Individual practice: e.g.
   • What special abilities and understanding can the experienced service user bring to mental health nursing practice?
   • What are the benefits and risks to patients?
   • What are the benefits and risks to the practitioner?

2. Nursing ‘workplace culture’ e.g.
   • What are the current attitudes towards practitioners who have experienced or succumb to mental illness?
   • What are these attitudes founded upon?

Note: Respect Costs Nothing (MHF 2004) identified the mental health workforce as a major source of discrimination against people who experience mental illness.

3. The professional college:
   • What advantages and risks are there to the professional college of admitting openly experienced mental health consumers to its ranks?

There are many more questions than these and research that will inform this workshop will have covered the following and other issues:

• The prevalence of mental illness within the nursing workforce
• Stigma and discrimination against people who experience mental illness
• Experience of addiction within the AOD workforce
• Advantages or disadvantages of bringing a service user experience to any profession (e.g. does motherhood make a better midwife?)

Workshop Structure:
1. Three short presentations will be delivered from the viewpoint of a consumer, a member of the College of Mental Health Nursing and a registered nurse who has experience of mental illness.
2. A facilitated discussion of the key questions surrounding the issue
3. Identifying outcomes/way forward

Biography: Colin Slade is a Mental Health Consumer Consultant & Service Improvement Leader, Q-nique Services. Mal (Marian) Joyce is a Registered Psychiatric Nurse and Clinical Team Leader, Capital and Coast DHB.
Caring for Families
Naomi Cowan, CEO with Anne-Marie Burton, Equip Family Advisor, Equip
2.25pm, Lion Harbour View Lounge 1 Michael Fowler Centre (30 mins)

Abstract: Family/Whanau often feel that they are not involved or supported by the services when a member of their family experiences major mental illness. And yet family/whanau are often the informal support base that individuals rely on during periods of wellness and unwellness. They also have intrinsic knowledge of what enables a family member to attain wellbeing and yet may not be aware they hold that knowledge. At Equip we have been developing a group programme that aims to support the families/whanau of services users. During the seven years we have been running these groups we have seen service users (whose families attend the groups) transition to the life they want despite disability with their families support. Family/Whanau members have reported a lowered sense of burden, clearer sense of how they can help their loved one, and they have seen the service user achieve more independence.

From this session, attendees will learn:
1. Working with families/whanau, irrespective of whether the service user is involved in sessions or not, can have a huge positive impact on the wellbeing of the service user themselves
2. Skills to help families/whanau support one another and become their own support network
3. How changes family/whanau members make themselves can have a direct and positive effect on service users
4. How family/whanau members benefit from education session around the nature of mental illness and feel more able to support their loved one when they have skills to do this.

Biography: Anne-Marie Burton is a Registered Social Worker who has worked in the mental health sector for 10 years as a Support Worker and more recently as Equip’s Family Advisor. She has lived experience of supporting a close family member who has experienced major mental health issues. Alongside of her Family Advisor Role at Equip, Anne-Marie also runs several Caring for the Caregivers groups in Auckland.

Naomi Cowan is CEO of Equip Mental Health Services and has worked in mental health for 15 years both in support work roles and management. She ran a Caring for the Caregivers group for five years. The group had a specific focus on support
Improving Quality through Evaluating Mental Health Services: The Evaluation Process and Experience of the Consumer-led-Evaluation Team at Counties Manukau District Health Board
Claire Moore, PER Team Leader, Counties Manukau District Health Board

*2.25pm, Lion Harbour View Lounge 2 Michael Fowler Centre (30 mins)*

**Abstract:** For the last three years CMDHB have been utilising a unique approach to service improvements, undertaken by the Partnership - Evaluation - Recovery (PER) team. The PER team primarily use an evaluation tool that is qualitative and narrative to collect multi-stakeholder feedback from clients, staff, families, NGOs and other agencies regarding the performance of clinical mental health services. Feedback is gathered via individual face to face interviews, phone interviews, focus groups and a review of documents, protocols and procedures used by the service. During evaluation interviews the PER Team use an interview process that allows the interviewee to speak freely about their experience with the service.

As well as identifying possible areas for service improvements evaluations are an opportunity for the PER team to highlight the strengths of all stakeholders including the services. Often mental health services don’t stop to identify and celebrate what they are doing well. This is regarded as an important part of the process. A two-year comprehensive quality improvement cycle includes senior management and team endorsement, which supports the implementation of recommendations made by the PER Team. The PER team endeavours to model and value good leadership practices and create an environment that is enthusiastic about change and fosters a culture of growth and positivity. The ultimate aim of the evaluations is to ensure the clients and families receive the best possible service from secondary services that will enable them to return to primary services for any mental health needs.

**Learning Objective One & Aim of the presentation:** Attending this presentation will give attendees an outline of the philosophy, methods and processes used by a consumer evaluation team to evaluate and improve mental health services that could be used in other settings. They will learn about the factors that have supported the development of this unique initiative.

**Learning Objective Two:** Increasingly the mental health sector is appreciating the value of collaborating with consumers and families, staff and NGO’s to achieve the best recovery outcomes for mental health clients. Learn how this consumer-led team works in partnership with all stakeholders to emphasises the strengths of clinical teams, identify resource requirements and make recommendations for improvements based on feedback gained from all stakeholders.

**Biography:** Claire has worked in the PER team at Counties Manukau DHB for the last three and a half years and has led the team for almost three years. Claire is also on the Advisory Group to the Mental Health Commission and is a representative on the national KPI working group. Claire also co-facilitates a Hearing Voices Support Group in West Auckland and was a recipient of the Blueprint Centre for Learning Advanced Executive Leadership and Management Programme Award for 2007.
Towards a Holistic, Mentally Healthy New Zealand University Community
Gerard Hoffman, Acting Associate Director of Student Support Services and Head of Counselling, Victoria University Wellington
2.25pm, Square Affair Suite Town Hall (60 mins)

Abstract: Victoria University of Wellington has approximately 2000 staff and 23,000 students. Like all NZ tertiary institutions our student (and staff) population has become increasingly diverse, both culturally and socio-economically, over the past decade. At the same time the incidence of mental health issues within our population has increased significantly, at least in part because of raised awareness and increased help seeking. Seven years ago and following a number of high profile suicides the University decided to take a proactive approach and established a Mental Health Promotion Committee which set out to develop a mental health promotion and suicide prevention strategy for Victoria. This presentation will cover the development of this strategy and a number of policies, activities and new roles that set out to build a culture of pastoral care and real promotion and prevention. Many of these activities involve collaborative work between the University’s health, counselling, disability services and other staff as well as with community agencies.

This work within an education institution is uniquely challenging and the presentation will highlight some lessons learnt.

Biography: Gerard Hoffman is currently Acting Associate Director of Student Support Services at Victoria and has been the Head of Counselling there for the past seven and a half years. Prior to that he was Team Leader at Youth Specialty Mental Health Service at Hutt Valley Health. Gerard is a social worker and family therapist by training.
CCM-Depression - Improving Outcomes for People with Depression in Primary Care
Dr John Cosgriff, Counties Manukau DHB, and Vicki Burnett, Consumer Consultant, CCM-Depression Advisory Group
3.00pm, Civic 2 Town Hall (30 mins)

Abstract: This presentation provides an overview of the development, implementation, and evaluation of a program that has used “chronic care management” (CCM) methods to support better care and outcomes for people presenting in primary care with depression.

The program was a partnership between specialist MHS and three primary care organisations and was designed by a team representing the major stakeholder groups which included consistent consumer participation. Consumer involvement was key to a number of elements of the program, including the development of an extensive set of information leaflets and self-management aids. Program design attempted to reflect “best practice” in CCM approaches (including a strong focus on use of self-management strategies), and guideline implementation. The “Patient Health Questionnaire-9” (PHQ-9) was used to structure initial assessment, and was administered at all follow-up appointments to track outcome. Extended GP and practice nurse (PN) consultations, and access to brief Cognitive Behavior Therapy (CBT) were funded. An electronic decision-support and data gathering template was developed and integrated into the practice PMS. Performance measures were developed with the intent to use these for program evaluation, and in peer review processes. Large-group training was undertaken by local “experts”; and when program uptake was slow this was followed-up by more “hands-on” lunchtime training sessions with each practice team.

Performance indicator data are presented along with a summary of the evaluation. Review of demographics shows that Maori were enrolled at near to population proportion, but that Pacific People were significantly under-represented. Sixty-three percent of people enrolled had co-morbidity - most often anxiety. Seventy-six percent of those enrolled were prescribed antidepressants - of those who remained in the program, 95% remained taking medication at 12 weeks and 92% at 6 months. Forty percent were referred for CBT.

Biography: John is a GP with a particular interest in mental health and youth health. For the last eight years he has worked part-time in mental health services in CMDHB in a GP Liaison role. He also works in NZ’s only adolescent medicine service attached to the children’s hospital in South Auckland as well as a day a week as a GP in Otara. Prior to working in Auckland he was a Wellington GP for 12 years.
Rubicon - Alternative Approach
Johnny Kunita, Team Leader/Counsellor, Rubicon Youth Alcohol & Drug Support Services with Nathan Bellingham, Student, Whangarei Boys High School
3.00pm, Lion Harbour View Lounge 1 Michael Fowler Centre (30 mins)

Abstract: The Rubicon Alcohol and Drug Support Service deliver an innovative alcohol and other drug counselling programme unique to the Kaipara and Whangarei districts of Northland. The programme is highly sought-after nationally and this presentation captures:

- the journey of Rubicon
- the implementation of the highly successful Police/Rubicon Programme in schools
- the quality improvements
- addressing barriers to access for youth
- harm reduction strategies
- changing youth attitude and behaviours around alcohol and other drugs
- truancy, suspension and exclusions.

Rubicon’s response to growing trends has seen the introduction of further innovative programmes. Rubicon offers self referral clinics within schools and local communities, one-off drug testing to identify or eliminate drug use, and whanau support. The Youth Alcohol and Drug Packages of Care Programme in 2008 has enabled the service to work with the most at-risk young people offering an intensive, individualised programme to address the young person’s high and ongoing support needs related to community living and self management of their alcohol and other drug issues. Our presentation will capture the growth and development of the Rubicon service and its response to the increase in demand for service, the downturn in the economic climate and the need to look and think outside the square to continue to deliver an effective, efficient service.

Biography: Johnny Kunita
Team Leader/Youth Alcohol and Other Drug Counsellor
Rubicon Youth Alcohol & Drug Support Services, Whangarei, Northland
Vice Chairperson, Northland Pacific Island Trust
Member of NCAT (National Committee Addiction Treatment)
Member of NPTF (National Pacific Treatment Forum)
12 years experience in the alcohol and drug field
A Consumer Designed and Implemented Evaluation of Care on an Acute Psychiatric In-Patient Unit
Monica Cartner, Consumer Advisor, Capital and Coast DHB, with Fiona Denham
3.00pm, Lion Harbour View Lounge 2 Michael Fowler Centre (30 mins)

Abstract: Service user evaluations mainly use self-check ratings for pre-determined factors. This study explored what service users themselves consider relevant and important to their care. Thirty people approaching discharge from the unit between May and August 2006 were interviewed by one of the presenters, using a semi-structured format. The findings and discussion are based on a detailed content analysis of interview notes (based on ethnographic and grounded theory research - Glaser and Strauss 1967). Four themes clearly emerged from this analysis. The findings are in line with international studies, supporting the view in-patient experience is often negative or very negative, safety is a major concern, staff attitudes contribute significantly to positive or negative experience and involvement in treatment is important. The positive comments of a small number of service users actively engaged in their recovery contrasted with most people who reported negative experiences in this regard. This was an interesting finding worth exploring further. The rich detailed comments provide many pointers for service improvements. The approach taken was time-consuming and required specialist research skills. Although it would not be realistic as a frequent methodology, it has provided robust evidence of important factors to be considered and identified many points for further exploration. Many features of the approach are transferable to less intensive survey methods and it would be a useful tool in areas of service provision anticipating major change or experiencing particular problems.

Biography: Monica Cartner was appointed as the first Consumer Advisor to Capital and Coast Mental Health Services in 2000. In addition to her experience with mental health services, her career has included social science research, social work and lecturing. She has a particular interest in developing robust research evidence in the consumer movement and literature. Her work is strongly based in beliefs about the importance of human rights as a fundamental principle underpinning mental health provision.

Fiona Denham was the Consumer Consultant for the Acute In-Patient Unit Service Users’ Evaluation (May – August 2006). A registered nurse, Fiona’s work has also involved establishing and facilitating an eating disorders support group, and being the Co-coordinator and a speaker for Wellington’s First Voices – speakers who educate about mental illness through speaking of their own experiences. Fiona has also published a book Deserving of Death… my journey to life, telling her own story of anorexia and depression. Fiona lives in Wellington with her husband and three children.
Thursday

Abstracts
Beyond Service Provision
Marion Blake, CEO, Platform, Paul Ingle, CEO, Pathways, Tim Harding, CEO, Care NZ, Jan Dowland, Chair, Platform Trust Board & Dr Peter McGeorge, Chair, Mental Health Commission
11.15am, Town Hall Auditorium (90 mins)

Abstract: This presentation will take the form of a lively, thought provoking and challenging panel discussion by the leaders of a number of organisations that are currently “providing services”. They will be invited to share ideas, visions and imagination about how as a country we can create an inclusive community that provides the right support for people when, where and how they need it. They will be asked difficult questions,

In New Zealand the community sector has evolved as service providers based on contracts that are shaped by the Government funder. This has created opportunities and challenges, but with the significant reduction in Government spending in health being signalled, the community sector may again be called on to adapt to a changing environment. With a history of innovative responses this could be the most exciting community development we have seen or it could signal the eradication of the systems of support that have taken years to develop.

Biography: Marion Blake – CEO Platform Trust (04) 365 0385 ceo@platform.org.nz. Marion has held the position of Platform CEO for the past 10 years. Platform is a network that provides linkage, connection, collaboration and gives voice to the work of NGOs.

Paul Ingle – CEO Pathways (09) 261 3412 paul.ingle@pathways.co.nz. Paul is the CEO of Pathways, a national mental health and addiction organisation providing a diverse range of innovative community solutions in Auckland, Hamilton, Taranaki, Wellington and Christchurch.

Tim Harding – CEO Care NZ (04) 384 2058 timh@carenz.co.nz. Tim is currently the CEO of Care NZ. He has worked in the addiction treatment sector for the past 17 years. Tim has been a consumer of services, counsellor, educator, group facilitator, team leader, clinical director, service manager, hospital chief executive and chief executive of a national provider.

Jan Dowland – Chair Platform Trust Board (04) 471 5733 jan.dowland@ihc.org.nz. Jan’s previous roles are as CEO of IHC New Zealand from 1998 – 2002 and National Manager for IHC specialist services from 2004-2006. As Chair of the Mental Health Commission from 2002-2004, Jan spoke up for the role of the community sector and the participation of people with experience of mental illness and addictions in service planning and delivery.

Dr Peter McGeorge – Chair Mental Health Commission (04) 474 8911 pmcgeorge@mhc.govt.nz. Dr Peter McGeorge is a Child, Adolescent and General Psychiatrist who has extensive experience in the development and delivery of services in New Zealand and Australia. Over the course of the past 20 years he has been involved in national policy development, reviews of Mental Health Services and setting up systems of integrated community and hospital based mental health care.
Barriers to Employment: Discrimination and Social Marginalisation
Vanessa Cooper, Like Minds Health Promoter, Mental Health Foundation
11.15am, Civic 1 Town Hall (30 mins)

Abstract: The positive impact of employment on health and mental wellbeing are clearly researched across international literature, yet compared to other ‘disability’ groups, people with experience of mental illness still experience the highest rates of unemployment. This session will look at the barriers that prevent a huge pool of talent from being utilised. The Building Bridges Conference is about transcending barriers; and social marginalisation for people with experience of mental illness within employment is still a major barrier to recovery. In advancing the need to remedy this, the research findings of a pilot project by Vanessa Cooper with The University of Auckland and Balance NZ – Depression and Bipolar Network will be presented. This session will primarily focus on how the barriers to employment for people with experience of mental illness can be removed, how to create more responsive and supportive workplaces around mental health issues, and the implications and recommendations on how to minimise the experience of discrimination. A number of approaches will be outlined including advancing workplace education around mental health and specific anti-discrimination messages targeting the labour sector.

Biography: Vanessa Cooper works for the Mental Health Foundation on the Like Minds, Like Mine Auckland regional programme. She came to the Foundation after gaining experience in the fields of supported employment and community-based vocational rehabilitation. She has completed a Master's Degree (Honours) in Health Sciences focusing on employment discrimination, mental health development, and social policy. Vanessa is passionate about social justice issues, inclusion and equality; more specifically increasing access to meaningful and supportive employment and education for tangata whaia/service users. Vanessa is passionate about research and policy, and supports the view that the way forward in promoting wellbeing is to provide people with knowledge to build empowerment and foster self determination.
Positive Mental Health and Wellbeing – Possibilities for the Future
Hugh Norriss, Director of Policy and Development, Mental Health Foundation of New Zealand
11.15am, Civic 2 Town Hall (30 mins)

Abstract: For many if not most people the term mental health means something to do with a mental illness or having a mental health problem. It’s as if mental health is something to be avoided, or at least not to be valued and developed. Mental health has a positive side to it however, and is closely aligned to concepts such as mental wellbeing, happiness, flourishing and positive psychology. Positive mental health is more than just the absence of mental illness and it is a state that can increase general health and wellbeing, and resilience.

Many people work out for themselves what is good for their own positive mental health and wellbeing. It may, however, improve a range of health and social outcomes if individuals and communities are more widely and publically engaged in understanding ways to improve mental health and wellbeing and are able to apply them in their own lives and their communities. This presentation will explore emerging evidence, initiatives and aligned disciplines relating to positive mental health and wellbeing and invite discussion from presentation participants on how these applied concepts can lead to greater resilience and happiness in individuals and improved social, cultural, economic and environmental outcomes for New Zealand.

Biography: Hugh Norriss is the Director of Policy and Development at the Mental Health Foundation of New Zealand. Prior to this he has spent 12 years in senior management positions in mental health services and in mental health planning and funding.
Are We Making a Difference?
Angela Bates, Clinical Nurse Specialist, Vibe/HealthcareNZ with Vicki Potroz-Tokotaua, Case Leader, CYFS
11.15am, Civic 3 Town Hall (30 mins)

Abstract: In August 2009 Hutt Valley District Health Board assigned Vibe youth service to provide primary health care services to young people in care and protection. This presentation will describe what services were developed, the impact this has had on young people and explore the effectiveness of multidisciplinary and multiagency working.

Biography: Angela Bates originally trained as a registered general nurse and worked in a variety of settings as a staff nurse before training as a midwife in 1981. In 1988 she qualified as a health visitor (specialist community public health nurse) and worked for a number of years in a variety of community settings before taking on the role of senior designated nurse for child protection. She was instrumental in developing the health services for the homeless people in Chester, UK and received the Queens Nursing Innovative and Creative Practice Award in 2001. In 2004 Angela completed a Masters in clinical nursing at Liverpool University and worked as a nurse practitioner before immigrating to New Zealand in early 2006.

She is currently employed as a primary care clinical nurse specialist working at the care and protection unit in the Hutt Valley. Angela is also the coordinator for the College of Nurses Aotearoa primary health network.
A Critique of Wellness Recovery Action Planning (WRAP)
Anne Scott, Secretary of Awareness: Canterbury Action on Mental Health, and University of Canterbury, & Lynere Wilson, University of Otago
11.15am, Lion Harbour View Lounge 2 (30 mins)

Abstract: WRAP is a mental health self-management programme grounded in the values of the recovery movement. We suggest in this presentation that it requires a very focused health lifestyle. It also creates a responsibilised and ‘at risk’ sense of identity. Such a way of being in the world is more possible for some people than others. Thus, WRAP can actually create self-stigma and undermine recovery, where people are not able to live up to the expectations of active self-management central to this programme. We suggest some ways this programme might be tweaked to address these concerns. These include WRAP facilitators being aware that this programme won’t work for everybody, and being actively aware of their own values. We also suggest creating a mutual or peer support version of WRAP, where people can support each other in carrying out the programme. We finally suggest that WRAP should be facilitated only by consumers, within a recovery framework.

Biography: Anne Scott is a mental health consumer, and is secretary of Awareness: Canterbury Action on Mental Health. She is a peer supporter with Warmline Canterbury. She is also a sociologist of health and illness at the University of Canterbury. Anne is currently engaged in a research project on peer support within Aotearoa New Zealand.

Lynere Wilson is a mental health nurse who facilitated WRAP planning for six years as manager of Bipolar Support Canterbury. She is currently based at the University of Otago’s Centre for Postgraduate Nursing, where she works as a nurse therapist for bipolar and psychotherapy research project. She is also working on a PhD in her spare time looking at self-management for bipolar disorder.
MH101, Mental Health Learning: Developing a Responsive Mental Health Literacy Programme for New Zealand
Sonja Goldsack, National Project Manager / Facilitator, Blueprint for Learning
11.50am, Civic 1 Town Hall (30 mins)

Abstract: MH101, mental health learning is a unique mental health literacy programme which is funded by the Ministry of Health and developed by Blueprint for Learning. This programme is designed to meet the needs of frontline government and social service agency staff in gaining confidence in being able to recognize, relate and respond to people experiencing mental illness. Mental Health Literacy Programmes such as Mental Health First Aid (Jorm and Kitchener) have played a large role in providing mental health awareness and education amongst individuals, organisations and community groups. Given the need to respond to cultural diversity within New Zealand, Blueprint for Learning has developed a programme that builds on the success of Like Minds, Like Mine, is recovery-focused, recognizes the role of Maori as tangata whenua and is appropriate to New Zealand's cultural context.

MH101 is unique in its strong service user leadership and acknowledgement that the most effective way to counter stigma and discrimination is through having contact with people with experience of mental illness. The programme also has a strong mental health promotion focus which encourages individuals to proactively maintain their own wellbeing, offering strategies and tools to do so. The one-day workshop is currently being rolled out nationally across New Zealand. In this presentation, we will present the programme that has been developed, with emphasis on the unique offerings that this programme has. The results of its extensive evaluation programme will also be presented.

Biography: Sonja Goldsack is the Project Manager for MH101 at Blueprint for Learning, as well as one of the MH101 trainers. Sonja has an extensive background in developing and running service user-run initiatives across the New Zealand government and non-government sector. Sonja is well known for her active promotion of the recovery approach across all mental health and addiction services, both at the training and service user workforce level.
Recreation, Health and Stigma
Eileen McAtee, Project worker, Kites Trust
11.50am, Civic 2 Town Hall (30 mins)

Abstract: There has been a cultural shift in our values that emphasizes the value of healthy bodies and minds, and the connection between the two, but have we gone too far? Am I paranoid or is there a hidden subtext in many health promotion messages that says people who are overweight are less intelligent, less knowledgeable about nutrition and quite likely lazy? In trying to support the physical health and social inclusion of tangata whenua we need to avoid adding further stigma. Last year I worked on the development of some guidelines for community recreation groups who want to include people with experience of mental illness. This work got me thinking about the way public health messages are delivered to tangata whenua. The fact is no-one likes being told what to do and my challenge is that we need to look for other ways to deliver messages about exercise and recreation than through an expert. If the target audience is people with experience of mental illness the best health promoter is someone who has been there themselves.

Presenters Notes to Delegates: Bring open minds and be prepared to break into pairs for discussion.

Biography: Eileen draws upon her personal experience of mental illness in her work at Kites Trust, a community development NGO based in Wellington. She has a law degree and has a passion for ensuring people’s rights are upheld. Eileen has worked for a number of ‘grass roots’ organisations including Benefit Rights Service at the Wellington Peoples’ Centre. Eileen has two teenage boys and her favourite recreational activities at the moment include the gym, yoga, worm farming and Vespa riding.
HeadSpace – The Ambulance at the Top of the Cliff
Kirsten Philipsen, Team Manager, Welllink Trust, Te Hononga Ora & John Zonneville, Operations Manager Specialty Services (Child & Adolescent, Addiction and Psychogeriatric Services) Capital and Coast District Health Board
11.50am, Civic 3 Town Hall (30 mins)

Abstract: Welllink Trust, Te Hononga Ora, is an NGO that supports people experiencing severe mental distress. HeadSpace is a youth-focused service that was developed by Welllink and the CCDHB to avoid young people being hospitalised. Come and talk about a service that creates choice for people to work through a crisis in a community setting. We’re going to talk about what HeadSpace does, share some stories and also show some of the trends we have found. We will talk a bit about the recovery model that Welllink uses and how we implemented family/whanau and people using HeadSpace into our evaluation framework.

Description - HeadSpace is the ambulance at the top of the cliff. It gives young people a safe, relaxed and supportive environment that gives space to get on top of things, and the best thing, it was designed by young people for young people. Implications:

- Creating a youth crisis respite service collaboratively between NGOs and DHBs.
- Providing a service that is ‘ambulance on the top of the cliff’.
- Including people using the service and their families to evaluate the service.
- Young people designing services for young people.

Future Directions - Directions to create greater opportunities to access the service is a hot topic. Also, many people have commented on the uniqueness of the service, and so we see a need to open community-based youth crisis respite services across New Zealand.

Biography: Kirsten came to New Zealand from Denmark in 2002 and joined Welllink in September 2004, bringing with her many years of experience working with young people from all social and ethnic backgrounds. As a teacher and school principal, Kirsten spent 24 years working with young adults in an alternative boarding school system. During that time she embarked on a number of adventures including leading study tours to India in old buses with young adults, teaching teens to sail, and travelling through Scandinavia, Russia and Europe with groups of young people. She has diversified from her work with young people at times, managing a drop-in centre for people who experience mental illness, and also spent some time working with IHC in New Zealand. Kirsten has a passion for supporting young people to build up their lives and make their dreams come true. Together with the great team at Wellington Central she takes the lead in developing a dynamic, vibrant and joyful youth environment that equips young people to go out and live great lives.
The Role of Spirituality in the Development of an ‘Essential Self
Stephen White, Academic Staff Member/Programme Manager – Mental Health, School of Social Development Waikato Institute of Technology (Wintec) Hamilton
11.50am, Lion Harbour View Lounge 1 Michael Fowler Centre (60 mins)

Abstract: The search for meaning and purpose in life and understanding one’s place in the world, their relationship to others, the environment and beyond is an ‘activity’ undertaken by everyone. It is often an intrinsic or subconscious/unconscious activity, yet it is critical to developing an integrated sense of self. For people who experience mental illness this search for meaning can be especially difficult. Sullivan (1998) states that severe mental illness presents a threat to personhood and self like few other illnesses, and O’Reilly (1994) describes mental illness as “a thief who steals an individual’s essential self”.

A fundamental tenet of recovery involves a person redefining themselves in the presence of a psychiatric label. Curtis (1998) describes recovery as a process of regaining what is lost, including that sense of an essential self.

The role of spirituality and religion is often regarded as being superfluous, or at times detrimental to recovery. Certainly holistic constructions of health and wellbeing (such as Te Whare Tapa Wha) identify spirituality (wairuatanga) as a key dimension, yet the identification and assessment of spiritual needs, aspirations and dreams are often not addressed in mental health practice. Gotterer (2001) argues that “this neglect of the spiritual dimension in mental health practice deprives clients [sic] of a full spectrum of discovery, growth, and healing”.

The focus of the workshop is a consideration of the concepts of spirituality and religion, and how practitioners might identify spiritual strengths and needs in recovery-based practice.

Biography: Stephen White is currently the Academic Programme Manager for the National Certificate and National Diploma in Mental Health (Mental Health Support Work) at Wintec. In addition to teaching on these programmes he also teaches on Social Work and Counselling endorsements of the Bachelor of Applied Social Sciences.

He is professionally qualified in social work, and holds additional qualifications in psychology. He is currently pursuing post-graduate studies in Public Health, focusing on Mental Health Development and Promotion. He has worked in a variety of clinical settings in mental health.
Sport as an Intervention: Opportunities for All
Katie Owen, Chair, Street Football Aotearoa & Players from the Wellington Group of Street Football Aotearoa
11.50am, Lion Harbour View Lounge 2 Michael Fowler Centre (30 mins)

Abstract: “Sport has the power to unite people in a way little else can. Sport can create hope where there was once only despair. It breaks down barriers. It laughs in the face of discrimination. Sport speaks to people in a language they can understand” - Nelson Mandela.

This presentation will describe the development of the Street Football Program which through weekly football sessions engages homeless and marginalised people to participate in sport. All of the players involved in the program are or have been homeless, marginalised and experience multiple exclusion. The players have a range of challenges in their lives including experience of trauma, mental illness, addictions, family difficulties, poverty and isolation. There is a considerable body of research highlighting the link between homelessness, poor housing and high levels of both physical and mental ill health. Engaging with people through sport can provide an important vehicle through which greater wellbeing can occur. The football groups don’t necessarily provide a focussed intervention - but offer an alternative and complementary engagement to traditional agency/client relationships. Peer support plays a major part as does the opportunity to interact with agencies on an equal footing. In the process, focus moves away from an individual’s situation or problems towards building on strengths and skills. Together with the obvious physiological benefits, engagement in physical activity has been shown to improve emotional and cognitive skills including self esteem, problem-solving and the self efficacy essential to support long term changes in lifestyle.

Biography: With a background in primary mental health and community development, Katie became involved with the Homeless World Cup through managing an outreach project working with people who slept rough in Edinburgh, Scotland. The Homeless World Cup is an international football tournament, aimed at raising awareness of homelessness and exclusion on a global level. On moving to Wellington in 2007 the idea of supporting a New Zealand team to attend the 2008 tournament in Melbourne led to the development of Street Football Aotearoa. Street Football Aotearoa is a partner agency of the Homeless World Cup Foundation, an international charity set up to link local football projects through the annual tournament. Run by a group of Trustees the charity supports opportunities for fitness and football training for homeless and excluded people throughout New Zealand/Aotearoa.
Abstract: Telling Stories - the benefits and risks of public disclosure of tangata whaora personal experience of mental illness and the mental health system.

More and more mental health consumers are being persuaded to talk about their experiences of mental illness in the interests of countering stigma and discrimination and improving services. Personal narrative is increasingly recognised as a powerful tool in changing public attitudes and persuading planners and service providers to design services that respond to the needs that sing out loudly and clearly from such stories.

Stories about experience of abuse or neglect at the hands of others while in the care of services can be strongly moving. But while such stories can be useful in influencing positive service development, they can also present an opportunity to sell media product. Other positive stories describe generous, effective services and personal triumph in recovery. These can be inspiring to others and contain much useful information. They also present an opportunity for successful services to market their organisation and why not? But there are risks and ethical questions at every step of the process of telling, printing, publishing and using stories of people who may be vulnerable.

Issues covered will include:

. What are the positive purposes for writing about personal experience?
. How do different aspects of the experience lend themselves to those purposes?
. What are the risks of public disclosure of private experience?
. What ethical guidelines should be established to minimise those risks?

Biography: Colin is a mental health consumer advocate and journalist with considerable experience of interviewing people and assisting them to tell their personal stories.
Real Life, Real People - And That Includes Staff
Lyndsay Fortune, General Manager, Pathways Health & Ross Phillips, Workforce Development Manager, Pathways Health
12.25pm, Civic 2 Town Hall (30 mins)

Abstract: The key to a healthy and vibrant organisation is people who are healthy, vibrant, committed and passionate about the work they do and the organisation they work for. Pathways has made a strong commitment to creating an environment that welcomes, supports, develops and inspires staff. We’d like to present the range of initiatives that demonstrate that commitment - our support worker competency framework, Potential+ performance progression programme (incorporating Real Skills), healthy workplace initiatives, Development Squad, and Buddies induction and mentoring. Underpinning this is Pathways’ commitment to peak performing organisation theory - and how this shapes our culture.

Biography: Lyndsay has worked in a number of roles within Pathways over the past eight years, and is currently general manager. Trained as an occupational therapist, most of her career has been in the mental health sector, and she has a strong commitment to community based services that support people to live well.

Ross Phillips is the National Workforce Development Manager within Pathways. Qualified as a social worker Ross has worked in a variety of roles within the mental health and addiction sector specializing in service and workforce planning and development.
Out of Sight, Out of Mind: The Sexuality Experiences of Women with Enduring Mental Illness
Joanna Davison, Nurse Educator, Bachelor of Nursing Programme, Whitireia Community Polytechnic
12.25pm, Civic 3 Town Hall (30 mins)

Abstract: Sexuality is a complex and important aspect of a person’s health and wellbeing. Yet mental health professionals seem generally reluctant to discuss sexuality related issues. Such attitudes may reflect widely held beliefs that people with enduring mental illness are either incapable of meaningful sexual relationships, or that there is something deviant about the notion of being involved in acts of sexual intimacy. However, the expression of one’s sexuality and engaging in intimate relationships are considered important in the journey of recovery. How then can mental health professionals integrate their client’s sexuality into their practice, and create an environment within which sexuality experiences and stories can be acknowledged and heard?

This paper will present the research findings of my Master’s thesis. Eight women with enduring mental illness were interviewed about their sexuality experiences. All the women considered their sexuality an essential component of their identity and wellbeing, and described ways that health professionals could foster discussions about their sexuality. The women sought a change in attitude and an affirmation of their sexuality. The women’s suggestions and findings from this study challenge the identities that have been constructed around their sexuality and provide strategies for creating a community in which the women can voice their sexual stories. Recovery generally involves occupying social positions from which one has been excluded and claiming one’s citizenship. The findings from this study provide mental health professionals with ways to further facilitate and enhance women with enduring mental illness access into this sphere of citizenship and recovery.

Biography: Joanna Davison is currently a nurse educator at Whitireia Community Polytechnic, and teaches mental health nursing in the Bachelor of Nursing programme. Joanna has nearly 20 years’ mental health nursing experience. Prior to moving into education, Joanna worked for over eight years as a primary mental health care nurse at Newtown Union Health Service. In this setting, when working alongside people with experiences of mental illness, Joanna’s nursing approach and scope of practice was extended to include sexuality related issues. This practice, coupled a with a perception that sexuality was not an area of health that mental health providers addressed, led Joanna to embark upon her thesis study. Findings from her study will be presented in this paper.
Square Pegs in Round Holes: Rethinking Solutions to Homelessness in Aotearoa/New Zealand
Clare Aspinall, Social Environments Advisor, Regional Public Health
12.25pm, Lion Harbour View Lounge 2 Michael Fowler Centre (30 mins)

Abstract: The Universal Declaration on Human Rights enshrines the rights of all citizens to a standard of living adequate or the health and well-being of him/herself and of their family, including food, clothing, housing and medical care and necessary social services. This presentation will use a rights based framework to explore what is currently known about the delivery of services for people with mental illness and addictions who experience homelessness in Aotearoa. Without a stable and secure home many people experience multiple disadvantage including poverty, unemployment, poor cultural, physical and mental health, addictions, and family breakdown. Added to this is exclusion and discrimination by a wide range of public sector agencies that others take for granted.

The authors will explore the challenges presented by current service models that they argue maintain homelessness by creating barriers to seeking and accessing help. Attention is given to the need for all agencies involved to develop a joined up continuum of services that offer differing levels of interventions, and that share a clearly stated outcome to end homelessness, including permanent housing solutions. The authors will challenge participants to rethink the ways public sector services are delivered and to advocate for a more rights based, coordinated and shared response by all agencies to ensure people in need get the right support at the right time by the right agency.

Biography: Clare is currently the Chair of the New Zealand Coalition to End Homelessness and member of Wellington Housing Forum where she is promoting a more strategic approach to meeting the city’s social housing needs and reducing the disparities that exist currently in the housing sector.

For the past six years she has worked as a Social Environment Advisor for Regional Public Health in Wellington specializing in housing and homelessness and has obtained a Post Graduate Diploma in Public Health through Otago University. Clare originated from Devon in the UK and before moving to Aotearoa seven years ago worked as a Tuberculosis Nurse Specialist in London.
Abstract: In light of service users looking for alternative healing methods which are accessible and affordable, the simple practice of Yoga can offer people a positive experience. Brigitte will be sharing with the audience her work with Yoga in the Auckland Mental Health sector. The presentation addresses general issues around introducing Yoga to service users, as well as the main benefits that yoga can offer. This will be substantiated by the findings of her small qualitative NZ study, which focused on people who experience psychosis and how they benefited from the practice of Yoga. In addition, Brigitte will explain how Yoga can support existing health initiatives and work well in conjunction with other modalities, like DBT.

Furthermore, Brigitte will report on the more recent development towards the integration of Yoga into mental health services; cultivating a healthy working environment of partnership between service users and staff. This is an innovative health initiative with the intention to contribute to developing healthy attitudes and healthy lives. Maintaining wellbeing is an issue which is important to all of us.

Presenter’s notes to Delegates: Bring an open mind and a willingness to engage in simple Yoga postures if you wish. All can participate. No special clothing required.

Biography: Brigitte Sistig is a NZ registered Health Professional, with a focus on mental health and related issues. She brings Yoga to Auckland mental health services in a way which makes these ancient techniques accessible in our modern day world. Her innovative Yoga work has been experienced by many, supporting people with severe mental health distress to find calm and joy in their daily lives.

Psychotherapist (NZ Registered) MNZAC - Yoga Teacher RYT MIAYT
Opening Doors To Recreation
Dennis Duerr & Esther Bulkolt, Co-ordinators, Case Consulting, Wellington City Council, with Carina Allen-
Buddies Peer Support Services, Daphne Pilnar- Push Play Wellington City Council
4.00pm, Civic 1 Town Hall (60 mins)

Abstract: Opening Doors is a project which aims to improve access to people with experience of mental illness into community recreation activities of their choice. Opening Doors includes guidelines, training, advocacy and programme support. It is a partnership project between a local Council and mental health agencies.

Why Opening Doors?
Most New Zealanders think of recreation as a right. Shockingly, in 2000, the Recreation Advisor for MASH Trust Board discovered that the mental health consumers she was working with were keen to go to a public recreation facility every week. On average they went just once a year. Our research shows that Opening Doors is unique in Aotearoa/New Zealand. It is the first time that a project of this kind designed to change the culture and attitudes of recreation facilities to people with experience of mental illness, has been attempted and successfully implemented.

Biography: Dennis Duerr is the coordinator for Buddies Peer Support Services. He identifies as a person with experience of mental illness. Recreation has been a big part of his recovery, and so he has a special passion for this project.

Esther Bulkolt works for Push Play at Wellington City Council. Push Play is an initiative for encouraging active recreation.
Primary mental health care in the new primary care environment: key directions and feedback from the sector
Dr Sarah Dwyer and Nemu Lallu, Mental Health Group, Ministry of Health
4.00pm, Civic 2 Town Hall (60 mins)

Abstract: This session will provide an overview of the key directions for future development of primary mental health care services within the new Better, Sooner, More Convenient primary care environment. It will examine what key stakeholders think about the proposed direction, based on feedback received on the primary mental health care guidance paper and on further discussion with participants in the session. Examples will also be given of some new developments happening on the ground to better integrate primary and secondary mental health and alcohol and other drug (AOD) services.

Biography: Dr Sarah Dwyer is currently working as a Senior Project Manager in the Mental Health Group, Population Health Directorate, Ministry of Health. She is leading the policy development process for primary mental health care and also has portfolio responsibilities for child and youth mental health, with a particular focus on conduct disorders as part of the cross-government Drivers of Crime initiative. Prior to working for the Ministry, Sarah worked as a child and family psychologist in Australia for over 10 years, specialising in parent training. Since completing her PhD in public health, she has authored several articles on family risk factors, promoting family mental health and the identification of children at risk of developing behavioural or emotional problems. She has recently bought a house with her partner so will probably have very little disposable income for the next 20 years!

Nemu Lallu is a Senior Project Manager at the Ministry of Health.
Supported Employment – 7 Steps To Building A Bridge To Wellbeing
Emma Barnes & Nikki Porteous, Employment Consultants, WorkFirst, CCDHB
4.00pm, Civic 3 Town Hall (30 mins)

Abstract: WorkFirst is an evidence-based supported employment service, integrated with three of Capital & Coast District Health Board’s community mental health teams. Two of these teams are youth and the third is forensics. In 2008 we received a silver achievement award from TheMHS, and have published two papers (Porteous & Waghorn, 2007 & 2009). It is guided by the seven principles of the Individual Placement and Support (IPS) model which are: consumer choice, integration, competitive employment, rapid job search, individualised approach, follow-along supports and financial planning. It’s about finding one’s self through meaningful occupation; namely work and study, connecting with others and with our communities.

IPS services are easy to access as they are integrated with existing mental health services and are ideally peer-run. Partnerships are created between health and welfare, and links made between youth, employment and education. Employer stigma and discrimination is challenged. Looking beyond, commissioning what works can save millions of dollars. Studies have shown that IPS is by far the most effective way of helping people who use mental health services to get jobs.

Biography: Nikki Porteous NZROT. Since training as an Occupational Therapist and having worked at Porirua Hospital in the 1970s, I returned to the profession in the 90s and have seen a lot of changes, mostly for the good. For the past 12 years I’ve been with the Early Intervention Service in Wellington, and for the past seven of those years I established WorkFirst, delivering evidence-based supported employment. I gain a lot of job satisfaction in my role as I know how highly consumers value employment and see the positive results on health and wellbeing when people get jobs or are studying.

Emma Barnes NZROT. I hail from Dunedin and have lived my life between the cities of Dunedin and Wellington. I trained as an Occupational Therapist in the late 80s and have practised in adult mental health services for most of my career. I took up the position as an Employment Consultant with WorkFirst in December 2008, based in the Child and Adolescent Mental Health Team. The position has proved challenging – helping youth into employment through an economic recession – and also really rewarding – seeing the confidence that grows when a young person gets their first job or embarks on a course of study.
A Good Idea Is Not Always Enough
Marge Jackson, Manager & Suzy Stevens, Project worker, Pathways Health
4.00pm, Lion Harbour View Lounge 1 Michael Fowler Centre (30 mins)

Abstract: Temp Solutions was an innovative and award winning temping agency that specialised in placing people with experience of mental illness in short term and casual employment. Temp Solutions was about developing a service that utilises the expertise of people with experience of mental illness as well as meeting an identified need in the sector for consumer participation. Temp Solutions was a great idea and achieved a number of successes including individuals securing permanent employment and helping to change employers’ attitudes toward people who experience mental illness. Developed and supported by Kites Trust for over six years, the decision was made to close the service as it was no longer sustainable. A role of Kites Trust is to investigate and test innovative solutions and sometimes that also involves acknowledging when a good idea has not worked.

This presentation will present the challenges, successes and failures of Temp Solutions and share what we have learnt throughout the process of developing, running and then closing a service.

Biography: Marge is the manager of Kites Trust which is a well-established community development organisation working in the wider Wellington region in the area of mental health. Marge has worked for a number of organisations providing mental health services and is interested in consumer – provider collaboration that results in changes in the way services are delivered.

Suzy Stevens: Suzy has been treated by mental health services. She works under contract to Kites Trust and utilises her experiences as a consumer to explore innovative solutions and advocate for better mental health services.
Burning Bridges? Not Us! Stories of Success from People with High and Complex Needs in their Care
Jacquie Kidd, Senior Lecturer, University of Auckland with Debra Lampshire, University of Auckland with Peter McGeorge, MHC, and Susie Crooks
4.00pm, Lion Harbour View Lounge 2 Michael Fowler Centre (60 mins)

Abstract: In recent years MHAC* has been troubled about accounts of mental health service users who feel that they do not receive care that is useful, and that helps the person and their whanau to live full and productive lives. At times these service users are perceived as having ‘burned their bridges’ with most providers. They provide a challenge to the ‘business as usual’ approach of many mental health services. We named this the problem of ‘services under challenge’. MHAC and the Mental Health Commission recently collaborated on a research project to explore what the critical success factors were for services under challenge. We identified services that had successfully met the challenge and asked ‘How did these successful services think about, plan and deliver useful and effective care?’ We talked to service users and their whanau, service managers, and clinical staff who all agreed that they have been part of an extraordinary process to meet the needs of service users who challenge mental health service provision.

Our workshop will take attendees through a process of recognising the challenge and thinking outside the square to come up with solutions. At the conclusion of the workshop, we’ll share the success stories from the research project.

*The Mental Health Advocacy Coalition (MHAC) is a cross-sectoral group that provides mental health sector perspectives to the Ministry of Health. Members of MHAC come from a broad range of strategic positions, from which significant mental health sector issues can be identified.

Notes to Delegates: Attendees are expected to come up with creative, collaborative and innovative ways to plan and deliver services – then reflect on their own service and how these ideas might be taken back to their own setting.

Biography: Jacquie Kidd: He mihinui mahana ki a koutou. I live and work in Hamilton, teaching mental health nursing to post graduate nurses. I am also a researcher, with a love for poetry, stories and art which helps us to understand each others’ lives.

Tena ra koutou katoa.
HisBiz – Supporting Wellbeing in the Business Community
Tyron Pini, Regional Manager – Midland/North, Workwise
4.35pm, Civic 3 Town Hall (30 mins)

Abstract: In early 2009 there was significant coverage in local media around the rise of mental health issues connected to the recession, including an increased number of suicides. Workwise chose to make connection with the local business community to explore the impact and ask what was being done. The answer was that business support networks did not know what to do, or how to talk about this issue in general. In partnership with the Waikato Chamber of Commerce, local businesses, NGOs and Work and Income, a new approach was created.

HisBiz© looks to create an information place for men in business to seek support outside of mainstream mental health services and within the business world they are comfortable in. Through a website and regular events we are undertaking health by stealth to provide information around wellbeing, without the stigma often associated with attending health services. This session will explore and discuss the strategies undertaken to create partnerships with non health focused organisations and in creating a place where men in business can get support.

Biography: Tyron hails from the United Kingdom where he began his career in the NGO / disability sector after training as a community social worker. Since then he has also gained qualifications in working with people with autism, management and health. He has continued to be active in ongoing development and learning at many levels. Moving to New Zealand in 2002 with his family he worked for Graceland’s Group of Services. In 2007, Tyron started with Workwise Employment Ltd, a specialist service focused on supporting people to return to work, as regional manager for Midland/North. With a strong interest in business and employment this was an ideal opportunity to work across a range of sectors with a clear purpose. On top of the day-to-day running of Workwise Midland/North, Tyron is involved in a variety of sector activities. He is a member of the Huntly Community Link Advisory Group, Waikato Mental Health Employment group, ACC Rehab providers liaison group and a former board member and chair of the Association of Supported Employment New Zealand (ASENZ). Through connections created through the Waikato Chamber of Commerce, Tyron is also leading the HisBiz project aimed at supporting wellbeing for men in business.
Peer Run Initiatives - Opportunities and Barriers
Robyn Priest, Executive Director, Alaska Peer Support Consortium
4.35pm Lion Harbour View Lounge 1 Michael Fowler Centre (30 mins)

Abstract: This paper explores the opportunities and barriers faced by peer run initiatives in Canada, New Zealand and other countries. It is based on the presenter’s recent experience of reviewing peer run services in Canada and of running and observing peer run initiatives in New Zealand and elsewhere. The paper looks at definitional issues, policy, funding, governance, management, organisational development, staff development and relationships with mainstream mental health services. It shows that the same kinds of barriers and opportunities tend to occur in every country. Some people claim that peer support will be the fastest growing service and workforce in mental health services over the next generation. Governments and systems need to respond to this much more quickly than they are now. The presenter suggests interventions that are urgent and essential if peer support is going to develop into a core service.

Presenter's notes to Delegates: Participants need to bring enthusiasm.

Biography: Robyn has been involved in the consumer movement within New Zealand, Australia and the USA. She also has many connections overseas within the movement; including those who have completed peer service evaluations. She has worked in peer/consumer dedicated positions for both Government organisations and not for profit organisations as well as holding senior management positions in both types of organisations. Robyn has just completed, as part of an international team of consumers, a review of consumer/survivor initiatives (peer run services) in Ontario Canada and across Canada in a project for the Mental Health Commission of Canada looking at peer run initiatives (peer support in consumer run and mainstream organisations). Robyn's signature strengths are connecting with people through networking and facilitation.
Friday
Abstracts
THE POPAO MODEL: A Pacific Recovery and Strength Concept in Mental Health
Taitoko Tafa, Coordinator, Popao Model Tongan Group
10.30am, Town Hall Auditorium (60 min)

Abstract: The Popao or outrigger canoe has been used as a metaphorical model for mental health service users’ and professionals’ shared understanding of the treatment process as a ‘journey’ towards recovery and strength within a Pacific paradigm. The popao is primarily designed for use within the lagoon, not for open sea. Traditionally, the popao was a means of travel and used for fishing and harvesting of shellfish. In the lagoon there are obstacles that may disrupt a journey. Thus, the need to be well prepared for the journey and being familiar with both the lagoon and the use of the popao will ensure a desired destination is reached. A developed awareness of the lagoon will assist the negotiation through, with and around obstacles that may arise in one’s journey.

Equally, it is important that one is aware of how each part of the popao is connected and understanding the strengths and weaknesses of the vessel. Ignorance of the popao may result in the popao sinking. Knowing the popao develops a relationship of identification and relatedness. Consumers utilise parts of the popao as a tool to help them identify support structures in a framework they can understand. Each consumer paddles their own popao towards their desired destination, mapping and personalising their journeys and identifying any obstacles in the lagoon.

Going home is a reconnecting back into the community. Metaphorically, the popao has travelled in the lagoon and reached the consumer’s goal which is the beach, and from the beach back to the village/family/community.

Presenters Notes to Delegates: Participants are welcome and be prepared to join the group on performing ‘The Journey to Wellness’.

Biography: Taitoko Tafa – Popao Model Coordinator, Counsellor / Family therapist. Isa lei – Pacific Mental Health Service.
Takanga A Fohe – Pacific Mental Health and Addictions Services, Waitemata DHB, West Auckland.. Vilami Tupou – Consumer Coordinator.

Popao Model Group consumer , West Auckland.

Our presentation will be in the form of a Tongan cultural dance. The actions of the dance will show the structure of the Popao(canoe), the Journey in the lagoon towards the Beach(destination/goal) and the journey from the beach to the village (community/family). The presentation: different phases of the journey will be briefly explained before the performance, and everyone attending our presentation will participate.

Booklet of the Popao model; its structure and journey will be distributed. Power point slides explaining each phase of the journey will background the performances.
Destination: Recovery - A Preview
Judi Clements, Chief Executive, Mental Health Foundation of NZ with Mary O’Hagan, Vicki Burnett, Susie Crooks, and Sara McCook Weir.
10.30am, Civic 1 Town Hall (60 mins)

Abstract: Destination: Recovery Te Unga Ki Uta: Te Oranga, was published by the Mental Health Foundation in 2008 on behalf of the Mental Health Advocacy Coalition, which commissioned it. Destination Recovery describes future responses to mental distress and loss of wellbeing – the values, the people, the key elements of services, responses to individuals and to populations, the organisation of sectors and the high level system. Te Tiriti o Waitangi, the recovery philosophy, and the merging of diagnosed mental illness into the population wellbeing agenda are the foundation stones of the document. Destination: Recovery looks at social trends, service user expectations and emerging policy, to paint a picture of future responses to both people with diagnosed mental illness and those with loss of wellbeing. It then recommends some of the actions that need to be taken now to ensure the right kind of changes happen.

Destination: Recovery has been widely available throughout the mental health sector but written documents are not always the best ways to facilitate people to imagine a better future or to inspire them to make changes.

MHAC members joined by other talented performers will present a multi-media show of the key themes in Destination: Recovery, using role play, narratives, images and music. It will be designed to move people emotionally as well as stimulate them intellectually to work for change.

The multi-media show will be followed by discussion and other forms of audience participation.

Biography: Judi is an experienced Chief Executive in the NGO sector with a background in law, social policy, housing, local government and management practice in the UK. From 1991 – 2001, Judi was Chief Executive of Mind (the National Association for Mental Health), the UK’s leading Mental Health Charity. Judi led Mind through key developments including promoting social inclusion through a multifaceted campaign “Respect”. She led the approach to quality and monitoring capacity building 212 local Mind providers in two countries. Judi sat on several government advisory groups and in 1999 was awarded an Honorary Doctorate for services to mental health and local government. After working independently and as a Board member of a range of tertiary institutions and national agencies, Judi relocated to New Zealand in 2005, to be Chief Executive of the Mental Health Foundation. MHF is NZ’s leading mental health promotion recognized working to make mental health everyone’s business and create a nation where collectively and individually the importance of sustaining and improving mental health and wellbeing is recognized. Judi has a passion for the development of organisations to promote social justice and the elimination of all forms of unfair discrimination.
Leadership: Rooted in Recovery, Branches Interwoven with Communities
Gary Platz, Strategic Advisor, Wellink Trust
10.30am, Civic 2 Town Hall (60 mins)

Abstract: The workshop explores and will identify the elements of leadership that will be necessary to move us toward the vision invoked by the theme of this conference, Evolving Communities Beyond Services. This experiential workshop explores the links between the experience of extreme distress, recovery of well-being, communities and leadership.

Assumptions: Broadly speaking there is relationship between extreme distress, and being isolated about what matters most to us and recovery of well-being and connection about what matters most to us.. Recovery is an intrinsic process that is enhanced by the right environment. The ultimate environment that enhances recovery involves whole communities.

Process Rooted in Recovery: Using a framework the audience will explore and identify the elements that make up the experience of extreme distress and the elements that make up recovery and well-being. Using the same framework, the audience will explore and identify the elements that make up the recovery of the well-being journey.

Branches interwoven with community: Again with the framework the audience will explore and identify the role communities could play in creating an environment that enhances the recovery process.

Leadership: Using the framework the audience will explore and develop a profile of the type of leadership that will move us towards the ultimate environment that enhances recovery: a leadership that evolves communities beyond services.

Biography: Gary Platz is Strategic Advisor of Wellink Trust. He has worked in several roles as a disclosed consumer in the mental health area. He has many connections both nationally and internationally( consumer groups and leaders, not for profit sector and government sectors). He has been heavily involved in the setting up of peer services and the development of consumer advice and is extremely passionate about consumer leadership and community development.
Young People With Mental Illness Speak Out About Stigma and Discrimination
Steve Carter, Mental Health Promoter, Mental Health Foundation of NZ
10.30am, Civic 3 Town Hall (60 mins)

Abstract: As a provider of Like Minds, Like Mine work, the Mental Health Foundation has carried out a piece of qualitative research into the experiences of stigma and discrimination faced by young people with experience of mental illness or distress. This research forms the first stage in the development of a youth leadership/action project facilitated by Foundation staff, building partnerships with young leaders to facilitate the delivery of solutions to the issues identified by their stories. The research took a positive and forward-thinking approach to engaging with the young people. Whilst encouraging frank discussion of negative experiences, the focus groups also asked what did work for young people. What attitudes helped? What services worked for them, and why? Participants were also asked to formulate ideas about how these experiences might inform the action project as it develops a work plan. How can young consumers influence change in the nature of services? What activities might help to improve attitudes about mental illness, particularly as experienced by young people?

This presentation will discuss the methodology of the research, and will present on the findings and a current “state of play” with the developing leadership group. In order to stay true to the power of the stories and experiences shared by participants, the presentation of the research has been developed in partnership with young consumers. It is their voices and those of their peers that we share throughout this presentation.

Presenters Notes to Delegates: As the session will have a more interactive component – presentation of information followed by discussions – it would be useful if attendance was limited to 50 people. While the session is targeted widely, people with experience of youth consumer leadership are particularly encouraged to attend and bring stories and ideas to share. The session will present information and findings from a research project but will also ask questions of participants and encourage sharing of ideas and mutual learning.

Biography: Steve is an import from the UK, with nearly 20 years’ experience working in the community and voluntary sector in a variety of roles and settings. He has worked in volunteer management, youth volunteering, arts development and criminal justice and also as a freelance trainer and organisational development consultant. He now works in generic Health Promotion and as part of the Southern Region Like Minds, Like Mine team with the Mental Health Foundation based in Otautahi/Christchurch. On confident days he will also describe himself as a writer, musician and graphic designer.
The Addictions & Mental Health Sectors: Should Ne’er the Twain Meet?
Paul Anthony Burns with Hayley Theyers, Consumer Liaison, CADS Waitemata
10.30am, Lion Harbour View Lounge 1 Michael Fowler Centre (30 mins)

Abstract: In 2008 Blueprint ran the Alcohol and Other Drug / Mental Health Consumer Advisor Training Program. Participants were placed in learning sets and were given topics from which they were to devise a presentation and report. These presentations were then delivered to a panel which comprised numerous leaders within the MH and AOD sectors. Learning Set 4 had the following members: Hayley Theyers - Consumer Liaison, CADS Waitemata DHB Paul Burns - Manager of DHDP Wairarapa Needle Exchange Kelly Ware - Senior Consumer Relationship Advisor, Waikato DHB Mary Campbell - Consumer Consultant, Te Korowai Whaariki CCDHB Tara Trounson - Youth Consumer Advisor Southland DHB.

The given topic was: “The Addictions & Mental Health Sectors: should ne’er the twain meet?” The group decided that we as a Learning Set needed to ask this question of consumers. We then formulated a questionnaire with questions specific to this topic. Some people ran forums and others engaged with individuals, whilst one member emailed the questionnaire. We had a very good response from both AOD and MH consumers and from around NZ. The data was compiled into a report and then prepared for delivery to the panel.

This presentation was judged the best and won the overall award. Attendees at Building Bridges may be surprised at the findings, as this was a consumer response to the shaping of their services and future hence entry in the stream Partnerships: Creating New Possibilities

Biography: Paul Burns has been a consumer of AOD services for almost 20 years and has been on methadone twice historically as well as having attended residential treatment centres both in NZ and abroad. Paul has managed and worked in AOD/ MH and Disability organisations and runs a consultancy company with his wife training social services and offering support and guidance. Paul is a facilitator with Blueprint for the new MH101 programme and is the service manager for DHDP Wairarapa (dedicated peer driven needle exchange).

Hayley Theyers has an AOD consumer background and is the current Consumer Liaison for CADS Auckland. Hayley has been very active in the AOD Consumer movement for many years and recently graduated from the Blueprint Consumer Advisor programme, amongst many other achievements. Hayley presents regularly to AOD and MH services and also has a drama background to draw experience from in her work.
The Toronto Mental Health and Justice Network
Lana Frado, Executive Director, Sound Times Support Services
10.30am, Lion Harbour View Lounge 2 Michael Fowler Centre (60 mins)

Abstract: A presentation of a network of mental health services designed and implemented in Toronto, Canada to reduce or prevent involvement with the Criminal Justice system. The services in the Network include prevention and police-related services, community support services, court and custody-based services, and residential services. Objectives of the Network are to provide easier access to services, be responsive to local community needs and diverse populations, adhere to a consistent standard of service across the city, and to implement common data collection methods and a systemic approach to planning and problem solving. Involved in many aspects of both planning and implementing the Network, Lana Frado will discuss both the limits and the possibilities of this approach and provide details of preliminary outcomes.
Peer Researchers: Bridging the Gap to Better Evaluate Alcohol and Other Drug Services
Tula Brannelly, Senior Lecturer, Massey University with Joshua Palmer, Jessica Senior and James Tait
11.05am, Lion Harbour View Lounge 1 Michael Fowler Centre (30 mins)

Abstract: Participation in emancipatory research aims to create partnerships which enable dialogue, discussion and action, whilst building research capacity and experience within identified groups of people who are often the ‘subjects’ of research. This presentation discusses a service evaluation that used a partnership approach in engaging young people receiving a service for antisocial behaviours fuelled by alcohol and drug use. The young people did not engage with services, so a systemic approach was used by the new service which worked with family/whanau and others around the young person/ rangatahi to decrease drug use and antisocial behaviours. The researchers recognised that the young people were unlikely to be motivated to contribute to research, but at the same time, that their views were key in assessing the impact of the new service.

The University researchers worked alongside peer researchers who were recruited from a youth governance group to engage the young people in the evaluation and elicit their views about the service. Of 28 young people, 17 participated in the evaluation and good data was gained through the interviews. The peer researchers influenced the design of the interview schedules and questions to ask the young people, collected the data, contributed to the findings, and acted as an advisory group for the research team.

This presentation will focus on the process of the partnership and the contributions that were made to joint learning. It will discuss the issues related to accessing young people in such circumstances and the benefits that the approach had in gaining data to better inform and structure future services.

Biography: Tula Brannelly is Senior Lecturer at the School of Health and Social Services, Massey University. Tula’s research and teaching interests relate to policy and practice in mental health, particularly for marginalised groups. Before arriving in New Zealand in 2006, Tula was a Research Fellow in the Institute of Applied Social Studies, University of Birmingham, where she also did her PhD ‘Citizenship and care for people with dementia’ which examined community psychiatric nurses’ and social workers’ responses to the inclusion of people with dementia in their care, especially around detention decisions. This followed a practice background as a mental health nurse working in public, private and voluntary service provision in the UK. As Research Fellow at the University of Birmingham, Tula undertook commissioned research, often participatory, about the implementation of the Disability Discrimination Act; service users’ experiences of transitions through services, social prescribing through general practice and the experience of contracting between statutory and voluntary sector organisations. More recently, in New Zealand, Tula was the principle investigator for the Evaluation of Multisystemic Therapy Alcohol and Other Drug Services for young people, funded by Hutt Valley DHB.
I Am A Survivor
Yvonne Andrew, Chairperson, Stepping Out Hauraki Inc with Evelyn McCaskill, Stepping Out Hauraki, and Jonathan Hudson
11:40am, Town Hall Auditorium (60min)

Abstract: People who have experienced mental illness are not often heard. In recent years a number of former patients have become advocates for the consumers of mental health services. These people, who have come through both the illness and the mental health service, refer to themselves as ‘survivors’. (Survivors’ Viewpoints, Ministry of Health, 1993). I am a survivor. My father, who had a period of time in Oakley Hospital, was not. He committed suicide, as did his father before him. I could have been a third generation suicide but chose instead to get well. I know a lot about Recovery both through study and through practical application. There is a sentence in the book The Defrosting of Charlotte Small (Annabel Giles) which says ‘Religion is for those who don’t want to go to hell and spirituality is for those who’ve already been there.’ I am particularly interested in the issue of spirituality and mental illness/wellness.

Secondly, surviving the mental health service has meant, among other aspects, surviving over-medication. I am interested in tangata whai ora having more control over what happens to them. Thirdly, of all the Recovery principles, the one I found most growthful was having ‘a sense of purpose’. I would like to talk about how to achieve that.

People who are interested in these issues and who would like to join the discussions are very welcome. In the second part of the session Evelyn McCaskill will be talking about the history of Stepping Out Hauraki and about building healthy communities. Evelyn is a founding member of Stepping Out and has seen it grow from a small consumer-initiative in 1995 through to the thriving consumer-run mental health support group it is today in 2010.

Biography: Yvonne could have been a third generation suicide but chose instead to get well. She is a registered teacher with several degrees, ranging from Bachelor of Education to Master of Arts. She has moved back and forth between New Zealand and Australia but is currently living in Thames where she is the chairperson of Stepping Out Hauraki, a consumer-run mental health support organisation. She was diagnosed as being bipolar approximately 30 years ago but didn’t get caught by the system until about 12 years ago. She’s had a few of the heights of manic elation (which, in her case, she welcomes) but, more often, the depths of depression. She intends to talk about how to survive both the illness and the service!

Evelyn McCaskill is the Maori representative for Stepping Out Hauraki. She is a founding member and has helped achieve the growth of this consumer-run organisation which has succeeded while many others have collapsed.

Jonathan Hudson is a relatively new member of Stepping Out and is currently working on the Mental Health Support Workers’ Certificate. He is our computer whizz.
Education as Primary Intervention – Healing of Thyself
Vicki Kiddell, Academic Staff Member, North Tec with Jess Kean, Senior Academic Staff Member, North Tec
11.40am, Civic 1 Town Hall (30 mins)

Abstract: Our personal and professional experiences have highlighted to us an awareness of a gap that exists between formal and informal treatment for individuals experiencing mental illness and/or addiction. This gap is a lack of education: we teach clinicians to be clinicians but who teaches a client how to be a client? There is a lack of education and understanding of treatment, diagnosis and support options for individuals and family seeking answers to ‘how do I help myself? how do I understand what’s happening?’ We believe the answer is knowledge.

Through our work in Northland we have witnessed the difference education has made. The students experience enlightenment due to the gift of language and knowledge. They learn the words to describe ‘it’ so their clinicians can understand what is happening for them, they can now articulate ‘it’ in their own terms, which helps them work more effectively with their clinicians. Education can provide clients the knowledge to work with clinicians on the client’s terms and not being baffled by terminology, but understanding it and using it to their advantage. Often the students talk about how the language used in clinical settings can take away the meaning and the feelings of the words. An understanding of this language can enable the emotions that go with their language to be heard and therefore enable healing to occur.

The introduction of a six month certificate in mental health and addictions in Northland has seen a dramatic increase in enrolments, as people are seeking information they haven’t been able to access comfortably from other areas. The course has removed the ‘us and them’ and provided an accessibility to sought-after knowledge: knowledge to understand their own situations, free from the stigma of clinical questioning, analysis and labels. A small percentage of people access formal services so what is out there for the rest of people who are also experiencing issues around mental illness and addiction?
The classroom has provided an environment for constructive dialogue to occur that has empowered the understanding of self and loved ones. The students that have enrolled in our programme aren’t the traditional working in industry student but are there to learn for their own realities.

We propose that providing community education courses could intervene alongside the clinical ‘we will heal you’ and provide the knowledge for a ‘healing of thyself’.

Biography: Jess has worked at Te Tai Tokerau Wananga, North Tec for five years and has a special interest in working in the mental health and addictions field. Prior to this she worked in a variety of social work settings in Auckland. She has a Bachelor of Social Science from Waikato University and a Masters of Social Work (applied) from Massey University.
MUD
Terry Lynch, Host: Consumer Voice, Radio Southland
11.40am, Civic 2 Town Hall (30 mins)

Abstract: Terry Lynch has discovered throughout his life the power of words. Poetry and writing has enabled him to express the many experiences he has had as a mental health consumer. This one-man presentation, MUD, uses poetry and storytelling. Terry believes strongly that creativity has tremendous power to heal.

Biography: Terry Lynch has been involved in the Mental Health Sector as a consumer and later an advocate and facilitator. He has coordinated writers groups, produced shows about mental health issues and has published his own writings. Terry has a passionate belief in the power of creativity.
Filling the Gap: Identifying and Evolving Services to Support the Needs of a Changing Community
Kirsten Philipsen, Team Manager, Team Co-ordinator with Joshua Palmer, Team Co-ordinator, Wellink Trust, Te Hononga Ora
11.40am. Civic 3 Town Hall (60 mins)

Abstract: Te Hononga Ora (Wellink) is an organisation that provides support to over 200 people in Wellington, Hutt Valley, Porirua and Kapiti regions. Within the capital city there is a space for young adults between the ages of 18 and 25 that provides connections with the community and support through any life experience a person may be having at that time. The space has changed its face over time. It was initially a ‘home for life’ service for all ages, but we recognized a need for a service to support young adults. Due to a flexi-contract with the CCDHB we were able to cater to fill this gap and the ‘home for life’ service evolved into a space where young adults can go through their life experiences with support alongside them; a space where new connections can be built to support the move back into the community to govern their own lives. Wellington Central utilised the experience of Project Adventure in working with young adults. This was the start of the Active Lives development at Wellington Central. Active Lives is a five-day per week connection designed to align people with the community, discover what resources are out there and promote lives outside of services. Every three months the connections within Active Lives are revisited and reviewed by the people using our service alongside the working team. Wellington Central’s latest development is integrating the Youth Development Strategy Aotearoa (YDSA) to be a model that we work from within our service. We invite you to join us to explore this exciting frontier of working with young adults and their recovery.

Presenters Notes to Delegates: All people are to bring is the ability to think outside the norm!

Biography: Kirsten came to New Zealand from Denmark in 2002 and joined Wellink in September 2004, bringing with her many years of experience working with young people from all social and ethnic backgrounds. As a teacher and school principal, Kirsten spent 24 years working with young adults in an alternative boarding school system. During that time she embarked on a number of adventures including leading study tours to India in old buses with young adults, teaching teens to sail, and travelling through Scandinavia, Russia and Europe with groups of young people. She has diversified from her work with young people at times, managing a drop-in centre for people who experience mental illness, and also spent some time working with IHC in New Zealand. Kirsten has a passion for supporting young people to build up their lives and make their dreams come true. Together with the great team at Wellington Central she takes the lead in developing a dynamic, vibrant and joyful youth environment that equips young people to go out and live great lives.
Te Ariari o te Oranga and Integrated Solutions - A Coherent National Response to Co-Existing Mental Health and Addiction Problem

Jenny Wolf, Senior Advisor Addiction Treatment Services, Ministry of Health with Raine Berry, Dr Helen Warren, Susan Scofield

11.40am, Lion Harbour View Lounge 1 Michael Fowler Centre (60 mins)

Abstract: This workshop is especially targeted at service managers, clinical and consumer leaders although it will be of interest to all mental health and addiction professionals and service users/consumers. In 2009, the Ministry of Health will publish two “companion” documents responding to co-existing mental health and addiction problems (CEP). Te Ariari O Te Oranga – The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems (Todd 2009) is a clinical guidance document and Service Delivery for People with Co-existing Mental Health and Addiction Problems – Integrated Solutions is a service delivery guidance document. Many of the problems experienced by tangata whaiora (service users and consumers) with CEP are often the consequence of service and system issues affecting the person, whanau and family in their social context. The companion documents emphasise that integration begins and ends with an integrated understanding of the person and their family and whanau. Integrated services and treatment are the natural consequence of integrated understanding: collaboration between health professionals and services is the result. This presentation will focus on ways that service leaders and staff can identify regional and local opportunities to engage, plan and work together across and within services to respond to tangata whaiora (service users and consumers) with CEP.

Biography: Jenny Wolfs background is in community mental health social work in Australia and New Zealand. She has held a Quality role in mental health, Auckland, managed the Regional Alcohol & Drug Service, Auckland, and managed Bay of Plenty Mental Health Services. Jenny currently works at the Ministry of Health as Senior Advisor Addiction Treatment.

Raine Berry is the Director of Matua Raki the National Addiction Workforce Development Centre. She registered as a Psychiatric Nurse in the mid-1970s, and entered the addictions sector in 1990. She has extensive experience in the addictions sector in clinical, academic and management positions. Raine graduated with her Master of Health Science from Otago University in 1999 and has a special interest in the co-existing mental health and addictions area.

Dr Helen Warren and Susan Scofield have been jointly appointed to the position of National Project Manager for the Co-existing Project. Helen joined mental health and alcohol and drug services as a nurse and addictions counsellor in 1982 and has held a variety of roles since then. Her clinical and academic interests have focused on working with people with co-existing problems. Her PhD involved a grounded theory study of people “living well with co-existing problems”. The research used a qualitative approach to discover the main concerns of ‘consumers’, health workers and families and to explain the processes they used to make sense of their world to live rich and fulfilling lives. Helen is also employed as a senior lecturer at the Auckland University of Technology (AUT) running the graduate certificate and diploma in addictions.

Susan has worked with CADS Auckland Dual Diagnosis Service for nine years, including five years as Clinical Team Leader before moving into workforce development as Dual Diagnosis Training Co-ordinator. She has been upskilling the Mental Health workforce in the recognition and treatment of co-existing problems, and promoting integrated treatment across the Auckland Region. Her previous clinical position was in DHB Community Mental Health Services in Central Auckland, where she developed a particular interest in working alongside mental health service users with co-existing problems. Susan is originally from Scotland.
Evolving Communities and the Multidisciplinary Team: Chaos or Synergy
Palmer Reg Orowuwe, Professional Leader for Mental Health Social Workers at CCDHB, Capital and Coast District Health Board, Wellington
11.40am, Lion Harbour View Lounge 2 Michael Fowler Centre (30 mins)

Abstract: Global evidence demonstrates the increasing challenges for mental health services. These new demands have created conflict in traditional mental health care delivery. Changing demographics in Western countries all pose new challenges: ageing and changing population composition, increasing ethnic and cultural diversity, competing cultural and gender services, domestic community violence, AIDS, drug dependence, poverty and human genetic technologies.

The complexity and chronic nature of the current health burden requires a greater emphasis on collaborative team work and continuity of care across community, primary and secondary care settings. There is increased demand for greater devolvement of health care delivery to the community, with emphasis on population based approaches, collaborative working, and with the multi-disciplinary team working at the interface between the community and clinicians.

The traditional multi-disciplinary team, as a model of care delivery in mental health services, has its limitations. There are often internal instabilities: different perceptions, philosophies, values and attitudes which are rooted in different professional socializations and training.

The paper notes that the models of care in New Zealand remain largely unchanged, while the challenges facing mental health services are complex, and are increasing. It argues for a re-positioning and redefinition of the multi-disciplinary team as a critical instrument of change, to accommodate new population based challenges. It examines the nature of the internal tensions, endemic to multi-disciplinary and inter-professional working, and identifies the intrinsic qualities of an extended, outwards looking and community focused multi-disciplinary working group.

Biography: Palmer Reg Orowuwe was educated at the London School of Economics and Political Science, and the University of Birmingham in the United Kingdom. He has practiced as a social worker for over thirty years, specializing in forensic mental health. He has written and published in this specialist area. He is currently a Consultant Clinical Social Worker at the Central Regional Forensic Service and a Professional Leader, Social Work (Mental Health), for Capital and Coast District Health Board, Wellington, New Zealand.
Training the Peer Support Workforce
Jim Burdett, Director & Nicky Grant, Training Manager, Mind and Body Learning and Development Ltd
12.25pm, Civic 1 Town Hall (30 mins)

Abstract: The role of Peer Support in our mental health services is changing. While the shared experience of mental illness remains the central peg, this emerging workforce is increasingly seen as a group of professional workers with professional standards. Key mental health sector plans, especially Service User Workforce Development Strategy for the Mental Health Sector 2005-2010 (Mental Health Commission, 2005) and Te Kiri: The Mental Health and Addiction Action Plan 2006-2015 (Ministry of Health, 2006), have set goals for the development of peer support and other service user workforce roles. In line with this enhanced reputation is an expectation that Peer Support Workers be trained to an appropriate and universal level.

The development of a tailor-made, NZQA-approved qualification for Peer Support Workers is a key step in the continuing evolution of Peer Support Services both locally and internationally. The Certificate in Peer Support (Mental Health) (Level 4) offers the workforce an externally moderated benchmark for training, something funders, employers and workers can all place confidence in. The Certificate in Peer Support was developed by the largest and longest running provider of Peer Support Services in New Zealand. It is the only NZQA qualification designed to prepare Peer Support Workers for the unique challenges of their role. The Certificate in Peer Support therefore can help maximize the effectiveness of New Zealand’s Peer Support workforce in two ways: by ensuring workers have an adequately sophisticated level of learning to undertake their role in a safe, ethical and effective manner; and by helping to more firmly establish industry faith in the viability of Peer Support, owing to a high quality, recognizable training benchmark.

Biography: Jim Burdett is the director of Mind and Body Learning and Development Ltd and sister company, Mind and Body Consultants Ltd. He has a life-long interest in philosophy and a MA in Philosophy. Jim teaches the philosophical component of the Certificate in Peer Support.

Nicky Grant has responsibility for the management of Mind and Body Learning and Development, development, delivery and evaluation of programmes, and the welfare of staff and students. Nicky has experience of all aspects of peer support work in her role as National Support Services Manager for the Mind and Body Peer Support Services. She has a Diploma of Teaching, a Bachelor of Education and is completing qualifications in adult education. Nicky was a primary school teacher and worked with children with special needs. She also spent three years working as an educator for the Family Planning Association Education Service. She is passionate about both supporting others to reach their full potential and the provision of quality peer support education.
Recovery Forum
Susie Crooks, Recovery Expert, Mad & Proud
12.25pm, Civic 2 Town Hall (30 mins)

Abstract: This presentation looks at the different ways we have of describing mental distress. Focusing on Schizophrenia, a group of people from different world-views will give their interpretations of what this is. By combining the lived experience with the scene of diagnosis, this presentation attempts to create a new label that is values based by finding meaning in madness and intertwining this with the science of treatment. The outcome is a new and positive way of working with people when they first face this condition.

Biography: I have experience of madness and spent the last 15 years setting up peer run services, from peer support to advocacy. I have also worked with the media and other government agencies on reducing stigma and discrimination.
Youth Have Awesome Ideas…If You Know How To Get At Them – How To Create Successful Youth Participation
Bridget Greaney, Consumer Consultant, Capital & Coast District Health Board
12.25pm, Lion Harbour View Lounge 2 (30 mins)

Abstract: Capital & Coast District Health Board has youth consumer participation down to a fine art. It runs a highly successful Youth Consultation Group, run by youth, with involvement by young people who have used Child & Adolescent Mental Health Services, Early Intervention Service, and The Regional Rangitahi Adolescent In-patient Unit. This presentation will allow others to see how this group was formed, and exactly what makes it so successful. It answers questions like:

How do you get youth involved?
What do you do with them once you have them?
Do they give feedback that is worth getting?

It will tell you what the critical factors are in getting a group up and running, and keeping it going, as well as providing examples of the high quality work this group has produced.

Biography: Bridget has been working in youth consumer advisory roles for the past six years, first in the NGO sector, and now at the Capital & Coast District Health Board. She works with Child and Adolescent Mental Health Services and Early Intervention Services, assisting them to increase consumer participation in their services. She also provides consumer input at a service development and management level. Bridget has been involved in the Worry Centre Youth Consumer Advisor Project, has run workshops on youth consumer participation, and set up two youth advisory groups that provide feedback to the services she works with. She is currently studying post-graduate psychology, and plans to eventually become a clinical psychologist.
Poster Presentations

Poster Presentations can be found in the Renouf space, Michael Fowler Centre

Te Pae Kaiawha - Primary Mental Health Website
Denise Whitfield, Primary Mental Health Workforce Development, Te Pou, The National Centre of Mental Health Research, Information and Workforce Development

Abstract: Better, sooner, more convenient health services are a priority area for the New Zealand government. Primary care will continue to have a key role in ensuring this goal is met. Responding to mental health and addiction issues has long been a core part of the work of primary care teams. The Ministry of Health is now providing specific funding to all primary health organisations (PHOs) in New Zealand to deliver services to those people in their population with mild to moderate mental health and addiction issues. The workforce delivering these services is continuing to grow and diversify thus creating workforce development opportunities and challenges. Te Pou, on behalf of the Ministry of Health, has developed Te Pae Kaiawha, a website dedicated to supporting mental health and addiction services in primary care. This poster display will showcase the website and highlight some key features, tools and resources within the site that support the primary mental health and addiction workforce.

An Introduction to the Dual Diagnosis Collaborative Project
Pauline Tucker, Clinical Team Leader, Waitemata DHB/Counties Manukau DHB, with Fionna Sutherland, Counties Manukau DHB

Abstract: A significant proportion of clients in mental health services have alcohol or other drug issues that impact on their wellbeing. Such issues have often not been well addressed by mental health clinicians. Rather, they have been seen as more the province of alcohol and drug services. Equally, some staff may have lacked the confidence and skills necessary to work effectively in this area. Since 2006, a collaborative project between Counties Manukau District Health Board’s Adult Mental Health Services and Waitemata District Health Board’s Dual Diagnosis Service has aimed to provide an integrated service approach for CMDHB clients. Objectives of this partnership include developing workforce capability to a point where all mental health clinicians are more equipped to offer alcohol and other drug screening and brief interventions. The dual diagnosis service has provided a specialist trainer/coach to undertake “whole team training” with CMDHB’s mental health clinicians. WDHb are also contracted to employ three dual diagnosis specialists who provide ongoing coaching and caseload support in the clinical services. A reference group of service/team managers, trainers and evaluation staff from the two DHBs meet bi-monthly to monitor the implementation plan’s progress and identify/resolve any emerging issues. This presentation provides an overview of the project’s components, the issues addressed and results from training and evaluation activities. It will include a review of dual diagnosis competencies development, the whole of team training philosophy, communication activities, identification of a clinical pathway, and uptake of dual diagnosis practice by clinicians. The project continues to be a work in progress with a high level of commitment from all partners.
Out and about in Wellington

Set on the edge of a stunning harbour and surrounded by rolling hills, Wellington is a city waiting to be explored. Wellington Convention Centre is conveniently located in the heart of Civic Square – surrounded by the newly refurbished City Gallery, as well as the Public Library, the Tourist Information Centre and a range of New Zealand’s best cafes and restaurants.

Getting Around...

Taxis
We can recommend Wellington Combined Taxis, Green Cabs and Co-Op Shuttles.

Wellington Combined Taxis
www.taxis.co.nz
Tel: +64 4 384 4444

Green Cabs
Tel: 0508 4-GREEN (0508 447-336)

Airport Flyer
The Airport Flyer costs $8.00 from Wellington Airport to Wellington City, Courtney Place. It departs from the southern end of the airport terminal, level 0 and is air-conditioned, with leather seats and free Wi-Fi onboard.

Post Office
The nearest New Zealand Post Shop for all postal services can be located three minutes’ walk from the Convention Centre at 34 Manners St, Wellington Central. This can be found by turning right out of the Convention Centre, left onto Cuba St and left down Manners St. Alternatively a post shop can be located at Wellington Airport at Shop 17, Main Terminal Building, Level 1.

Co-Op Shuttles
www.co-opshuttles.co.nz
Tel: +64 4 387 8787

Air Travel
The airport caters for flights from all of New Zealand’s centres, as well as flights from Sydney, Melbourne, Brisbane, the Gold Coast and Fiji.

Key Contacts

Wellington Airport
www.wellington-airport.co.nz
Tel: +64 4 385 5100

Air New Zealand
www.airnz.co.nz
Tel: +64 9357 3000

Jetstar
www.jetstar.com
Tel: 0800 800 995

Qantas
www.qantas.co.nz
Tel: +64 9357 8900

Pacific Blue
www.pacificblue.co.nz
Tel: 0800 670 000

Banking
Banks and ATMs are a three minute walk away on Courtney Place and Manners Mall. Simply turn right out of the Convention Centre, left up Cuba St and then left onto Manners St, which in turn will turn into Courtney Place.
Restaurant & Café Recommendations

Aunty Mena’s, Cuba St, Wellington Central
A well priced Malaysian influenced vegetarian and vegan place that offers outstandingly tasty dishes cooked with fresh sauces and herbs, and with extremely friendly family service. $15/$20 a head
Ph: (04) 382 8288

One Red Dog, 9 – 11 Blair St, Wellington Centre
Offering a fabulous array of gourmet pizza and pasta. This popular destination attracting an eclectic crowd is seldom empty and always buzzing. The restaurant combines great food, served in booths, with bar space and a small courtyard at the back for those enjoying a drink. Try the addictive Thai Chilli Chicken pizza. $20/$30 per head.
Ph: (04) 384 9777

Midnight Espresso, 178 Cuba St, Wellington
Bohemian café on Cuba Street. It has good music and fantastic Havana coffee. Also available are freshly cut and squeezed fruit and vegetable juices, vegan, vegetarian, and wheat-free food. The croissants come highly recommended! The café closes at 3am all week.
Ph: (04) 384 7014

Shed 5 Restaurant & Bar, Shed 5, Queens Wharf, Wellington Central
One of the grandest buildings in Wellington, Shed 5 literally has Wellington Harbour lapping underneath its floor. $20/$30 per head.

Osteria del Toro, 66 Tory Street, Wellington Central
A Mediterranean restaurant drawing on the cuisine from Spain, Italy, Greece and Morocco. Osteria del Toro presents a culinary snapshot of the Mediterranean’s wonderful cuisine and absolutely beautiful décor and attention to detail throughout the Restaurant. $20/$30 a head
Ph: (04) 389 2299

Monsoon Poon, 12 Blair St, Wellington CBD
A vibrant atmosphere and an innovative design concept, Monsoon Poon offers an amazing atmosphere as well as exotic flavours of India, South China, Vietnam, Thailand, the Philippines, Malaysia and Indonesia. The cocktails are outstanding and the bar area is the perfect spot to catch a breath of fresh air and watch the city walk by.
Ph: (04) 803 3555

Kaffee Eis, 25 Courtenay Place or 236 Oriental Parade, Wellington City
Kaffee Eis represents a modern fusion of New Zealand & European flavour specialising in gourmet gelato and boutique coffee. They offer free tasters on those sunny late afternoons
Ph: (04) 384 8040
Wellington Sights

Bars
Check out some of the lively bars that Wellington has to offer including The Matterhorn, and Mighty Mighty in Cuba Mall, or head down to Courtenay Place, Wellington’s entertainment quarter that almost never closes.

Shopping
Take some time out to walk down Wellington’s principal shopping area of Willis Street and Lambton Quay. Take a look around the city’s oldest department store, Kirkcaldie & Stains. Wander up Cuba Mall and check out the more funky and alternative boutiques. You can gaze at just as funky and alternative people always passing by while enjoying one of the best coffees in the world at any of the great cafes further up Cuba Street. If it’s a really late night coffee you’re after, Midnight Espresso is also on Cuba.

Te Papa
Te Papa Tongarewa National Museum of New Zealand is located just a couple of hundred metres from Civic Square. Experience the whole of New Zealand in one building! Te Papa is New Zealand’s bold, innovative and interactive national museum. The current feature exhibition is A Day in Pompeii.

Parliament anyone?
If you’re feeling political, get a shot of parliamentary privilege. Parliament Buildings and the Beehive, home to New Zealand Government, offer regular tours. If it’s Question Time (2pm Tuesday to Friday) you can watch ministers at the top of their skill evading questions from opposition snipers. Then go and join them for a drink or a meal at the Backbencher pub across the road while inspecting the famous politicians’ caricatures on the walls.

Theatre
Enjoy a night out at one of Wellington’s great theatres- Downstage, Circa, Bats, St James, the Opera House – all on or within five minutes’ walk of Courtenay Place. Wellington’s theatres offer inspired people, new ideas, innovation and exciting performances that are the lifeblood of Wellington’s culture.
With gratitude and thanks to the Organising Committee for the 2010 Building Bridges Mental Health and Addictions Conference

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Colin Slade

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Addictions
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Heather Barnett Mental Health Foundation

District Health Board
Kitty Marshall CCDHB
Jak Wild Formerly CCDHB

Primary Health
Berni Marra Capital PHO

Workforce Development
David Bradley Te Pou
‘Te Manu kai i te Miro nona te Ngahere
Te Manu kai i te Matauranga nona te Ao’

‘The bird that feeds from the Miro tree owns the Forest
The bird that feeds of the Tree of Knowledge owns the World’