

Media Release

From: Jill Stringer, Communications Advisor

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Subject: Mental Health Services

“Despite the headlines, the Mental Health Unit at Masterton Hospital is still open,” says District Health Board CEO David Meates. “It’s unfortunate that events in March this year have been interpreted as a decision to close the unit on a permanent basis. No such decision has been made. I can assure the community that right now, we have a mental health service that is more able to meet the needs of the community than it has been for several years.”

Early in March this year, Masterton Hospital redesignated their inpatient mental health unit for three months, to provide a Crisis Respite service. The change of status was necessary because of ongoing recruitment issues, resulting in an inability to maintain the higher level of staffing required in an acute inpatient unit. The designation of the unit will be reviewed in June.

“The staffing issues which precipitated this move are still being worked through, and we are still actively recruiting. In the meantime, the unit will remain open as a Crisis Respite service as initially planned,” says David Meates, CEO. “This means we can retain residential care for people in crisis, as the need arises.”

“For the first time in years community mental health teams are now fully staffed, and able to work to their full potential,” says Julie Fidoe, Manager of Mental Health Services. “This has meant greater support for mental health clients in their own environments. Fewer people have needed to be admitted to the Crisis Respite service, and only two people have required transfer out of the region for higher levels of care. That’s no more than would have needed transfer had we been operating as an acute inpatient ward.”

“It is important to retain the Crisis Respite service at this time, as we are undertaking a full review of mental health services, including extensive community consultation,” says Mr Meates. “This review will provide strategic direction for mental health services in the Wairarapa, and is expected to be finalized by the end of June.”

“In a way, this redesignation has forced us to be right up there with international trends of putting more emphasis on community based care,” says David Meates. “In the past we have siphoned staff from the community teams when the inpatient unit was short staffed. By changing our emphasis, patients and community team members are enjoying the opportunity to develop new models of care. Over the last two months, we have had several families of mental health clients commenting on the positive effect this has had on their quality of life.”

Other parts of the mental health service have also noticed the benefits of a fully staffed community mental health team, and look forward to considering this model of care when the mental health services for youth are reviewed later this year.

“The community consultation involved in developing the strategic plan illustrates how mental health issues affect many people’s lives,” says David Meates. “We look forward to working with the community over the next year to put in place services that really meet the needs of our population.”

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