

NASCA General Meeting – 02 June 2016

Breakout Notes – Mental Health Group

1. Lower North Island regional manual developed by Helene Dore has been finalised and shared with group.
2. Waitemata/Auckland DHB – support hours model presented by Glenda
 - Alternative model to traditional CSW or Supported accommodation model – some people may be referred to a residential housing option – however for all people support hours are assessed and authorised and so therefore completely individualised.
 - NGOs self-monitor support hours but report capacity to NASC monthly
 - NGOs can flex up and down by 2 hours without review, but notify NASC with rationale for change.
 - 3 monthly NGOs do full caseload report to NASC. If no change in support hours over 6 months this flags the need for a more formal review.
 - Model requires a high level of trust and transparency but has many benefits around availability of hours for people and individualisation of support.
3. Housing options for people with fire lighting issues – presented by Glenda
 - If the person is a known arsonist (has been convicted of arson) they must disclose to potential landlords. If no conviction decision to disclose is up to the person (if they have capacity).
 - Capacity must be assessed. If no capacity issues then they are fully in control of their life decisions. If they are legally deemed not to have capacity then there must be an identified welfare guardian.
 - Biggest issue for most private providers is inability to insure. Therefore HNZ is the only option.
 - Best process involves open disclosure with community partners – working with NGOs around housing options – ideally looking to a concrete block home with a fully installed sprinkler system. Work with the local fire brigade to determine best safety options.
4. Capacity and EPOA/PPPR
 - Unless a person is formally identified as not having capacity then they must be assumed to have capacity. If there are concerns then this must be formally addressed via clinical and legal means.
 - Group valued having further discussion and input around PPPR and EPOA.
5. Discussion of value of national voice for MH NASCs
 - Thought to be extremely valuable and due to the wide interpretation of National service specs agreed that one of the good activities for the group going forward would be to establish a MH NASC operations manual – with the first area of focus being shared understanding and rationale for access to MHA 24/25 (known variously as supported accommodation, res rehab or housing and recovery services).