



## Free flu vaccinations are here

**Autumn is into full swing and colds and flu are already doing the rounds.**

The influenza (flu) vaccine is available for free for West Coast DHB employees – vaccination clinics kicked off in April. You can also see an authorised vaccinator to get your free vaccination.

The World Health Organization strongly recommends healthcare workers as a priority group for influenza vaccination, not only to protect themselves but also to protect their patients. Healthcare workers can transmit influenza without knowing they are infected; influenza doesn't always cause symptoms or make a person feel unwell.

Last year 59 percent of West Coast DHB staff got their flu vaccine. This year we want to do better, which is why we are encouraging more staff to get

vaccinated. You'll protect yourself, your patients and whānau.

The northern hemisphere endured an influenza epidemic over winter, with some reports indicating a 40 percent surge in flu-related deaths in the UK and USA. This could mean the southern hemisphere is in for a bad flu season as well.

Influenza is extremely infectious and potentially deadly – especially to unwell, elderly, or very young people. Being young, fit and healthy won't protect you from the flu either, and while good health can help with recovery, the flu can potentially hospitalise anyone. Flu vaccination is safe and the best protection available. Influenza

immunisation is recommended for everyone over 6 months of age, including pregnant women.

The vaccine can give you a bit of a sore arm, but the benefits for you and the people you provide care for far outweigh the risks.

Immunisation is your best protection and I encourage you all to get protected.

**David Meates**  
Chief Executive



**David Meates, CEO**

## Baskets of thanks

The Gloriavale Christian Community sent 12 baskets of goodies to staff at Grey Base Hospital in thanks for ongoing support of the community's health.

**Seated:** Dorothy O'Connor (Nurse Consultant/CNM Paediatrics), Randy Gopella (CNM Medical/Surgical), and Rosalie Waghorn (Nurse Manager Clinical Services Strategic).

**Standing:** Riona Ashworth-O'Callaghan (Reg Nurse Barclay Ward), Lynley McInroe (CNM ED/OPD), Cheryl Hutchison (CNM Community and Primary Care), Carol Bryers (CNM Kahurangi), and Wendy Stuart (CNM Theatre/CSSD and Day Unit).



## Have you had your flu shot yet?

The influenza virus mutates rapidly, and each year vaccines are developed to tackle the strains that are the most widespread at the time. Last year's vaccine won't work against this year's flu viruses. We recommend people get vaccinated every year to be up to date with the latest vaccines. Four influenza strains will be included in this year's vaccine, specially formulated for New Zealand:

1. A/Michigan/45/2015 (H1N1) pdm09-like virus
2. A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
3. B/Phuket/3073/2013-like virus
4. B/Brisbane/60/2008-like virus

It's best to get your annual flu shot as early as possible so you're protected before flu season strikes in winter. To make a vaccination appointment please call 03 769 7400 Ext. 2490 or send an email to [vaccinations@westcoastdhb.health.nz](mailto:vaccinations@westcoastdhb.health.nz).

Please give your name, your partner's name (if applicable), preferred date, and preferred time range. Appointment times will be at 30-minute intervals. You will be required to wait 20 minutes after your vaccination.

### Upcoming vaccination clinics:

Town	Location	Date	Time
Greymouth	RAGP	7 May	1:00pm-3:00pm
Greymouth	OPD	9 May	6:30am-8:30am
Hokitika	Hokitika Health Centre	14 May	10:00am-12:00pm
Buller Health	OPD	16 May	10:00am-12:00pm
Greymouth	RAGP	17 May	1:00pm-3:00pm
Hokitika	Hokitika Health Centre	22 May	1:00pm-2:30pm
Greymouth (including children)	OPD	29 May	4:00pm-6:30pm



***“Unlike Christmas, we don't know when the flu will arrive. But we know it's coming – get your flu vac.”***

**-Hamish Brown**

Details of free staff flu vaccination clinics, and a list of authorised vaccinators, can be found on the intranet.

Canterbury District Health Board





## Coordinated Incident Management Systems training

**Staff from Grey, Westland and Buller districts have participated in Coordinated Incident Management Systems [CIMS] training at Greymouth Hospital. This six-hour interactive course empowers and equips staff to be able to lead a response during events that may compromise BAU (business as usual) in their facility.**

The West Coast has unique risks and challenges in the way we deliver health services during events, such as the recent ex-tropical cyclones Fehi and Gita.

CIMS methodology ensures that trained staff across all of our emergency services [Police, Fire, Ambulance and Health] can prevent, prepare, respond and recover from events that will affect West Coast health delivery.

The course was run by Canterbury and West Coast Emergency Manager Jenny Ewing, Emergency Planning Coordinator Tui Theyers, and West Coast Emergency Planner Chris Raine.

Greymouth Medical Practice Manager Meriem Wilson, who attended the



DHB staff at Coordinated Incident Management Systems training at Greymouth Hospital.

training, said “The course was enjoyable, motivating and provided a greater understanding of what, where and how planning happens.”

If you are interested in attending a CIMS course, contact [tui.theyers@cdhb.health.nz](mailto:tui.theyers@cdhb.health.nz).

## Representing the rural health workforce on a global stage

**Last week a team of three represented West Coast DHB at the International Health Workforce Conference in Queenstown.**

Associate Director of Nursing for Workforce Development Brittany Jenkins, Associate Director of Allied Health Jane George, and Senior Medical Officer Dr Brendan Marshall have worked hard to put together a review of training strategy, policy, and pathways for rural nursing, medical, and allied health professionals.

The trio won one of four awards from the conference organisers for the abstract they wrote on the subject, and the overall people's choice award for designing the following informational poster.

They presented their findings at the conference to global health workforce leaders.

“This is something that people in our types of jobs usually don't have the opportunity to do.” Jane says.



Associate Director of Nursing for Workforce Development Brittany Jenkins (left), Associate Director of Allied Health Jane George, and Senior Medical Officer Dr Brendan Marshall with the people's choice-winning poster.

“I believe we have some opportunities to really engage on the issue of staffing in our rural areas. It has given us access

to people in policy and academia from all over the world who are working to address these issues.”

*continued overleaf...*

...continued from overleaf

## Rural health workforce training in New Zealand: Help and hindrance to sustainability and high quality care?

### Early findings from an interprofessional critical review

**Aim/Objectives**  
To critically review progress and potential regarding pre and post-entry training for the West Coast rural allied, medical, and nursing health workforce in terms of contributions to workforce sustainability and high quality care.

**Background**  
Worldwide, healthcare access for people living rurally is associated with multiple challenges that often lead to inequity. Also reported is the vulnerability of these communities and their care workforce, which is scarce and challenging to attract and retain. Increasing the number of health professionals trained to serve rural and remote populations is therefore an international imperative requiring multi-sector partnership. This is increasingly critical as the population and health workforce ages, escalating competition for health resources globally. The West Coast of the South Island in New Zealand boasts the most rural and remote health district nationally (see region in graphic above). The West Coast District Health Board (DHB) is the major provider arm for the region's health services and has been working to develop a sustainable workforce poised to provide fit-for-purpose care within an innovative, integrated care model. Despite local strategies, initiatives, and investment, a number of external factors continue to disrupt the ultimate goal of training a sustainable workforce capable of delivering high quality rural care.

### Methods

A critical review of peer-reviewed articles, reports, and informal publications identified a number of factors that may 'help' and 'hinder' the progress and potential of rural health workforce training. A systematic search sought full text literature published in English between the years 2000 to 2018 from the EBSCOHost Research Database using the key words: "rural health policy", "rural health workforce", "rural health workforce strategy", "rural health workforce training" AND: Australia OR New Zealand, "undergraduate curricula", "post-entry training", AND rural OR allied OR medicine OR nursing. Thirty-one articles met inclusion criteria. Additional information was obtained by examining the websites of: Health Workforce Australia, Health Workforce New Zealand, Ministry of Health, New Zealand Medical Association, Nursing Council of New Zealand, and Royal College of General Practitioners. This secondary search yielded 19 publications that met inclusion criteria.

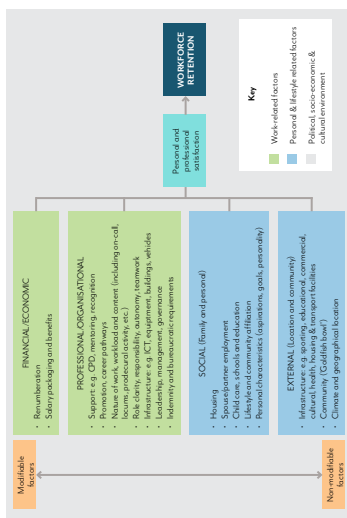


Figure 1 Factors affecting retention

### Literature summary

Academic and media content varied according to professional group. Articles relating to the medical workforce provided a fair scope and depth, with a dearth of literature originating from Australia. Nursing literature is limited, with few New Zealand publications and the majority of existing works focusing on post-entry training. Across the various Allied Health, Scientific and Technical workforce very little has been published, particularly in the New Zealand context.

### Emerging Results

Emerging themes demonstrate key 'help' and 'hindrance' factors related to rural health workforce training. While each theme is presented as distinct, it is recognised that they are interrelated.

#### 1. Leadership & Strategy

While rural health workforce features in the foundational New Zealand Health Strategy, there is currently no national strategy providing whole of system guidance for how to grow, develop, and sustain this workforce.

#### 2. Collaboration

Despite Ministry of Health reports and publications acknowledging that rural workforce development requires input from multiple stakeholders, as well as a variety of positive examples of collaborative initiatives that have benefited rural care, a number of decisions regarding pre and post-entry training of the rural workforce continues to be fragmented.

#### 3. Investment

While there are a number of nationally funded and regionally supported post-entry training programmes that apply to the rural workforce, access to this funding is inequitable and not informed by evidence-based need. There also appears to be a lack of nationally driven investment in early pipeline initiatives, pre-entry training, and factors affecting retention (see Figure 1 above).

### Impact on care

- Risk that a suitably trained, sustainable, interprofessional workforce will not be available to provide access to high quality care for rural New Zealanders.
- Lack of a sustainable pipeline will stymie effective succession planning and continuity of high quality care for a population that already faces poorer health outcomes when compared to New Zealanders living in urban centres.

### Emerging recommendations

That a national, interprofessional, cross-sector group be established to lead rural health workforce strategy and policy development, including setting measurable targets, and mechanisms that reward implementation, while promoting:

- Impetus for improved collaboration among all partners who make a contribution to rural health workforce development
- Appropriate investment across all professional groups that aligns with evidence based need

### Emerging policy implications

If training initiatives are to generate meaningful and sustainable outcomes for rural communities and their care workforce, national health strategy, policy, and associated prioritisation must ensure commitment from all partners, including ministries, tertiary providers, and health boards. This will require appropriate rural representation as part of a collaborative, multi-sectorial structure that is clear and understood by all stakeholders.

### Emerging conclusions

While progress has been made with regard to pre and post-entry training programmes for New Zealand's rural health workforce, a number of 'hindrances' to continue to progress. Despite mentions that the rural health workforce is a priority, fragmented leadership and strategy is hindering outcomes while disabling true collaboration and investment between all workforce partners. A collaborative and comprehensive work plan with clear leadership is required to ensure sustainability of this fragile workforce and equal outcomes for people living in New Zealand's most rural and remote regions.

### Authors

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**West Coast**  
– District Health Board –  
Te Poari Hauora a Rohe o Tai Poutini  
@wcdhbcareers  
@nzpf943  
#17thHWCC

**Julie Penrose has retired from her full-time job after 32 years working at Seaview Psychiatric Hospital and then the Kahurangi Dementia Unit.**

She took over housekeeping at Seaview in 1995 and continued this role when the team moved to Kahurangi.

Julie says she has enjoyed the camaraderie working at Kahurangi.

“Working in a big team and knowing you can rely on your staff members,” she says.

Some of those friends and colleagues who have previously retired include Carol Fern, Roni Wright, and Verlie Kilkelly.

Julie's colleague Alison Parkinson says Julie is the backbone of the ward and an amazing colleague.

"She's always there even when she is going through tough times. An absolute amazing advocate for the residents, and an employee that is going to be so missed."

Julie will stay with the DHB in a casual role, moving to an on-call position looking after people in their own homes.



**Julie Penrose (left) receiving flowers at her farewell function.**


District Nurse Tena Wilson's creation won one of 10 hampers in an Australasian competition organised by medical supplier Eakin. Contestants were challenged to create sculptures by moulding Eakin seals over the festive season.

Eakin seals are used around stomas to help the bags seal, and they can be moulded like playdough.

Congratulations Tena!



Manufactured by:  
TG Eakin Limited  
15 Bailystockart Road  
Camber, Co Down  
Northern Ireland  
BT23 5QY  
[www.eakin.eu](http://www.eakin.eu)  
[www.eakincohesiveseals.com](http://www.eakincohesiveseals.com)

eakin 



## 'SAVE LIVES: Clean Your Hands'

In any healthcare setting, hand hygiene is still the simplest and single most effective thing you can do to prevent the spread of infection and keep our patients safe.

This year the World Health Organization (WHO) is celebrating 10 successful years of campaigning on the importance of hand hygiene. Each year they choose a theme that provides New Zealand health systems with a focus for activity and reflection.

The theme this year is:

**It's in your hands – prevent sepsis in health care.**

**The big 'SAVE LIVES: Clean Your Hands' day is on 5 May.**

As part of creating awareness around 5 May, WHO has created a number of resources to help get the message across.

Check out this colourful graphic which has some eye-popping facts about sepsis and the difference you can make by preventing it.

### What you can do:

1. Clean your hands, and ensure your practice reflects the '5 Moments' of hand hygiene.
2. Champion hand hygiene best practice among your patients and colleagues.
3. Good news stories – share what you or your team have done well to

spread the word and improve hand hygiene performance.

4. Sign up to the WHO campaign here and encourage others to do the same.

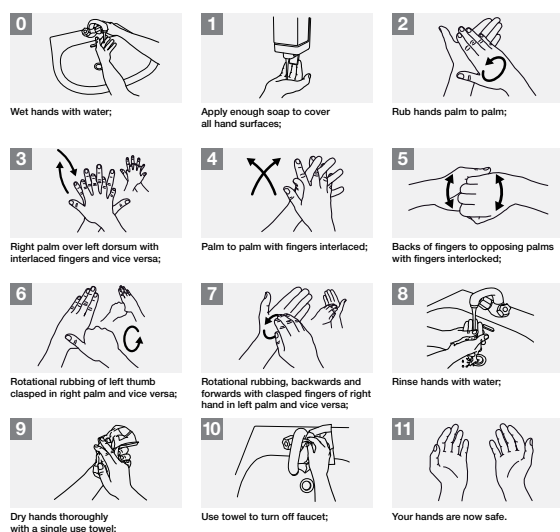
**This three-minute animated video shows the difference washing your hands can make and how it should be done.**



## How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



## How to Handrub?

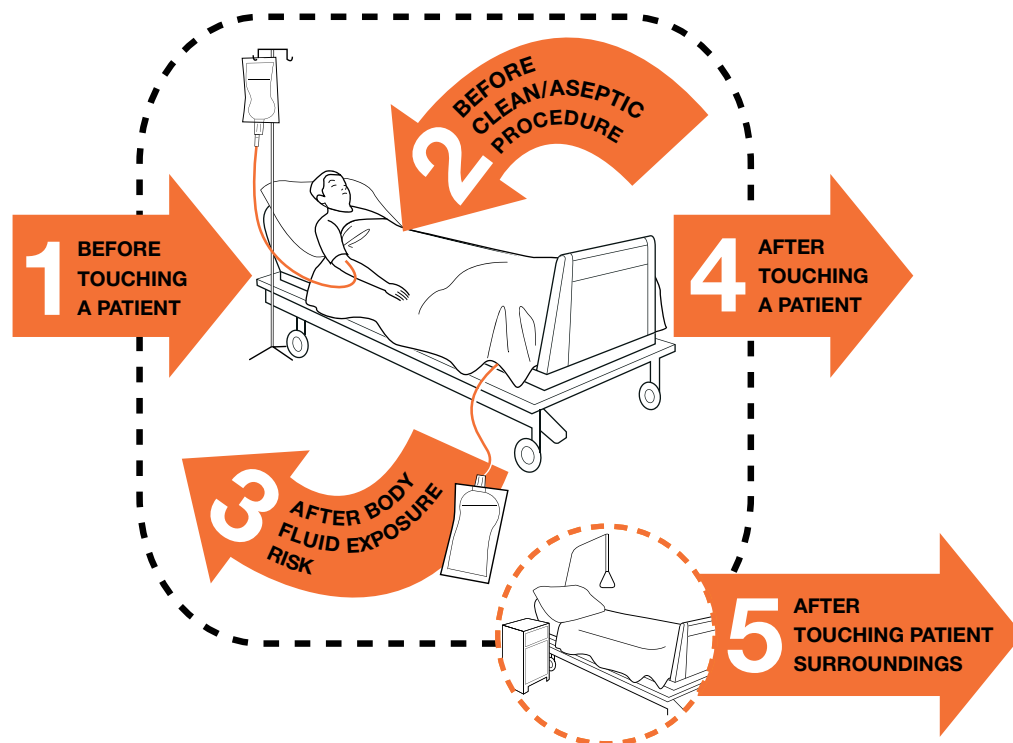
RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds





## Your 5 Moments for Hand Hygiene



<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHEN?</b>	Clean your hands before touching a patient when approaching him/her.
		<b>WHY?</b>	To protect the patient against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b>	Clean your hands immediately before performing a clean/aseptic procedure.
		<b>WHY?</b>	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b>	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.
<b>4</b>	<b>AFTER TOUCHING A PATIENT</b>	<b>WHEN?</b>	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.
<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHEN?</b>	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.



World Health  
Organization

Patient Safety

A World Alliance for Safer Health Care

**SAVE LIVES**  
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



## New home-based support service workers ready to start

**A group of 11 new employees have completed the Home-Based Support Services orientation course in Greymouth. These employees, joined by existing staff taking a refresher course and aided by senior staff, are the second group to complete the new three-day orientation.**

Home-Based Support Services Manager Steve Johnston says the course is a much-needed response to increased expectations on support workers.

He says the number of complex clients using the service has increased in recent years.

“We’ve had a radical change in the expectation of professionalism.”

Steve thanked Learning and Development Officer Julie Ritchie, who put in “a huge amount of work” facilitating the new orientation.

What used to be a one-day orientation has turned into a three-day comprehensive course designed to teach skills and helps develop a team spirit.

“Support workers are fairly autonomous in their role,” Steve says. “They can go a long time without any contact with other health workers.”

New staff are accommodated in Greymouth. The first day of the course covers CPR, fire and electrical safety, introducing the concept of home based support, and a literacy test.

“We select support workers because of their character and empathy.” Steve says.

On the second day the employees complete NZQA competencies to qualify them for different skills and services, such as delivering and managing medication.

The third day includes practising the home-based support service skills in a practical environment.

The new employees will now go into a mentoring system with some of the DHB’s top support workers before being given their own clients.



Front row from left to right: Wendy Sheenan (current support worker), Marne Phillips, Julie Penrose, Sally Donaldson. Second row: Naomi Goomes, Lyn MacGuire, Catherine Grimaldo, Julie Ritchie (Learning and Development), Fay Glasson (HBSS Administrator). Back row: Letty MacPhadren, Debbie van Beek, Marie-Louise Annett, Donna Kelly, Julia Clementson, Amanda Te Tai (current support worker).

“We interview new support workers pedantically and we have a lot of confidence in them. I hope some of the new casual staff will transition to becoming full-time support workers,” Steve says.

All the best for your new roles helping West Coast people remain independent in their homes!

WEST COAST

## HealthPathways



**HealthPathways is continually being updated with new content localised for the West Coast. To keep up with the latest changes, make sure you subscribe to monthly updates:**

<http://wc.healthpathways.org.nz/13454.htm>

**Contact the West Coast Coordinator for the username and password to access the HealthPathways West Coast site (03) 768 1305.**

If anyone would like to submit West Coast resources to be included in HealthPathways, or would like to get involved in reviewing or localising the pathways, contact Marie West, West Coast HealthPathways Coordinator, Phone DDI: 03 768 1305 Fax: 03 768 6184, [wc@healthpathways.org.nz](mailto:wc@healthpathways.org.nz)





## Paige Samuels

### Acting Clinical Nurse Manager, Foote Ward, Buller Hospital

#### What does your job involve?

I oversee the day-to-day clinical runnings of a busy nine-bedded acute medical ward. We also have a small two-bedded A&E attached. As a small rural hospital it is important to liaise with other departments within the DHB, working in an integrated way. Other things involved in my position are managing rosters, staff, professional development, auditing, budget meetings and of course keeping the patients at the centre of it all, ensuring their journey through our health system is right for them.

#### Why do you choose to work in this field?

I have always had a passion for nursing, I started doing gateway at a rest home when I was 16 years old and haven't looked back. Coming from Westport originally, I have always cared about the community and it has been amazing to come back here and work in a field that I love and essentially give back to a community that I grew up in.

#### What do you love about what you do?

Working with people! Making a difference and being there for people at times when



they are at their most vulnerable. It's a hard, but very rewarding aspect of the job.

#### What are the challenging bits?

I think the hardest part is making sure I don't take my work home with me. It's important to have a good work/life balance, I think I'm getting better at it! Also being in a new role, I have had to learn so much, but I feel that this is an exciting challenge for me.

#### Who inspires you?

My family.

#### What was the last book you read and/or movie you saw?

I have to say the last book I read was the Harry Potter series. I am a self-confessed

Harry Potter fan! I'm currently watching The Office US series.

#### If you could be anywhere in the world, where would you be?

Somewhere in the Mediterranean on a beach!

#### What's your ultimate Sunday?

Relaxing! Hanging with my husband and family, walking my dogs, catching up with friends

#### Fave food?

Mexican, or anything spicy

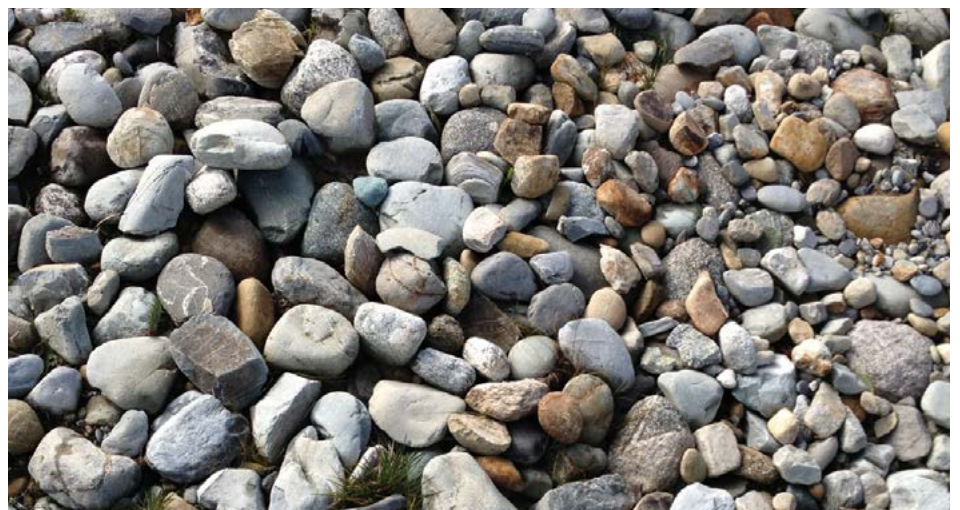
#### Fave music?

Everything, it ranges from 90s to Hip-hop/RnB

#### Ever won an award or medal?

A 12-week body sculpting challenge, for best physique. This was at least two years ago. Definitely not now. Haha.

If you would like to take part in this column or would like to nominate someone please contact [global@westcoastdhb.health.nz](mailto:global@westcoastdhb.health.nz).



## Teamwork in Buller helping patient experience

**Administration staff at Buller Health are freeing up time for clinicians to spend more time with patients.**



**Buller Health Administration Team Leader Marilyn Wearing at Buller Health.**

Medical records staff have taken over ACC data entry for Foote Ward and its emergency department.

Reception staff are doing contact data entry for clinical nurse specialists and taking care of their advanced car bookings.

They also manage advanced car bookings for physiotherapists and the dental therapists who have to travel in the community to see clients or attend training and meetings in Greymouth and Christchurch.

They assist the District Nurses with their photocopying requirements for various forms needed for their client contact, and type up their rosters.

"It's mainly about those things that take our clinical staff away from their skill base. It frees up their time so they can be more patient-focused," says Senior Receptionist /Administration Team Leader Marilyn Wearing.

She says administration staff are happy to hear the work they do is making a difference in reducing work-related stress and enabling clinical staff.

"I know that Foote Ward are really happy, and we're always told how grateful our clinical nurse specialists are that we can help them," Marilyn says.

"We're more than happy to be assisting from an administrative perspective, and it's something I've been advocating for a long time for our very busy teams."

Buller Health is currently interviewing for a new administration manager who will oversee administration staff to support the health team and reduce the administration burden for clinical staff.

Marilyn is looking forward to identifying what else the admin team can further assist with to help staff support the clinical workload.

She has recently been approached to expand admin staff's support to include data entry for the B4 Schools coordinator, district nurses and public health nurse if possible.

"For the admin side of their roles there's a lot they have to do, and we have the skills to assist."





## Facilities update

### Grey Hospital

It's just over a year and a half since work started on the new Grey Base health facilities and NZCC Rescue helicopter crewman Stu Drake has kept track of the building's progress from the air. In July 2016 the area looked pretty bare. At the beginning of this year, however, the site is significantly different.

The roof installation is largely complete and the lower ground floor windows are in. The construction team is more than 100 people so the site is very busy. Please take care if you are driving in this area.



Aerial photos showing development of new Grey Base health facilities in July 2016 and December 2017.



Staff can place feedback post-it notes directly on this sign at Buller Health.

### Buller Health Facility

Following a public meeting in Westport in April, large format draft concept plans for the proposed Buller Health Facility were available for viewing in the reception of Buller Health and in MP Damien O'Connor's offices in Palmerston St. A display area for everything 'Buller Health Facility -related' is also being set up in the Westport public library. As plans evolve newer versions will be available for the public to view and comment on.

Feedback can be sent in at any time to [newfacilities@wcdhb.health.nz](mailto:newfacilities@wcdhb.health.nz)

We received more than 1200 submissions – 1179 copies of the same letter and 41 personally-written letters. A summary of the feedback received to date will be publicly available. For updates keep an eye on the West Coast Facebook page and the West Coast DHB website for regular updates on this project.

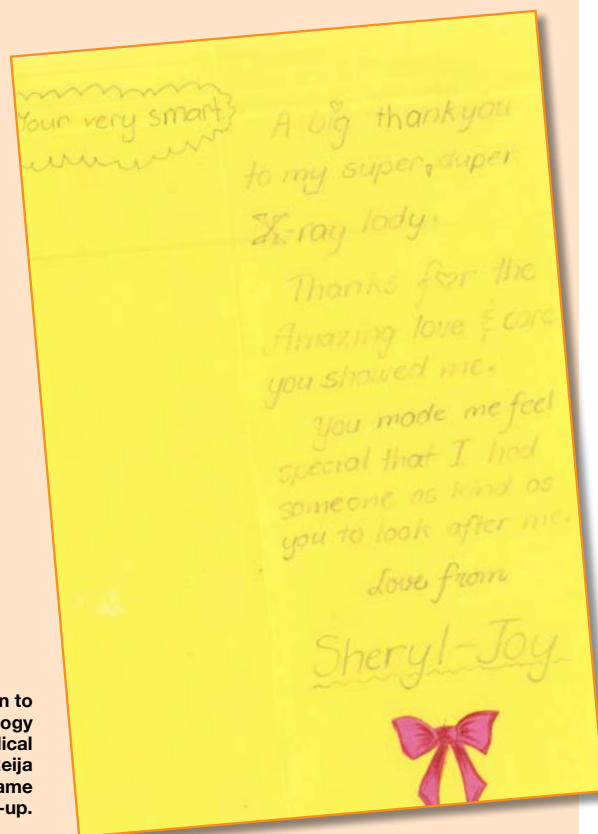




## Bouquets



This note was given to the Greymouth Radiology department's new Medical Imaging Technician Reija Koskinen when the patient came in for a follow-up.



Mr D. Meates,  
Chief Executive,  
Grey Base Hospital.  
Po. Box. 387,  
Greymouth, 7840.

Dear Sir, my name is Paul Healy and I was recently admitted to Grey Base Hospital with was at the time, and remains as far as I am aware an unresolved malady.

The issue I am wanting to highlight in this note is that I was shocked by the treatment shown to me by your staff. I feel that there could not have been a more professional, courteous, warm hearted and frankly patient group of people in one area of the hospital.

We here on the coast are in my opinion extraordinarily fortunate to have you people care for us when necessary.

Regards,  
Paul Healy.

## What's happening in mental health?

**For the past year, a project team has been working with mental health staff, clients, and other community stakeholders to plan what our future mental health system will look like.**

The team, headed by Mental Health Services Clinical Director Dr Cameron Lacey, recently presented a progress report at Westport, Greymouth and Hokitika.

“This is a progress report outlining the basic structure and direction of change. We will take feedback,” says Cameron.

“These outputs have come out of the work that staff from across the mental health sector have conducted.”

The first two phases of the project, already complete, involved developing a model of care for mental health and addictions, and creating a crisis response progress report with recommendations.

The team is now working on the third phase, holding workshops and identifying themes, actions, and recommendations for locality and community-based services.

Workshops have included primary care, NGOs, PHOs, and specialist mental health services.

The fourth phase of the project will work on coast-wide services.

“There are some real opportunities for improving services. And there are challenges in making sure we have the support staff to deliver that,” Cameron says.



**Dr Cameron Lacey presenting an update on mental health progress in Hokitika**

“We are creating a more sustainable, robust service for consumers, close to their homes.”

The four principles the team have identified for the future of the mental health system are:

- 1) There must be equity of access to services and equity of outcomes
- 2) Care must be delivered with cultural competency
- 3) There must be inclusion of family/whānau and natural supports

- 4) Services and clinicians must build resilient and supportive relationships across the health system

There are also several recommendations and proposed actions, which Cameron is discussing with stakeholders.

If you have feedback on the recommendations for the future of mental health services on the Coast, please email it to [mhfeedback@westcoastdhb.health.nz](mailto:mhfeedback@westcoastdhb.health.nz).





## DISTANCE LEARNING

University of Otago, Christchurch

## POSTGRADUATE



# Pain and Pain Management

Offered entirely via distance learning, our postgraduate qualifications in Pain and Pain Management are of interest to a wide range of health professionals. Topics include:

- Introduction to Pain
- Introduction to Pain Management
- Pain Assessment
- Neurobiology of Pain
- Biomedical Pain Management
- Psychosocial and Cultural Aspects of Pain

**Applications to start mid-year are now being accepted.**



Our programmes are endorsed by the  
International Association for the Study of Pain

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