

## Candidate Responses

Awareness – Canterbury Action on Mental Health and Addictions, the consumer network, sent a list of questions to the people running for a place on the CDHB Board.

These are their repkies

### Jono Bannan

**1. The availability of support for youth seems to differ depending on where in the country or region young people live. Is youth wellbeing a priority for you, and, if so, how do you plan to address this?**

I have been a volunteer counsellor at Youthline for over two years, so yes I do consider youth wellbeing as a high priority. As for the other part of your question, the majority of resources will always be more available in densely populated areas since that is where the “biggest bang for the buck” occurs. However, care needs to be taken to make sure lower socio-economic areas are sufficiently serviced. Additionally, services such as Youthline can be phoned or texted for free from anywhere in the country. Modifying other health services is also possible in order to reach more people. A big plus of modern technology is that youth are particularly savvy with it, which allows mental health services to be especially well equipped to reach more youth via electronic formats (if modified).

**2. What is your knowledge of and views towards peer support for people with mental health or addiction issues?**

I have a lot of knowledge in this area. I did a literature review on treatments for Alcohol Use Disorder some time back as an honours year project at the University of Canterbury. I found that the type of treatment was less important than 2 other factors. More important was 1) The competence of the health professional administering treatment. 2) The relationship between the health professional and the client. So yes, I think peer support is a particularly effective way to help people with mental health or addiction issues; provided the peer support worker is competent and if the peer support worker is correctly matched with the client.

**3. Living through the Canterbury earthquakes has resulted in ongoing experiences of anxiety, depression, addiction issues and stress-related physical health issues. What kind of plans will you be advocating for to address long-term health problems?**

Big question, but in a nutshell.... The most vulnerable to negative experiences from the earthquakes are generally primary caregivers, children, or people with prior mental health issues. Such groups have evolving needs over time and this needs to be monitored by the relevant people working in this area. Effective strategies to help these people can be programs facilitated through schools and other community organisations which involve families. Also, those already known to mental health services need to be monitored with regular follow-ups.

**4. What are your views on the value of consumer advisory roles? Would you be interested in working with Awareness for consumer input into your work?**

Yes, vitally important and yes I would be happy to collaborate with Awareness.

**5. People with experience of addictions can face stigma and discrimination in many areas of their lives, including from health services. What are your views on how health services should work with people with addiction issues?**

Put simply, everyone deserves the same standard of care and respect and nobody should be judged. Having said that, people with addiction issues do bring unique challenges to medical staff. Mental health services for a large part remain separated along separate mental health and addiction lines. Hence, co-existing problems often don't receive optimal treatment. For treating people with addiction issues, there should be more integration of services where someone can be treated by a single service by the same clinician for multiple issues (including addiction). Also, there needs to be a focus on the reduction of negative consequences from

addiction/mental health issues delivered in a non-judgemental and culturally sensitive way. There needs to be an awareness that addiction issues combined with other mental health issues may take longer to improve than issues by themselves. Any treatment should be comprehensive and include a wide array of issues, such as budgeting, housing, employment, relationships etc....

**6. How would you promote collaboration between DHB, NGO and primary care services to deliver services to support people's mental health?**

NGO's need to be consulted with; since they will most often have more knowledge about their specialised area of interest than the CDHB. NGO's can advise the CDHB where the biggest and most urgent shortfalls are.

**7. How would you as a board member, support David Meates in discussions with the Ministry of Health over funding?**

To be honest, David Meates is the perfect example of what is wrong with the democratic system in general. He is a puppet who gets rewarded with a giant pay packet from the public taxpayer. Let's be clear here, David Meates is the unelected (government appointed) "**Chief Executive, Canterbury DHB and West Coast DHB**". He gets paid around \$600k per year, plus another 50k-100k in luxury travel around the world. All paid for from the CDHB budget. Elected CDHB members get around 25k. I will "support" David Meates by watching him closely and reporting all of his activities to the general public. I will assist him in getting extra funding, but I'll also question the way he spends that funding on himself.

**8. With the limited timeframe for the additional funding package from the Ministry of Health, how would you ensure the continuation of support services when this funding runs out?**

I will go over **EVERYTHING** with a fine tooth comb and point out to all concerned parties where the funding is going and where it is being cut. That is what I see my role as essentially, I will make NGO's, community groups, and all others know about what is happening with funding. When properly informed, all of these organisations can decide how to react.

**9. What are your views on the changes to Princess Margaret Hospital? Which if any of the services based at PMH would you support being delivered from a community rather than hospital setting?**

I feel really uncomfortable how all of these services are moving out of South Christchurch and are being moved to Burwood. I would rather keep PMH as is and expand from there. If PMH gets closed then I would rather see some community delivered services from South Christchurch, as opposed to everything getting centralised at Burwood.

## **Anna Crighton**

### **From:**

Anna Crighton QSO JP PhD

### **Member**

**Canterbury District Health Board**

### **Chair**

**Community and Public Health Advisory Committee**

**Canterbury District Health Board**

**1. The availability of support for youth seems to differ depending on where in the country or region young people live. Is youth wellbeing a priority for you, and, if so, how do you plan to address this?**

As Chair of the Community Public Health Advisory Committee I ensured that a representative for youth was appointed to the Committee to keep the issues of youth firmly on the agenda. I am also aware that youth health issues are an urban and a rural concern.

**2. What is your knowledge of and views towards peer support for people with mental health or addiction issues?**

I am aware of the many organisations working within mental health who are dealing with these issues on a daily basis - they have my support.

**3. Living through the Canterbury earthquakes has resulted in ongoing experiences of anxiety, depression, addiction issues and stress-related physical health issues. What kind of plans will you be advocating for to address long-term health problems?**

Demand for Crisis Resolution remains steady for the Specialist Mental Health Services. New case starts for adult services appears to have stabilised albeit at a higher level however demand for Child and Youth Services is increasing. We are proactively planning to ensure services continue to be available for our community. We are always continuing to improve the service to ensure our mental health system continues to flex and adapt to the changing needs of the community.

**4. What are your views on the value of consumer advisory roles? Would you be interested in working with Awareness for consumer input into your work?**

Consumer advisory roles are an integral part of good and balanced decision making and are used at every opportunity.

**5. People with experience of addictions can face stigma and discrimination in many areas of their lives, including from health services. What are your views on how health services should work with people with addiction issues?**

There is no room for stigmatisation in health.

**6. How would you promote collaboration between DHB, NGO and primary care services to deliver services to support people's mental health?**

I believe this is already happening.

**7. How would you as a board member, support David Meates in discussions with the Ministry of Health over funding?**

Totally support David Meates over funding for Mental Health issues. In the last years we have overspent our budget for mental health services rather than cut services.

**8. With the limited timeframe for the additional funding package from the Ministry of Health, how would you ensure the continuation of support services when this funding runs out?**

See answer to 7.

**9. What are your views on the changes to Princess Margaret Hospital? Which if any of the services based at PMH would you support being delivered from a community rather than hospital setting?**

Not sure – I would need to question this further and get more information on the existing services at TPMH before replying.

## **Drucilla Kingi-Patterson**

Quite often when you go into a new situation like a community board you have to keep an open mind. You may find a limit budget or no budget but a big need.

The only way you can answer many of your questions is to gather relevant information from a number of avenues ( talk to people) come up with a number of solutions and work through the problems as a team many times the solutions are in the paperwork .But sometimes you have to stand your ground because the issues are so big. It does help if you have a strategic plan of action.

Drucilla Kingi – Patterson.

## **John Burn**

Thank you for your interest in the future of the Canterbury District Health Board. I wish more people shared this, because I find very few understand much about it.

To be honest, I am probably one of these myself. This will not encourage your support, but, like fluoridation, I think it best to be honest. I cannot properly answer your specific questions, although to me each seems to raise a concern of importance. My problem is that my background is law, media, company directorships and local government – nothing connected with medicine. However as a City Councillor here for three terms in the eighties I believe I had the support and belief of most ratepayers behind me, and that role as you know involved the ability to turn to difficult issues as they arose, construe them sensibly and take a stand on each. For the record, I was a Citizens councillor who, according to the Labour party, voted more with them than with my colleagues.

That may give you a take on my general unreliability - I do not believe in set intellectual rules. If elected to the Board I would plan to give full support to everything in the interest of the community, and the sector you represent, Heaven knows, needs more support than most – although I also feel constantly guilty about the unforgiveable poverty which exists in this city where it should not. Generally, my interest in health services probably springs from the many years I spent with my late wife in hospitals before she died – and where, strangely, I was overcome by a feeling of comfort and sympathy with each ward and each hospital and each district nurse over that period.

Your remit is to support the mental disability and addictions sector of our community, and in a relatively wealthy and comfortable city like ours, those whom you represent should be given every support. However, apart from agreeing at once with Mr Meates in his efforts to strengthen an under-funded organisation, I can only promise you the support those in your protection so obviously deserve.

Apologies but best wishes, John Burn.

## **Rochelle Phipps**

### **1. The availability of support for youth seems to differ depending on where in the country or region young people live. Is youth wellbeing a priority for you, and, if so, how do you plan to address this?**

Youth wellbeing is always a priority. Here in Christchurch there are some good services in place already, such as 298 Youth Health – a free medical and counseling service for young people aged 10-24y. The Harakeke Centre and Christchurch Charity Hospital also provide some free counseling services for children.

Medical practitioners in Canterbury now have streamlined access to public mental health services for youth via CAFLink (Child, Adolescent and Family single point of entry) that facilitates referrals to Child and Family Specialty Service (Whakatata House), Youth Specialty Service, and CAFRural.

The CDHB is investing in more community based programmes such as the School Based Mental Health Team.

Good things are being done already for youth in Canterbury despite funding constraints. My goal would be to ensure that these services are supported long term, in order to manage the increased demands post-earthquakes.

### **2. What is your knowledge of and views towards peer support for people with mental health or addiction issues?**

The general consensus is that peer support is likely to be beneficial in improving mental health outcomes and has a definite role to play within the broader management strategies. Although it is not suitable for all people, it tends to promote engagement and buy-in with processes and services. I have in the past undertaken some training in this area at an inpatient addiction facility and consider it to be very effective for some people.

### **3. Living through the Canterbury earthquakes has resulted in ongoing experiences of anxiety, depression, addiction issues and stress-related physical health issues. What kind of plans will you be advocating for to address long-term health problems?**

I will continue to support initiatives such as the *All Right?* campaign and [Depression.org](https://www.depression.org/) as examples of strategies that raise awareness and help to destigmatize mental health issues. I will advocate for continued access to free or low cost high quality psychological services, including brief intervention counseling (BIC), cognitive behavioural therapy (CBT) and similar, eye movement desensitization and reprocessing (EMDR) training for post traumatic stress disorder (PTSD) and other evidence based psychological interventions. I will advocate for General Practice and other community based organisations to have continued support to manage the increasing demands of diagnosis, management and specifically early intervention in mental health problems.

### **4. What are your views on the value of consumer advisory roles? Would you be interested in working with Awareness for consumer input into your work?**

I am open to learning more about Awareness.

### **5. People with experience of addictions can face stigma and discrimination in many areas of their lives, including from health services. What are your views on how health services should work with people with addiction issues?**

My view is that people with addictions should not encounter discrimination within the NZ public health service. Addiction medicine is a very specialized area of mental health and in my opinion services here have always been under-resourced. General Practice is where most people are seen, diagnosed and ultimately managed. More support in diagnostic training and therapeutic management options for primary care would perhaps be of benefit.

**6. How would you promote collaboration between DHB, NGO and primary care services to deliver services to support people's mental health?**

These types of collaborations are essential, particularly in the setting of public health funding constraints with burgeoning mental health presentations. Open communication between organisations and a willingness to listen and work together is fundamentally important.

**7. How would you as a board member, support David Meates in discussions with the Ministry of Health over funding?**

Yes, the board has a duty to support the operational team in their funding negotiations with the Ministry of Health.

**8. With the limited timeframe for the additional funding package from the Ministry of Health, how would you ensure the continuation of support services when this funding runs out?**

This is a tough question and one that I cannot answer at this time. I would imagine that the DHB operational team are already looking at future strategies around the sustainability and growth of mental health services within Canterbury.

**9. What are your views on the changes to Princess Margaret Hospital? Which if any of the services based at PMH would you support being delivered from a community rather than hospital setting?**

I don't have strong views on the PMH building or location itself. Inpatient facilities are essential for the Mothers and Babies service and the South Island Eating Disorders Unit and need to be maintained, but they can certainly be relocated and are not absolutely required to be in a "hospital setting". Many of the other services at PMH could be located in the community or within another CDHB location.

Kind regards,  
Rochelle

Dr Rochelle Phipps  
MBChB FRNZCGP DCH MBA CMInstD

## **Janet De Lu**

### **1. The availability of support for youth seems to differ depending on where in the country or region young people live. Is youth wellbeing a priority for you, and, if so, how do you plan to address this?**

The wellbeing of all Cantabrians matters to me, and that includes youth. Of especial concern to me is the wellbeing of those young people who were traumatised by the earthquakes of 2010/2011 and their aftermath. One in five children in Canterbury shows signs of PTSD. According to the Dunedin Longitudinal study, such trauma puts them at lifelong risk of many long-term diseases such as diabetes and heart disease. In addition, young people these days face unprecedented challenges resulting from high youth unemployment and student debt. These stressors put all of our young people at risk.

Obviously, we need to provide affordable healthcare to youth when they get unwell, such as that provided by the 298 Youth Health Centre. In addition, I would like to see measures that mitigate the already present health risks before they develop into problems. The DHB is already introducing mental health programmes in the schools in order to try to reach young people. We also need to introduce programmes, possibly in conjunction with the city councils, that promote healthy activities for young people.

### **2. What is your knowledge of and views towards peer support for people with mental health or addiction issues?**

I believe Peer support is one of the most promising movements within the field of mental health. In Christchurch, Peer support services are provided through MHAAPS. One of the challenges the CDHB has faced, even before the recent rise in mental health issues, is a lack of qualified mental health professionals. Peer support is a good way to address that lack. For many people, peer support provides a good alternative to traditional mental health services, which often amount to little more than administering medication.

### **3. Living through the Canterbury earthquakes has resulted in ongoing experiences of anxiety, depression, addiction issues and stress-related physical health issues. What kind of plans will you be advocating for to address long-term health problems?**

I think the DHB needs to take a three-pronged approach here. First of all, it is hard to do much about stress-related problems when the stress is still ongoing. Many people are simply exhausted from living in broken homes, fighting with the EQC & insurance companies, and dealing with poorly handled earthquake repairs. They need support to get through this process. Doctors should be able to "prescribe" organisations that exist to help people with these concrete problems.

Secondly, we need to be providing services for people who are experiencing anxiety, depression, addiction, and physical health issues, and making those services easy to find. Primary care physicians need to include checking for stress as part of their examinations.

Finally, a preventative approach, which encourages healthier lifestyles and stress management techniques, can help to stave off problems before they develop.

### **4. What are your views on the value of consumer advisory roles? Would you be interested in working with Awareness for consumer input into your work?**

I am happy to work with input from Awareness and any other consumer advisors. Since announcing my candidacy, I have made it a point to listen to as many people's stories as possible, in order to better understand how the health system is working or not working for people, and where there are problems that need to be addressed.

### **5. People with experience of addictions can face stigma and discrimination in many areas of their lives, including from health services. What are your views on how health services should work with people with addiction issues?**

Unfortunately, doctors, as human beings, share many of the prejudices of our dominant society. This includes stigma and discrimination toward many people: those with addictions, as well as those from marginalised

subcultures, those who are overweight, etc. These prejudices can lead to poorer health care because the addiction, lifestyle, weight, or style of communication is assumed to be the problem, thereby causing the doctor to miss important symptoms by not looking for them. Prejudices can also prevent doctors from treating patients with the respect necessary to allow them to provide an honest account of all their symptoms. It is impossible for a DHB to eradicate such prejudices, but it can try to mitigate them, by measures such as physician education programmes and the use of tools such as checklists to try to prevent oversights. Obviously, a health system would like to see people with addictions find a way to overcome those addictions, just as it wants to support giving up any unhealthy lifestyle choice. But I recognise that addiction is a complex issue, and health is often a balancing act. Not all physicians have the desire or skills to address these complex issues. Perhaps a special clinic staffed with doctors who are able to both help people overcome addictions and to provide unbiased health care to those with addictions might be a good idea.

**6. How would you promote collaboration between DHB, NGO and primary care services to deliver services to support people's mental health?**

Where appropriate, the DHB can certainly make use of NGOs to provide care or preventative measures. I believe it already contracts out to some NGOs for services. I believe that primary care physicians need training in recognising mental health problems and in providing a range of support for people suffering from mental health issues.

**7. How would you as a board member, support David Meates in discussions with the Ministry of Health over funding?**

As a DHB, we can provide a unified front on funding issues. The board can also provide Mr. Meates with timely input and statistical information, so that he has the data he needs when negotiating with the Ministry of Health. As board members, we cannot lobby the Ministry of Health directly, but we can point out publicly available information to outside groups that might have an interest in lobbying the MOH.

As a board member, I would expect to do my utmost to keep board meetings focussed on the most important issues, and not get side-tracked by pet projects. If the board remains focussed and disciplined, David Meates will have an easier time justifying requests.

**8. With the limited timeframe for the additional funding package from the Ministry of Health, how would you ensure the continuation of support services when this funding runs out?**

This is a difficult question, and does not have any easy answers. Ultimately, when funding runs out, the DHB is going to be faced with some hard choices. We need to examine the budget as a whole, setting priorities and recognising where short term savings can cost more in the long run.

**9. What are your views on the changes to Princess Margaret Hospital? Which if any of the services based at PMH would you support being delivered from a community rather than hospital setting?**

My understanding of the situation with PMH is that, as a hospital, it is required to maintain a higher standard of earthquake strengthening than a commercial establishment. It is these earthquake strengthening costs that are behind much of the closures. However, I feel that I need to learn more about the details before I can weigh in with a decision.

Some of the services at PMH have already been moved to the new facility at Burwood. Others, such as the radiology clinic and testing laboratories, do not require a hospital setting. The chronic mental clinics will need to find a home. While a community-based support is a possibility, I believe this should be handled with great care – the de-institutionalisation movement of the 1970s led to a lot of suffering and homelessness, and I would hate to see that happen here.

Regards

Janet De Lu

## Kelly Dugan

### **1. The availability of support for youth seems to differ depending on where in the country or region young people live. Is youth wellbeing a priority for you, and, if so, how do you plan to address this?**

My charity work centres around youth wellbeing in the disability sector and I have been a strong and vocal advocate for children's rights over this time. Every issue we face in New Zealand today will be inherited by the youth of our country so when we are talking about any issue we need to be very aware these will be passed onto our children. This is a huge question but as this survey is in regard to the CDHB I will answer it from a health perspective. It is important to invest time, money and resources into our young as this is the best time to ensure they can be mentally and physically well and have the tools they need to carry this wellbeing into their adulthood. The children of today will be the adults of tomorrow so we need to be able to provide them with everything they require to be well adjusted and healthy adults. If a child or adolescent needs help they need to know where to find it and know it is OK to ask for help and most important have somewhere to provide that help. There is a CDHB Youth group and the CDHB should work closely with them and other youth support groups and organizations to ensure we are aware of the frontline needs of adolescents rather than assuming we know what they need.

### **2. What is your knowledge of and views towards peer support for people with mental health or addiction issues?**

Peer support is of upmost importance at all times in all areas and I believe is the most effective way for people to receive support. My knowledge of peer support and the way it can make significant change is due to my personal experience and that of my work with families all over New Zealand. Peer support by definition it is the sharing of knowledge, experience, emotional, social or practical help between people. The best people to understand the struggles someone is facing is one who has faced the same struggles and overcame them. The best teacher is someone who has practical real life experience and people are always more receptive to someone who knows exactly how they feel regardless of what their issue may be. Mental health, addiction is the same as any other struggle, the best person to discuss these problems with is someone who truly understands. Peer support is an amazing tool to help people in all manner of circumstances.

### **3. Living through the Canterbury earthquakes has resulted in ongoing experiences of anxiety, depression, addiction issues and stress-related physical health issues. What kind of plans will you be advocating for to address long-term health problems?**

It is no secret that the MOH have cut mental health funding in Christchurch and we are now one of the least funded regions in mental health. I am sure every CDHB candidate will answer the same on this question, in order to meet the demand, we need to receive more funding. Every one of us that lived through the earthquakes knows people who are still struggling with the PTSD of those events. In order to meet the demand on our mental health needs the CDHB has proposed pulling funding from other areas, this is a short term solution that will create a shortfall in those areas in the very near if not immediate future. The MOH must provide more funding to Christchurch and at the least provide us with the same levels of support that is given to other regions. It may be five years on but the effects of the earthquakes are far from being felt by many.

### **4. What are your views on the value of consumer advisory roles? Would you be interested in working with Awareness for consumer input into your work?**

Consumer advisory is a must and should not be open for discussion, it is of upmost importance. The majority of my high profile advocacy cases have been based on the fact that there was little or no consultation with the people decisions will affect the most. For any representative of the people to make a decision based on an assumption of what they need is arrogant, self-serving and will in most cases end with anger and misrepresentation of the facts and real needs of the people. At all times the consumer must have a voice. My entire CDHB campaign is based on clear and open communication, my catch phrase is "One voice is a whisper, many voices become a chorus". I believe that all people must have a voice in the process of making decisions that will impact them or their loved ones. I would be very open to working with any community group or organization to ensure they have input into decisions I make.

### **5. People with experience of addictions can face stigma and discrimination in many areas of their lives, including from health services. What are your views on how health services should work with people with addiction issues?**

Stigma and discrimination comes from the belief that people with addictions are any different than everybody else. Even this question does this by putting these people into a separate “box” when the question should ask how the health sector should deal with all people. People with addiction issues should be treated the same as those without, they are not any more or less worthy of the same respect and services as anybody else. Putting them into an addict box or any box is creating one of the issues they face.

**6. How would you promote collaboration between DHB, NGO and primary care services to deliver services to support people’s mental health?**

My charity is an NGO that works with DHBs already (as much as I can). What I have found in my experience is that the DHBs are often dismissive and believe they are above those on the frontlines. I have also worked hard to foster a relationship with the CDHB through my personal and professional interaction with them. This relationship has taken many years to create and it was only through my passion for change that I kept pushing them until eventually they began to listen to me. It is difficult for a NGO to interact with a DHB (in my experience with the CDHB) and this has always been an issue for me and one of the reasons I am running for the CDHB. I want to be in a position where my voice can be heard without the need to cut red tape and be heard. If elected I would work hard to ensure other NGO who are on the frontlines also have a voice. There is no better wealth of knowledge of what the real needs are in the community that what can be provided by those working in those communities. Again I will say that to make decisions without consultation is arrogant.

**7. How would you as a board member, support David Meates in discussions with the Ministry of Health over funding?**

There has been a lot of media attention in regard to David Meates ongoing issues with the MOH and it has been suggested there has been a personality clash that has affected communication. One of my first questions on the CDHB will be is there a personal issue that is causing issues and how this can be rectified. Before working in the disability sector I was a business development manager for ten years so creating working relationships is one of my skills. If there is a communication breakdown it must be addressed and fixed especially if such a breakdown is affecting the ability of the CDHB to meet the needs of the people of Canterbury.

**8. With the limited timeframe for the additional funding package from the Ministry of Health, how would you ensure the continuation of support services when this funding runs out?**

Funding will always have a “use by date” in all areas. The continuation of funding should be (but it is apparent not always) be based on the need of the people in the region. In a perfect world funding would be distributed on the need to ensure any growth in that area can be managed. The cuts to mental health funding are showing that the funding system is flawed, we have an ever increasing demand on mental health in Canterbury yet the funding does not reflect the need. Ideally funding will be used, results will be shown and demand will be met with funding that reflect this. Every CDHB member will most likely say there needs to be more funding, funding should meet demand and areas where there are shortfalls should be met by the MOH. Perhaps the MOH should be asked how they will learn from our current situation and adjust their procedures and funding to ensure the CDHB can maintain its services. It is sad when we live in a world where the ability for people to receive the help they need is based on how much is provided and if there is not enough people miss out. The health system should meet all our needs and ensuring this can be maintained in the future will be a huge issue when it is not being maintained now.

**9. What are your views on the changes to Princess Margaret Hospital? Which if any of the services based at PMH would you support being delivered from a community rather than hospital setting?**

At this stage I understand that the CDHB have made no firm decision on what services will be provided at the Princess Margaret Hospital. There are members of the community asking that the building be utilised to provide services including a minor injury unit, a community daycare for the elderly, occupational health, GPs and a physiotherapy clinic. Of course such services require funding but it is worth having a discussion on the viability of providing these services and also if there is more worth in keeping existing services in the current location including the mothers and babies unit, child and youth mental health services, eating disorder services, and adult long-term mental health rehabilitation.

At this point I do not have enough information to make an informed decision or provide an opinion. Such a discussion should be made with full community involvement.

## Don Church

**1. The availability of support for youth seems to differ depending on where in the country or region young people live. Is youth wellbeing a priority for you, and, if so, how do you plan to address this?**

Youth wellbeing and the availability of support for youth is certainly an important priority to me. But I have much to learn on this subject before I can offer a plan to address this.

**2. What is your knowledge of and views towards peer support for people with mental health or addiction issues?**

I am very aware of the need for peer support for people with mental health or addition issues.

**3. Living through the Canterbury earthquakes has resulted in ongoing experiences of anxiety, depression, addiction issues and stress-related physical health issues. What kind of plans will you be advocating for to address long-term health problems?**

I have been a trustee of Presbyterian Support (Upper South Island) which has been offering one to one support on the above issues. I believe that this method works best with clients in the short term but also, in a less intensive form, in the long term. I will be advocating for funding, on a contracting basis, from the CDHB to organisations that have a proven track record in dealing with these issues. This would be in addition to those services already provided directly by the CDHB.

**4. What are your views on the value of consumer advisory roles? Would you be interested in working with Awareness for consumer input into your work?**

Yes ... on an ad-hoc basis.

**5. People with experience of addictions can face stigma and discrimination in many areas of their lives, including from health services. What are your views on how health services should work with people with addiction issues?**

Obviously without stigma or discrimination.

**6. How would you promote collaboration between DHB, NGO and primary care services to deliver services to support people's mental health?**

See my answer to question 3.

**7. How would you as a board member, support David Meates in discussions with the Ministry of Health over funding?**

He would have my total support.

**8. With the limited timeframe for the additional funding package from the Ministry of Health, how would you ensure the continuation of support services when this funding runs out?**

We should not work with the expectation that funding from the MoH will run out. But it might well reduce in a relative sense. Then the question of prioritising arises and indeed has already arisen. I am on the trust board of Mackenzie Charitable Foundation which has been very helpful to support services in need, and especially so where the need relates to children.

**9. What are your views on the changes to Princess Margaret Hospital? Which if any of the services based at PMH would you support being delivered from a community rather than hospital setting?**

I have to become better educated on this whole subject before I could come to an informed viewpoint.

Regards  
Don Church

## Ken May

My recent working history, up until retirement in June 2015, was with GE Healthcare as a Field Service Engineer. I worked in pretty much all the Hospitals in the South Island, with a few exceptions, and saw many things that concerned me and made me wonder how we, as a community, could effect change. This is my first attempt to get into a position to learn, consider and provide working output to try and make those changes.

If I am successful, I will be learning, I will be listening and I will be working hard to achieve the best results for the Communities of Canterbury.

### **1. The availability of support for youth seems to differ depending on where in the country or region young people live. Is youth wellbeing a priority for you, and, if so, how do you plan to address this?**

Youth wellbeing is extremely important, because of the loss of the victim's potential affect in the community. It is important to target the main areas that are affected and find the triggers, be it bullying, or family stress, etc.. When the cause has been identified, then we need to be able to look for and focus support in that area to address the issues. Our children need to be protected from the extreme stresses that modern society seems to find and allow our youth to be able to grow up in a healthy society. I have, in the past, been a Scout Leader, as well as the father of two sons and a daughter. After I separated from their mother, they had issues and my daughter went on an attention seeking spree for several years. Some excellent people worked with her and she is now, 24 years later, a mother, a partner to her son's father and a loving daughter. The reasons for her attempts, frivolous, or not, were fundamentally pressures from her brother, or brothers; I'm not sure whether it was one, or both, but there is more of a story in there.

### **2. What is your knowledge of and views towards peer support for people with mental health or addiction issues?**

Fundamentally, I am unaware of the range of support available in this area, but as an ex-smoker, I am aware that some people are more readily addicted than others and, while I don't know how to identify the weak, efforts need to be made to reduce the temptation and assist those who are trying to escape addiction. There must be a desire to stop to enable the process to function.

### **3. Living through the Canterbury earthquakes has resulted in ongoing experiences of anxiety, depression, addiction issues and stress-related physical health issues. What kind of plans will you be advocating for to address long-term health problems?**

Everyone, without exception, is affected, some less than others, however, supplementing care for more drugs, prescribed, or not, is not the answer. I believe we should be considering whether some form of assistance could be provided to move the worst affected to a more stable part of the country, however, there is always the risk of abuse. I don't have a plan, as such, because I don't know the true extent, or the validity of the problem we are facing. We have all been stressed out by the experience and there is no simple solution that I can see.

### **4. What are your views on the value of consumer advisory roles? Would you be interested in working with Awareness for consumer input into your work?**

I believe that Awareness may be able to provide support, however the data must be accurate and without prejudice. Consumer advisory has value and can support good decision making.

### **5. People with experience of addictions can face stigma and discrimination in many areas of their lives, including from health services. What are your views on how health services should work with people with addiction issues?**

Address the issue and, yes, to a huge degree, I perceive drug users with a degree of discrimination, however, we all have a right to life and we all have a right to personal decisions. Unfortunately, many of us make the wrong decisions and no one is more, or less guilty than another. If we give a person the ability to straighten up, and they do it, then we have an obligation to assist them. I do believe, however, that they have to be willing to follow through and if their environment is such that there are temptations, then they have to make

changes. I drink alcohol, I have smoked tobacco, but I have never taken drugs that weren't prescribed, not because I couldn't, but because of how hard it was for me to give up smoking.

**6. How would you promote collaboration between DHB, NGO and primary care services to deliver services to support people's mental health?**

I don't know if it happens at this time, however I would consider it a no-brainer. It requires facilitators with vision, as well as a willingness, not necessarily to bend the rules, but to work with the rules and achieve results.

**7. How would you as a board member, support David Meates in discussions with the Ministry of Health over funding?**

Six years ago a cycle started resulting in the destruction of the larger part of Christchurch and surrounding areas. It is recognised that there are significant health issues as a consequence of the earthquakes that need resolving and it was incomprehensible that there wasn't a significant increase in the Canterbury DHB budget. I would be insisting that the Minister come to Christchurch, meet the Board and see for himself how the DHB is struggling to achieve its goals, despite the excellent staff it has the best intentions of its CEO.

**8. With the limited timeframe for the additional funding package from the Ministry of Health, how would you ensure the continuation of support services when this funding runs out?**

I am not fully aware of the options here, but it would be a priority to strive to regain any loss of funding to ensure the continuation of an appropriate level of funding to provide those services.

**9. What are your views on the changes to Princess Margaret Hospital? Which if any of the services based at PMH would you support being delivered from a community rather than hospital setting?**

In my previous employment I worked in PMH and I'm very aware of the significant damage that occurred there during the earthquakes, especially during many of the aftershocks while I was on site. I don't know what the future of PMH holds, but if facilities were available to support health services, including mental health services, then it should be made available. Communities have all types of issues and, while it is extremely difficult to provide for every single health issue, we need to be addressing the most serious.

Regards

Ken May