



*\* Photographers are credited on the back cover.*

# EVERYONE'S BUSINESS

A mental health and employment strategy for the Waitematā and Auckland DHB regions

*“When I become unwell, why is it the first thing I am told is that I need to think about giving up my job? My job is my hope for the future.”*

*Person with lived experience*

*“Healthcare professionals must adapt the advice they give to patients to reflect the importance of remaining in or returning to work wherever possible. Government must lay the foundation for long-term change through the piloting of a new approach to early intervention and a renewed commitment to make the public sector an exemplar.”*

*Dame Carol Black, Working for a Healthier Tomorrow, 2008*

This strategy document is supported by the following organisations who have agreed to be part of *Everyone's Business*. They are committed to Vision 2020 outlined in this strategy and will take action to make it become a reality.

The following organisations are committed to *Everyone's Business*.



Waitematā Stakeholder Network  
Provider Executive Group (PEG) Waitematā

Innovate  
Navigate

If your organisation would like to be displayed on this strategy as a partner in *Everyone's Business*, send your logo to Rob Warriner ([rwarriner@walsh.org.nz](mailto:rwarriner@walsh.org.nz)) or Warren Elwin ([warren.elwin@workwise.org.nz](mailto:warren.elwin@workwise.org.nz)).

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*The quotes used throughout this strategy illustrate the types of comments and views raised through the stakeholder meetings.*

*The vignettes in this strategy were developed from the experiences and stories which were told throughout the conversations with stakeholders. Their inclusion is to assist in articulating a shared vision for how things could look and feel in 2020.*

## Definitions

**Employment** is used throughout this strategy and refers to open, competitive employment of at least five hours or more a week, paid at minimum wage or above. This includes part-time and full-time employment as well as self-employment.

**Employment support services** is the phrase used throughout this strategy to refer to services that support people to get and to maintain employment as defined above. These services will vary in the types of support services they offer and are provided through a mix of government (i.e. Work and Income) and non-government agencies.

**Specialist mental health and addiction services (MH&A)** are those which offer dedicated clinical and support services for people referred from primary and community services as well as from in-patient services. They include those services provided by government agencies (DHBs) and non-government agencies.

*“Whānau report that when their loved one gets a job, it’s almost as if the mental health service takes a step back. Whānau concerns are often ignored till their loved one loses their job. It would be great to see service users receive flexible employment support with regular review.”*

*Family advisor*

*“I think employment has to be everyone’s business. By 2020 everyone across health services will want to know: ‘Do you have a job?’ If not, they will want to know: ‘Do you want a job and how can we help?’”*

*NGO provider*

## 1. VISION 2020

*The vision for 2020 is that anybody in the region with a mental health or addiction issue can access employment support at the right level of intensity.*

*One indication of achieving this vision is that by 2020 at least 50 per cent of people exiting from specialist mental health and addictions services will be in employment.*

### Agreeing the shared vision

During meetings with stakeholders in 2014 and 2015, VISION 2020 was outlined and discussed. People were overwhelmingly supportive of this vision. The only concern raised was that by setting the 50 per cent target we should also monitor for unintended consequences arising from people solely focused on meeting the target i.e. supporting people into any job prior to leaving services.

That said, people agreed they liked the 50 per cent goal, as it was a stretch and would really focus the whole system on working together and making employment support an integral part of mental health and addiction services.

*“It’s not just about how many people are in work, it is also about who is getting work and the quality of that work.”*

*DHB provider*

## 2. Principles underlying the strategy

The following principles underpin this strategy and action plan, along with relevant research and government policy, and should be used to guide its implementation.

- I. We acknowledge Te Tiriti o Waitangi as the founding document of Aotearoa/ New Zealand and the rights of all New Zealanders to reach their full potential.
- II. We believe everyone who experiences a mental health or addiction issue should have access to the intensity of employment support suited to their individual aspirations and goals.
- III. We believe all stakeholders have an obligation to identify how they can contribute to bringing about this change and commit to working collaboratively to achieve VISION 2020.
- IV. We commit to supporting people into the right jobs, not just any job.
- V. We endorse and support the right for everyone to access the employment opportunities they choose, with the option of support where requested.

Research has shown that, for most people, being in employment improves mental health while being out of work negatively impacts on both physical and mental health (Waddell & Burton, 2006). New Zealand research has found that most people who experience mental illness enjoy working and view it as part of their recovery (Duncan & Peterson, 2007). The mental health and addictions service development plan, *Rising to the Challenge*, sets out the need for better access to employment support as one of the priority areas of action for both government and non-government organisations (Ministry of Health, 2012) and both the Waitematā and Auckland DHB annual plans (2014/15) stipulate the need to improve access to employment services. *Everyone's Business* is supported by these DHB's 2015/16 annual plans which are currently being drafted.

*“Access to employment support services is really patchy at the moment, we need to get consistency of coverage and make sure everyone is clear how to access them.”*

*Everyone's Business steering group members*



## 2020 Vignette One

I work full-time and have been a service user of DHB mental health and addiction services for six years. Every three months I have a meeting with my care manager and every six months I see one of the consultant psychiatrists together with my care manager and employment advisor to review how I am doing. My work status, including my hours of work, is on the front of my medical notes. This means that anyone who is arranging an appointment knows to schedule it out of these working hours wherever possible. They always manage this, as now the mental health and addiction team's work in the evening and weekends as do the people who administer my medication, not just for crisis calls but for anyone using mental health and addiction services.

It is not just the timing of the meetings which have changed, the content has too. We focus on my symptoms and medication, but always through the lens of how it is affecting me in my home and working life. It feels like everyone involved in my healthcare is committed to supporting me to maintain my job.

*"I want to see the provider arms of mental health and addiction services working closely alongside employment support services. We need to keep employment visible."*

*DHB provider*



### 3. Background to the strategy

Waitematā and Auckland DHBs, with support from the Waitematā Stakeholder Network, funded a three-phase project to develop this regional mental health and employment strategy.

#### Everyone's Business - the three phases to develop the strategy

##### Phase 1: Setting the vision and initial stakeholder engagement (Nov 2014 – Feb 2015)

Discuss and explore, and develop the first draft of the 'employment support for all' strategy

##### Phase 2: Refinement of the strategy and gaining stakeholder agreement (Feb – Aug 2015)

Gather feedback, gain agreement and finalise strategy. Establish cross-agency governance group, and identify champions. The strategy will include action points, responsibilities, and delivery dates.

##### Phase 3: Assembling ready for implementation

Launch the strategy and begin its implementation utilising stakeholder input and resources.

#### Building on existing resources

In 2013 the Ministry of Social Development (MSD) contracted providers to deliver employment support services to people who experience mental health issues and are long-term unemployed (referred to as Mental Health Employment Service contracts). These are additional contracts to the MSD disability supported employment contracts. In some parts of the country, DHBs also purchase employment support services for people in contact with specialist MH&A services.

Waitematā and Auckland DHBs, in partnership with the NGO sector, wish to maximise the employment support available in the regions as it is highly valued and there is energy to extend the opportunities these services create. Throughout 2014 a series of meetings were held between NGO and DHB representatives to consider the best way to do this. There was agreement that a regional mental health and employment strategy was needed.

## Research on employment and mental health

There is considerable research on the positive health impacts of employment and, conversely, the negative effects of being out of work (Waddell & Burton, 2006). Many people who experience mental health issues enjoy working and see employment as a key part of their recovery (Duncan & Peterson, 2007). Employment has an impact on improved self-esteem, self-respect and confidence as well as improving social integration (Gordon & Peterson, 2015).

Yet people who experience mental health issues have very low employment rates especially when compared to people across all disability groups and to the general population (Statistics New Zealand, 2014). Employment rates are lower for all people who experience mental health issues but are lowest for people in contact with specialist MH&A services of whom less than 20 per cent are in employment (Welsh, 2010; Harvey et al., 2009).

In response to the interests and aspirations of people who experience mental health issues and in recognition of this inequality, researchers and practitioners have focused on how to improve employment rates. In the past 20 years research on effective ways to support people to get and keep jobs has advanced significantly. This includes more than 20 randomised controlled trials globally (Drake & Bond, 2014) along with many more observational studies published of real world services.

As a result there is now much literature available that shows the way to design and deliver effective employment support services. This includes focusing on the provision of individually tailored support, working in partnership with clinical teams and proactively engaging with local employers (Marshall et al., 2014; Kinoshita et al., 2013). There is strong evidence that the provision of healthcare services alone does not support a return to work (Waddell et al., 2008); and that employment services and health services should be integrated at policy, funding and delivery levels (OECD, 2015).

People who experience mental health issues and addiction would like to work and there is rigorous evidence on how best to support people to do so. The significant barrier that needs to be addressed is ensuring better access to high quality, effective, employment support services (Lockett & Bensemann, 2013; Ministry of Health, 2012).

## 2020 Vignette Two

I manage 12 engineers as part of a medium-sized private business operating across Auckland and the Waikato. One of my team has been regularly working really late, missing deadlines and consistently talks about feeling tired because he is not sleeping well.

I had recently been on a management course on mental health and wellbeing. This taught me what to be aware of and how to be an effective manager in these situations. This is a mandatory course for all managers as part of the new WorkSafe health and safety at work regulations. During the course I had been surprised to learn just how common mental health conditions are and instantly realised that I had been slow to pick up these issues in many staff I had previously managed and even when I had, I had been unsure of my role.

The course was really helpful, and using what I had learned along with my previous experiences, I found time to talk to my team member in a private, informal environment. I focused on how much we value him, I outlined my recent concerns about his change in behaviour and in particular his lack of sleeping. I encouraged him to talk to his GP and also to mention to the GP that he and I had spoken, so that the GP would be aware of the support available from his employer. Over the next day or so, I checked in with him to see if he had made an appointment yet. The following week he came to me and we discussed his consultation. They had talked about his symptoms and the GP had also discussed his working life identifying both the supportive as well as the challenging aspects of his job and how that might be affecting his health. The GP considered that on balance being at work with some adjustments and flexibility would be better than being off work.

Together with the GP we developed a 'working wellness plan', this plan is standard practice in our workplace for both physical and mental health issues and is developed for pre-existing conditions as well as new ones. The focus is on what each of us, the individual, the GP and the employer (particularly the line manager) can do to support the person to stay at work.

## 4. The people involved

This strategy has been developed following discussions and presentations with the following individuals, organisations and stakeholder groups. Thanks are extended to everyone for their contribution to the strategy and action plan.

### Steering Group members

Warren Elwin, Ian McKenzie, Lee Reygate, Rob Warriner, Maria West, Ruth Williams.

**Project Manager:** Helen Lockett

### Organisations and stakeholder groups

Auckland DHB mental health and addiction services, Connect SR, Edge Employment, Elevator, Framework Trust, Ministry of Social Development, Odyssey House, Procare PHO, Te Pou o Te Whakaaro Nui, Waitematā DHB mental health and addiction services, Work Foundations Waitematā DHB, Workwise Employment, Family Whānau North, The Waitematā Provider Executive Group, the Waitematā Stakeholder Network, Waitematā consumer advisors, WALSH Trust.

*“What about all the people who don’t need to use specialist mental health services? They are often supported by their GP or an NGO – or both. Where do they get appropriate employment support services from when they need it?”*

*DHB provider*

## 2020 Vignette Three

When I arrived at the addictions team I was rock bottom, no self-esteem or self-worth, the things I had done, I was pretty embarrassed by some of them. I wanted to change but when you don't think your life has any value it's hard. During my assessment my key worker asked about the usual stuff but then asked me; "...what kind of work do you do?" She went on to ask about my aspirations for the future, including whether I wanted support to go to work. When they said that I knew then that they thought I could actually beat this thing and weren't just saying that I could do it because they were paid too. It hasn't been plain sailing and I've had relapses but work gave me a reason to get sober and try to stay that way. Without it I'm not sure I'd have bothered. It's also given me structure, routine, money and makes me feel valued as an individual, but perhaps most importantly it has given me a whole new social circle. My clinical team has focussed my whole care around work. They meet me outside of my working hours and they talk about maintaining wellness and identifying possible triggers at work. We meet every six months with the employment consultant, case worker and psychiatrist to talk things through. I've been doing so well that my GP is coming to the next one as they're taking over my care.

*"If we are serious about recovery-oriented care, then conversations about employment should be an important part of clinical conversations... from the inpatient unit to meeting my NGO support worker."*

*Person with lived experience*



## 5. Everyone's Business champions

To support the oversight and implementation of this strategy a number of champions have been identified and asked to support the action plan. They are people with a particular commitment to, and energy for, bringing about the changes that are needed. These champions come from across the stakeholder groups. They will do this work in their day-to-day roles and, for some, through their participation in the *Everyone's Business* Implementation Group (EBIG). We know, in reality, there will be many champions, but it was felt to be important in order to maintain momentum on this important work to have some champions formally named.

### *Everyone's Business* named champions

Ian McKenzie and Maria West (ADHB and WDHB) (co-chairs)

Rob Warriner (Walsh Trust)

Warren Elwin (Workwise)

Lee Reygate (DHB Planning and Funding)

Leigh Murray (Family whānau advisor, ADHB)

Magdel Hammond (Consumer advisor)

Ruth Williams (ConnectSR)

Johnny O'Connell (Procure PHO)

Lynne Edmonds (ADHB)

Don Mackinven (WDHB)

Andrew Blackburn (Consumer advisor, WDHB)

Rod Bartling & Kevin Harper (Ministry of Health)

If you want to get more involved in *Everyone's Business* or you want to know how implementation of the action plan is progressing, please talk to one of these champions. If you'd like to add your name to the champions contact Rob Warriner ([rwarriner@walsh.org.nz](mailto:rwarriner@walsh.org.nz)) or Warren Elwin ([warren.elwin@workwise.org.nz](mailto:warren.elwin@workwise.org.nz)).

*"One size doesn't fit all, we need a range of support services."*

*DHB provider*



## 6. The action plan<sup>1</sup>

One of the most important things about this action plan is that the stakeholders who are named as taking a lead in the following action areas have agreed wholeheartedly to this, and they have also agreed to provide feedback on a regular basis to the *Everyone's Business* Implementation Group. This is crucial as the actions in one area impact on other areas and, therefore, progress needs to be monitored on a regular basis.

The action plan sets stretchy but realistic objectives. In the most part these are achievable within existing financial and human resources. Where they are not, there will be a need to identify additional resources.

*“We want to be operating as a whole system with multiple doors to increase access to employment support services.”*

*NGO employment support providers*

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<sup>1</sup> Action plan to be reviewed and updated annually by the *Everyone's Business* Implementation Group.

## The action plan

### A. Understand the employment status of people in contact with secondary mental health and addiction services (MH&A services)

Where we want to be in 2020	Where we are in 2015	Accountability	Who else needs to be involved?	Achieved by	Deliverables (what success looks like)
Reliable data on employment status captured on first contact with specialist MH&A services.	Some basic information but data is missing or incomplete.	DHB MH&A: provider arm and planning and funding	DHB provider arms and NGO providers	June 2016	Data on employment status is available for at least 90% of people accessing MH&A services.

## B. Increase access to employment support service provision across the mental health, addiction and primary care services

Where we want to be in 2020	Where we are in 2015	Accountability	Who else needs to be involved?	Achieved by	Deliverables (what success looks like)
Greater availability and access to employment support services (ESS).	ESS is patchy – available for some groups and not for others.	NGOs DHB MH&A: provider arm and Planning and Funding (P&F)	PHOs	Incremental increase each year to achieve full coverage in 2020.	Service mapping across the regions is completed annually; gaps for populations identified.  A year-on-year increase in availability and access to employment support services (as measured by the service mapping).  There is an increase in the number of NGO providers of non-clinical support hours including Employment Specialists within these teams.
Joined up commissioning: health and welfare.	Single contracting by each individual government agency.	DHB MH&A Planning and Funding	PHOs MoH ACC MSD	December 2016	At least one single integrated contract has been drawn up and service delivery is underway.
Good awareness and understanding of ESS across all parts of the sector including individuals and family/whānau, peer workforce, primary and secondary clinical services, NGO and community providers and MSD.	It is hard to know who delivers services to whom and where.	NGOs DHB MH&A: provider arm and P&F; Regional Work & Income	PHOs	December 2016	Service mapping is completed and information is hosted on the relevant health information web portals/sites.  Annual service user and service provider questionnaires include questions about knowledge of local employment support services. A year-on-year increase in knowledge is reported.  An online leaflet for whānau to help them understand about the importance of employment in recovery and how to support/help their family member get/keep work.

**C. All health services apply the practices of work focused health care to support people to return to and stay at work**

Where we want to be in 2020	Where we are in 2015	Accountability	Who else needs to be involved?	Achieved by	Deliverables (what success looks like)
<p>Everyone working across mental health and addictions services is committed to employment support as an integral part of recovery focused services.</p>	<p>Although there are pockets of good practice it is not something that is routinely part of health services.</p>	<p>NGOs DHB MH&amp;A provider arm</p>	<p>DHB MH&amp;A Planning and Funding, PHOs</p>	<p>December 2016</p>	<p>Annual staff surveys to include questions on employment and mental health. A year-on-year improvement in knowledge, attitudes and practice is reported.</p> <p>Increased referrals to employment support services are reported.</p>
<p>Policies and processes within organisations reflect work-focused health care, including treatment and care planning.</p>	<p>Absence of work-focused healthcare across most parts of the system.</p>	<p>NGOs DHB MH&amp;A provider arm</p>	<p>PHOs</p>	<p>December 2016</p>	<p>All providers of MH&amp;A services in the region have reviewed and updated their policies and processes to reflect the principles and vision of <i>Everyone's Business</i>.</p> <p>Annual service user surveys or real time feedback include questions on whether people would like support to return to work and whether they have received support with returning to work. A year-on-year increase in vocational aspirations and % receiving support is reported.</p> <p>All MH&amp;A services include training on employment and mental health as part of continuing professional education and this is increasingly offered across primary care services as well.</p>

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strategy for the Waitematā and  
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