Who are we?

• RHĀNZ is a cross-sector rural alliance committed to improving the health and wellbeing of our rural communities in New Zealand.

• One health approach.
Membership
Rural Proofing Policy
A Framework for Improving Mental Health & Addiction Outcomes in Rural NZ

- Rural Proofing Mental Health & Addiction Services in Aotearoa New Zealand
Our approach

• Co-design approach
• Expert Advisory Group
• Regional workshops
• Online survey
• Suicide prevention workshop feedback
• Findings from other RMHI
What rural people told us

- Sense of being left behind
- Accepting of geographic and social isolation
- Expect essential services, especially in crisis situations
- Passionate and proud
- Willing to step up
What rural people told us

• Equitable access to health services supports equitable health outcomes
• Workforce retention and recruitment challenges
• Double-whammy of the rural reality
NZ Health Strategy 2016

All New Zealanders
- Live well
- Stay well
- Get well
- Regardless of where they live

People Powered

Smart System

Closer to Home

One Team

Value and High Performance
Mentally Healthy Rural Communities

Caring communities looking after each other

Understanding rural New Zealanders

Reachable services

Smart System

Closer to Home

Value and high performance

One team

Our circle of care

Accountability for rural outcomes

People Powered

Caring communities looking after each other
Caring communities looking after each other

OUTCOME: Rural people are connected to their communities, know how to take care of themselves and each other

- Rurally relevant campaigns: reduce stigma; normalise mental illness; promote safe use of alcohol; reduce drug use; increase help-seeking behaviour
- Build community cohesion through social & educational programmes that include: MH & A; Suicide Prevention; MH101 about youth & school based programmes
- Improved pastoral care of staff and farm management
- On farm firearm safety programme
- Farm relief worker scheme
Reachable services

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Accountability for rural outcomes
**Reachable services**

OUTCOME: Rural communities have equitable access to self management therapies, health and social services and timely access to specialist and emergency services when needed

- Rural primary care is adequately resourced to minimise waiting times for appointments
- Crisis and Emergency response pathways are in place and easy to follow for rural communities
- Specialist MH & A staff are regularly onsite in rural primary care
- After Hours & discharge support available to all
- MH & A tele-triage and liaison operates across NZ
- Patient portal programmes available to all primary care patients
- Telecommunication providers increase connectivity to all rural communities
- Sponsored access to mobile devices & data plans for high needs populations
Our circle of care

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Our circle of care
Our circle of care

OUTCOME: Rural health and social service professionals are well resourced and supported to provide the highest possible quality of care for people experiencing mental distress, illness or addiction

A 3-5 year Rural Mental Health and Addiction Community Action Plan that reflects Māori models of care could include:

- Nurturing community linkages
- Safe Hands, Safe Plans workshops
- Understanding local and national services and access pathways
- Use of online and telehealth services
- Suicide Prevention training
- MH101 about youth
- Culturally relevant peer support
- Upskilling urban and telehealth staff about rural issues

Evaluation of the plan

Explore options for establishing national, rural psychiatric clinical leadership across Adult, Child and Youth, and Addiction specialist services
Understanding rural New Zealanders

Mentally Healthy Rural Communities

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- Understanding rural New Zealanders
Understanding rural New Zealanders

OUTCOME: MH & A outcomes data informs research priorities, community and service development, resource allocation, and health and social service provision

Ensuring we have a strong evidence base from which to work

Establishment of a national rural health research agenda and annual research symposium
Accountability for rural outcomes

- Understanding rural New Zealanders
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Accountability for rural outcomes

OUTCOME: Rural people have equitable access to, and utilisation of, Vote Health funded services

A fair share of publicly funded health services

A nationally agreed definition of “rurality”

Policy makers reporting by geographic location on a regular basis
RURAL HEALTH

Workforce
- Multi-disciplinary teams
- Accessible / sustainable services
- Community
- Local economy
- Social connection
- Employed
- Resilience
- Collaboration
- Confidence
- Visibility

Connectivity
- Information
- Help line
- Distance
- Knowledge
- Reliability
- Close to peoples' homes

Environment / ecological
- One health

Services include:
- Maternity
- Family violence
- Dental
- Occupational health & safety
- Sexual health & family planning
- Drug & alcohol

Incentive
- Rural taxonomy
- Data
- Research
- $ on a bag with urban
- Equity of rural

Partnerships

Rural Health Alliance Aotearoa New Zealand (RHÄNZ)
An investment in the future prosperity of New Zealand
Ngā mihi

Thank you
“We live in beautiful open spaces; working with animals can be healing; working physically can be healing; we know people who have been unwell and recovered”

Expert Advisory Group Member
“Learning to be Māori saved me; it’s about peer support and Māori models of care.

*Kaikohe workshop participant*
“I found it difficult going to the doctor and pharmacy because I was so upset and didn’t want any locals to see me in this state. I didn’t ask/or didn’t know if you can request house visits or deliveries of meds which could have helped with my embarrassment”.

*Regional workshop participant*
“The stress of running a multi-million-dollar business with so many staff and family dependant but no one else to rely on that would have the skills to keep it performing while help was being sought - and the pressure of needing to pay debt etc. had a terrible effect.”

Online survey respondent
Early brainstorming
“In little rural communities, far from a big town (sometimes more than an hour’s drive away), neighbours and friends are very important and are more of a support service than the officials from away.”

Online survey respondent
“P is everywhere in rural communities and really easy to get. It’s getting bigger because at the start it seems harmless and most people wouldn’t recognise the signs of its use. We have an image of the typical P user - they’re from the criminal world and so we don’t realise they can be anyone we know.”

Rural Addiction Specialist
With the long hours of seasonal work, the heavy workload and stresses on rural business owners and their workers, it’s not surprising that so many rural people are resorting to a drug that at the start, gives you energy and a feeling of wellbeing.”  — Rural Addiction Specialist
“One of the local bankers called to ask me to help a client he’d seen that afternoon. The farmer was facing huge financial stress and most likely, a mortgagee sale. I spent the afternoon with him, listening, and getting my head around what we could do to help. With his agreement, I made him an appointment to see his GP, we arranged counselling though the Rural Support Trust as it would be quick. We prepared for the next meeting with the banker, and I went with him to help him work out a good plan for the farm sale. After a difficult few months, the farm was sold, and that went well. He was so grateful for the help he got from the RST that he has since volunteered to milk for others who need a break.”

Regional workshop participant