Appendix 3

Sent by: Mark Coburn/MOH
14/06/2017 10:32 a.m.

To: generalmanager@mhaps.org.nz,
cc:
bcc:

Subject: Fw: Contract number: 356272/01 Management and coordination of Nga Hau E Wha

Thanks Sue, hard copy in the post.

356272-01 MHAPST - Management of Nga Hau E Wha meetings - signed.pdf

Mark Coburn
Contracts Administrator (L3)
Contract Support - Operational Excellence
Service Commissioning
Ministry of Health
DDI: 04 816 2041

http://www.health.govt.nz
Mark_Coburn@moh.govt.nz
MentalHealth&AddictionContracts@moh.govt.nz

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----- Forwarded by Derek Thompson/MOH on 31/05/2017 04:22 p.m. -----

From: "Sue Ricketts" <generalmanager@mhaps.org.nz>
To: <Derek_Thompson@moh.govt.nz>,
Cc: "Victoria Roberts" <victoria.works@gmail.com>
Date: 31/05/2017 04:06 p.m.
Subject: RE: Contract number: 356272/00 Management and coordination of Nga Hau E Wha

Hi Derek

Many thanks for our conversation last night and your confirmation below. We are thrilled to be continuing to support Nga Hau E Wha for another year.

We look forward to signing the contract in due course.

With all best wishes,
Sue

From: Derek_Thompson@moh.govt.nz [mailto:Derek_Thompson@moh.govt.nz]
Sent: Wednesday, 31 May 2017 3:55 p.m.
To: Sue Ricketts
Subject: Re: Contract number: 356272/00 Management and coordination of Nga Hau E Wha

Hi Sue

Great to talk with you yesterday - we have authority to renew the contract for a further year under the same terms

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and conditions - I have asked Health PAC to prepare contract documents and will share these with you as soon as possible.

Hope this confirmation is helpful for you any issues or problems please let me know.

Kind regards
Derek Thompson
Manager
Mental Health
Service Commissioning
DDI: 04 816 3934

From: "Sue Ricketts" <generalmanager@mhaps.org.nz>
To: "Derek Thompson" <derek_thompson@moh.govt.nz>,
Cc: "Victoria Roberts" <victoria.works@gmail.com>
Date: 30/05/2017 04:49 p.m.
Subject: Contract number: 356272/00 Management and coordination of Nga Hau E Wha

Greetings Derek,

It was good catching up with you at the Platform meeting last month. You gave a very impressive presentation which gave us all a clear view of the complexities of the Ministry structure and workload – thank you for sharing your knowledge with us.

I am writing to enquire about the status of the Service Development contract which we have held with the Ministry for the past 12 months, and which ends on 30th June 2017. We understand that the members of Nga Hau E Wha are satisfied with the conduct of the work and the relationship we have built up to support the valuable work which they undertake for the Ministry.

I have employed an administrator on a fixed term employment agreement for this work, and am very keen to reassure her that her position will be extended as she is an excellent employee. However this depends on the contract for this management role being extended for a further term.

Would you be able to let me know at your earliest opportunity how things stand in this regard?

Many thanks,

All best wishes,

Sue

Sue Ricketts
General Manager
MHAPS – Mental Health Advocacy and Peer Support

826 Colombo Street, Christchurch, 8013

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Sent by: Danilo Coelho de Almeida/MOH
16/08/2017 02:30 p.m.

To: "Sue Ricketts" <generalmanager@mhaps.org.nz>,
cc:
bcc:

Subject: Fw: Nga Hau e Wha

Kia ora Sue,

Thank you for the email and introduction. Looking forward in working with you.

I had a look at the email (including attachment) from Victoria and have no issues with the proposed utilisation of funds (well done for the shortfall in expenditure due to early airfare booking!). I'm noting that you are not requesting new funds and that the requests from Victoria will be met with underspend from the previous financial year.

The request is also in line with the objectives of the Services (below for your reference), specifically "develop and maintain relationships with key stakeholders in the sector."

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The objectives of these Services are to enable Nga Hau E Wha to:

- provide sector intelligence from the perspective of people with lived experience to the Ministry
- be able to coordinate input into strategic documents and key pieces of work within the sector and those developed by the Ministry to provide a consumer perspective
- provide input and comment on strategic service developments proposed by the Ministry to ensure responsiveness to the needs of those with lived experience
- provide an overview of national issues or challenges identified by consumers that will also include peer support services
- provide an overview of areas of best practice as identified by consumers
- develop and maintain relationships with key stakeholders in the sector.

Feel free to call if anything needs clarification (my details are below)

Many thanks

Danilo Coelho de Almeida
Senior Contracts Manager
Operational Excellence
Service Commissioning
Ministry of Health
DDI: 04 816 2986 Mobile: 021 627 674

http://www.health.govt.nz
mailto:Danilo_Almeida@moh.govt.nz

----- Forwarded by Danilo Coelho de Almeida/MOH on 16/08/2017 02:10 p.m. -----

From: "Sue Ricketts" <generalmanager@mhaps.org.nz>
To: <Danilo_Almeida@moh.govt.nz>,
Date: 16/08/2017 11:23 a.m.
Subject: FW: Nga Hau e Wha

Kia ora Greetings Danilo,

Let me begin by introducing ourselves as the contract holder for the management and Co-ordination of the Ngā Hau E Wha quarterly meetings. Having been privileged to have undertaken this work for over a year now, we are very supportive of the work that the NHEW team do to represent the consumer voice to the Ministry.

Generally the tasks that we undertake are focused on the travel and accommodation arrangements for the quarterly meetings. However from time to time, we receive requests from the rōpū, via Victoria their chairperson, for expenditure outside these parameters, and – as they are still working on their Terms of Reference – we currently look to the Ministry for guidance as to whether the contract funds cover these additional costs. A case in point is the email received from Victoria below, and I would be glad to hear from you as to whether the Communication Plan and attendance at the Service User Academia Conference come within our remit to pay for out of the contract funds. Just in case it is of interest, there was a slight shortfall in expenditure at the end of the last financial year (due mainly to

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prudent advance booking of airfaires) which has rolled forward to this year and would be sufficient to cover the expenses listed below.

Looking forward to hearing from you.

Kind regards,

Ngā mihi,

Sue

Sue Ricketts
General Manager
MHAPS – Mental Health Advocacy and Peer Support

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From: "Sue Ricketts" <generalmanager@mhaps.org.nz>
To: <kevin_harper@moh.govt.nz>,
Date: 14/06/2017 03:25 p.m.
Subject: Nga Hau e Wha: Resourcing the chair

Hi Kevin,

Re: Agreement 237725 / 356272/00

I understand that Derek is away from his office until the 26th June. Just wondering whether you might be able to follow this up.

Many thanks.
Best wishes,
Sue

From: Sue Ricketts [mailto:generalmanager@mhaps.org.nz]
Sent: Wednesday, 14 June 2017 3:02 p.m.
To: Derek Thompson (derek_thompson@moh.govt.nz)
Subject: FW: Nga Hau e Wha: Resourcing the chair

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Hi Derek,

Hope all good with you. I'm just following up the request we have had from Nga Hau E Wha, and wanting to run their request past you before actioning it. The Email below is my response to emails from Victoria and Kieran (also below).

If you could let me have your response by next week, I'd be very grateful.

All best wishes,
Sue

Sue Ricketts
General Manager
MHAPS – Mental Health Advocacy and Peer Support

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Phone: 365 9479
027 416 5816
www.mhaps.org.nz

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From: Kevin Harper/MOH
To: Victoria Roberts <victoria.works@gmail.com>,
Cc: amanda_luckman@moh.govt.nz, derek_thompson@moh.govt, Grant Cooper <grant@omhst.org.nz>, Guy Baker <guy.baker@tekupenga.co.nz>, Jak Wild <jak.wild@icloud.com>, Julie <julie@mhaps.org.nz>, Kieran <Kieran@changingminds.org.nz>, Tui Taurua-Peihopa <tuitauruapeihopa02@gmail.com>
Date: 31/05/2017 03:56 p.m.
Subject: Re: Nga Hau e Wha contact information

Hello Victoria
Thank you for sharing the contact details for members of Nga Hau e Wha.

As discussed at the meeting, I want to contribute however I can to an ongoing, open and visionary conversation to build trust, understanding and unity and help facilitate change. I believe we could all benefit from a national consumer conversation to understand what it means and what is needed to build a people powered mental health system and services. To be most effective, this must be an ongoing conversation, one that is allowed to build its own momentum as well as support others to develop their contribution.

So, I am happy to be in contact with any or all members of Nga Hau e Wha, to discuss issues or opportunities, to follow up on report items or to join local conversations in person.

'He who begins a conversation, does not foresee the end' - Mauritania proverb.

I look forward to being more involved in and informed by your work.

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Kev

Kevin Harper
Principal Advisor
Mental Health
System Outcomes
Service Commissioning
Ministry of Health
DDI: 04 816 2510

http://www.health.govt.nz
mailto:Kevin_Harper@moh.govt.nz

From:	Victoria Roberts <victoria.works@gmail.com>
To:	"Kevin Harper/MOH" <Kevin_Harper@moh.govt.nz>, derek_thompson@moh.govt, amanda_luckman@moh.govt.nz,
Cc:	Grant Cooper <grant@omhst.org.nz>, Guy Baker <guy.baker@tekupenga.co.nz>, Tui Taurua-Peihopa <tuitauruapeihopa02@gmail.com>, Kieran <Kieran@changingminds.org.nz>, Jak Wild <jak.wild@icloud.com>, Julie <julie@mhaps.org.nz>
Date:	29/05/2017 01:42 p.m.
Subject:	Nga Hau e Wha contact information

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Kia ora Derek, Kevin and Amanda

Thank you for attending our meeting last week. We appreciated you making the time to come.

Below are the contact details for the members of Nga Hau e Wha as requested at the meeting.

We are all happy to be contacted at any time.

Nga mihi nui

Victoria

Regional Area Contacts are:

Central region	Victoria Roberts (Chair)	victoria.works@gmail.com
	Jak Wild	jak.wild@paradise.net.nz
Southern region:	Julie Whitla	julie@mhaps.org.nz
	Grant Cooper	grant@omhst.co.nz

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Northern region:	Tui Taurua - Peihopa Kieran Moorhead (Deputy chair)	tui.taurua- peihopa@gmail.com kieran@changingminds.org.nz
Midland region	Guy Baker	guy.baker@tekupenga.co.nz

Victoria Roberts I BA (Psych), PGDipRehab I Chair I Central Region South I Ngā Hau e Wha

www.nhew.org.nz I victoria.works@gmail.com I 022 09 08 504

The national voice of people with lived experience of mental distress and addictions

Sent by: servicedirector@mhaps.org.nz
19/01/2018 07:05 p.m.

To: <Danilo_Almeida@moh.govt.nz>,
cc: <amanda_luckman@moh.govt.nz>, "'Victoria Roberts'" <victoria.works@gmail.com>,
bcc:

Subject: Agreement 237725 / 356272/00 – Ngā Hau e Whā Report to Ministry of Health, July-Dec 2017

Tena koe Danilo,
Please find attached on behalf of Ngā Hau e Whā, the 6-monthly report for the contract period July-December 2017, as received from the group's chair, Victoria Roberts.

Warm regards,
Fiona.

cc-ed to Amanda Luckman, Ministry of Health; and Victoria Roberts, Chair of Ngā Hau e Whā

Fiona Clapham Howard
Te Kaihautū / Service Director
MHAPS – Mental Health Advocacy and Peer Support

826 Colombo Street, Christchurch, 8013
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RECEPTION (03) 365 9479
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2017_12_ MOH Report July-Dec 2017 NHEW Final Jan.docx

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Sent by: Mark Coburn/MOH
31/07/2017 08:40 a.m.

To: "Sue Ricketts" <generalmanager@mhaps.org.nz>,
cc: Danilo Coelho de Almeida/MOH@MOH,
bcc:

Subject: Ngā Hau E Wha Reports - where and how to send in

Hi Sue, best email to send everything to is our generic team email MentalHealth&AddictionContracts@moh.govt.nz.

Adding the contact number 356275 and the time period (6 mths from x to y) of the report helps as well - we process a hundred reports a quarter. If you have any risks or high priority info in the report then copy/paste in to the email so it's flagged.

I monitor this email every day and can forward on to the right people. This way if we have any staff changes, even in my role, we can get your info and reports to the right person.

On that note, after a bereavement we have a new Senior Contract Manager, Danilo Coelho de Almeida. He will liaise with the right people here (e.g. Derek) as required.

From the contract....

2.7 The six-monthly reports will be provided to the Ministry's Senior Contract Manager, Mental Health Programmes, Mental Health & Addiction Programmes, Service Commissioning, Ministry of Health, PO Box 5013, Wellington or preferably email to:

MentalHealth&AddictionsContracts@moh.govt.nz with the subject line "Nga Hau E Wha Report".

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Mark Coburn
Contracts Administrator (L3)
Contract Support - Operational Excellence
Service Commissioning
Ministry of Health
DDI: 04 816 2041

http://www.health.govt.nz
Mark_Coburn@moh.govt.nz
MentalHealth&AddictionContracts@moh.govt.nz

----- Forwarded by Derek Thompson/MOH on 28/07/2017 05:11 p.m. -----

From: "Sue Ricketts" <generalmanager@mhaps.org.nz>
To: "Derek Thompson" <derek_thompson@moh.govt.nz>, <kevin_harper@moh.govt.nz>,
Date: 28/07/2017 02:52 p.m.
Subject: Ngā Hau E Wha Report - additional documents

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Kia ora Derek and Kevin,

Further to my previous email, please find additional documents attached.

My apologies if you are not the correct recipients of this information. Please can you advise of the appropriate email I should send these reports to for the future.

Many thanks.

Kind regards,

Ngā mihi,

Sue

Sue Ricketts
General Manager
MHAPS – Mental Health Advocacy and Peer Support

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[attachment "2016-2017 report NHEW.pdf" deleted by Mark Coburn/MOH] [attachment "2017 May minutes new template.docx" deleted by Mark Coburn/MOH] [attachment "Equally Well Physical Health Programmes.pdf" deleted by Mark Coburn/MOH] [attachment "NHEW 25 - 26 May 2017 final.docx" deleted by Mark Coburn/MOH]

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From: "Sue Ricketts" <generalmanager@mhaps.org.nz>
To: "Derek Thompson" <derek_thompson@moh.govt.nz>, <kevin_harper@moh.govt.nz>,
Date: 28/07/2017 02:15 p.m.
Subject: Ngā Hau E Wha Six monthly reports

Ngā mihi mahana ki a korua,

Hoping this finds you well during this particularly wet winter.

Please find attached the 6 monthly documentation for Ngā Hau E Wha comprising the narrative and financial reports.

With all best wishes,

Nāku, nā

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Sue

Sue Ricketts
General Manager
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027 416 5816
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2017 January to July Ministry of Health Report.doc

From: "Sue Ricketts" <generalmanager@mhaps.org.nz>
To: "Derek Thompson" <derek_thompson@moh.govt.nz>, <kevin_harper@moh.govt.nz>,
Date: 28/07/2017 02:52 p.m.
Subject: Ngā Hau E Wha Report - additional documents

Kia ora Derek and Kevin,

Further to my previous email, please find additional documents attached.

My apologies if you are not the correct recipients of this information. Please can you advise of the appropriate email I should send these reports to for the future.

Many thanks,

Kind regards,

Ngā mihi,

Sue

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From: Kevin Harper/MOH
To: Victoria Roberts <victoria.works@gmail.com>,
Cc: amanda_luckman@moh.govt.nz, derek_thompson@moh.govt, Grant Cooper <grant@omhst.org.nz>, Guy Baker <guy.baker@tekupenga.co.nz>, Jak Wild <jak.wild@icloud.com>, Julie <julie@mhaps.org.nz>, Kieran <Kieran@changingminds.org.nz>, Tui Taurua-Peihopa <tuitauruapeihopa02@gmail.com>
Date: 31/05/2017 03:56 p.m.
Subject: Re: Nga Hau e Wha contact information

Hello Victoria
Thank you for sharing the contact details for members of Nga Hau e Wha.

As discussed at the meeting, I want to contribute however I can to an ongoing, open and visionary conversation to build trust, understanding and unity and help facilitate change. I believe we could all benefit from a national consumer conversation to understand what it means and what is needed to build a people powered mental health system and services. To be most effective, this must be an ongoing conversation, one that is allowed to build its own momentum as well as support others to develop their contribution.

So, I am happy to be in contact with any or all members of Nga Hau e Wha, to discuss issues or opportunities, to follow up on report items or to join local conversations in person.

'He who begins a conversation, does not foresee the end' - Mauritania proverb.

I look forward to being more involved in and informed by your work.

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Nga Hau E Wha

"Champion many voices"

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Ngā Hau e Whā

July 2017 to December 2017

Report to Ministry of Health

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Regional Reports from members are embedded within Meeting Minutes, page 3

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Agreement 237725 / 356272/00 – Ngā Hau e Whā Report to Ministry of Health

1. Meetings Held During Reporting Period

24/25 August 2017 / 19 October 2017 / 22/23 November 2017

24/25 August Present 2017	Victoria Roberts (Central) (Chair)	Julie Whitla (Deputy Chair) (Southern)	
	Tui Taurua (Northern)	Kieran Moorhead (Northern) By phone	
	Grant Cooper (Southern)	Guy Baker (Midland)	
	Jak Wild (Central)	Vacancy Midland)	
Present 22/23 November 2017	Te Huia Bill Hamilton (Facilitator)	Victoria Roberts (Central) (Chair)	
	Kieran Moorhead (Auckland) (Deputy)	Tui Taurua (Northern)	
	Guy Baker (Midland)	Julie Whitla (Southern)	
	Jak Wild (Central)	Magdel Hammond (Auckland)	
	Vacancy (Midland)	Vacancies (Southern)	
Present SGM 19 October 2017	Te Huia Bill Hamilton (Facilitator)	Victoria Roberts (Chair Central)	
	Kieran Moorhead (Deputy Auckland)	Tui Taurua Peihopa (Northland)	
	Guy Baker (Tairawhiti)	Julie Whitla (Southern)	
	Jak Wild (Central)		

In the six months from July 2017 Ngā Hau e Whā has hosted the following guests:

- Dr John Crawshaw - Director of Mental Health – Ministry of Health
- Withheld under [section 9(2)(a)] – Mental Health Commissioner
- Derek Thompson – Group Manager Mental Health Improvement
- Amanda Luckman MOH
- Withheld under [section 9(2)(a)] (Changing Minds)
- HPA representative

See the embedded minutes for the August/November 2017 meetings for more information.

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Currently we have the following people waiting to attend our meeting:

- Dr John Crawshaw - Director of Mental Health - Ministry of Health
- Withheld under [section 9(2)(a)] Mental Health Commissioner
- Derek Thompson – Group Manager Mental Health Improvement
- Kevin Harper Senior Advisor MOH

Ngā Hau e Whā is now receiving regular requests by organisations and individuals to attend meetings. This is due to Ngā Hau e Whā becoming more widely known and the quality of work continuing to improve.

2. Membership Updates

July 2017 to December 2017

- The Central Region has had one vacancy for about 3 years and this was filled in 2016.
- The Waikato region has one vacancy which we are hoping will be filled by the Midland Regional Network.
- There is another vacancy we are hoping to fill in the New Year – Southern. This follows the resignation of Grant Cooper (Dunedin) following the August meeting.
- The Auckland region now has Magdel Hammond as its member after the resignation of Kieran Moorhead following the November meeting.
- All other positions are currently filled.

Some members of Ngā Hau e Whā are in paid employment and their work is often done with the support and at the discretion of their employers. It is to their credit those members are still able to do the work and produce the reports that they do. Some members are not in paid employment and there has arisen for these members some difficulties with accessing the means and the resources needed to complete the tasks associated with being a member of the group.

3. Ngā Hau e Whā Strategic Plan 2016-2020

In October 2016 Ngā Hau e Whā undertook a complete revamp of our Strategic Plan. This was the first rewrite of the Plan since the original one was completed in 2013. During that time the Ngā Hau e Whā Strategic Plan document had been updated with appropriate language as per the strategic plan goals. A Strategic Planning meeting was planned for November 2015. This was to update the Strategic Plan as per the schedule. Because of uncertainty regarding the funding for Ngā Hau e Whā this was delayed and the Strategic Plan rolled over to late 2016.
In October 2016 Ngā Hau e Whā contracted with Suzy Stevens of Partnership Works Ltd to revise the plan to include the variations which we have added to our portfolio.
Our Strategic Plan continues to expand and grow as extra work has been contracted for. We have received money from the Frozen Funds award round and our application described that we would us the $10,000 award for networking in some barely reached areas of the country such as Northland, Tairawhiti, Palmerston North and Greymouth. This growth was foreseen as improving and expanding our regional coverage.
In addition to the Strategic Plan and as an adjunct to it, we are now working on a Communications

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Plan which we hope will be available early in the New Year

4. Compliance

People

No.	Objective	Indicator
1.	*Increase and strengthen local, regional and national relationships*	**Nga Hau e Wha is working collaboratively with individuals who are receiving services and other groups locally, regionally and nationally** ▪ Ngā Hau e Whā continues to work collaboratively with many individuals, groups and organisations. ▪ The National DHB Family and Whānau Advisors Mental Health and Addictions are continuing to liaise through network meetings and email. The two groups will be working together to ensure a family and whānau perspective is included in Ngā Hau e Whā work. ▪ Ngā Hau e Whā continues to share with the networks any useful information in regard to issues that affect people with lived experience and the group is pleased to be of assistance to our peers and colleagues. ▪ Our distribution list continues to function well. ▪ Requests continue to come in from organisations who would like to have time at Ngā Hau e Whā meetings. ▪ The email network continues to grow and Ngā Hau e Whā is always looking to increase the contacts which include individuals using services, as well as advisory groups, peer groups, and service providers with a specific focus on peer led services. People have been approaching Ngā Hau e Whā to be included in this network. We attracted many new additions to our distribution list at the Service Academia Conference.
2.	*Be a recognised and respected conduit for the people's voice*	**There is an increase in the level and quality of feedback on issues for people receiving mental health services.** ▪ Current members have networks that contribute to the information that is reported to the Ministry. The quantity and quality of feedback continues to improve. ▪ Individuals and groups with lived experience approach Ngā Hau e Whā with items that they would like the Ministry to know about. Ngā Hau e Whā continually works on increasing its profile. ▪ NZ Health Strategy was commented on by individuals from Ngā Hau e Whā as was the Suicide Prevention Strategy; Fit for the Future; the HDC Unconsented Research proposal; ▪ Mental Health and Addiction Workforce Action Plan - the chair has continues working with the Sector Leaders Group on the Plan. ▪ National Organisations request attendance at Ngā Hau e Whā meetings, to use the Ngā Hau e Whā network and to provide consultancy.

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No.	Objective	Indicator
3.	*Champion the use of appropriate language in all major documents.*	**Newly written documents contain appropriate language.** ▪ Ngā Hau e Whā endeavours to use appropriate language in all minutes, letters, reports and other documents it produces. The wording in the Ngā Hau e Whā Strategic Plan and Terms of Reference has been revised so labelling language isn't used and all language is appropriate. ▪ The contract document between MOH, MHAPS and Ngā Hau e Whā is still to be reviewed to ensure appropriate language. ▪ Ngā Hau e Whā continues to advocate for appropriate use of language in any feedback on documentation that it provides. ▪ In 2017 Nga Hau e Wha agreed to use the language of the UNPRD which calls learning disabilities and/or mental distress or addictions a psychosocial disability.
4.	*Initiate projects and promote leadership forums.*	**There is an increase in leadership and initiatives.** ▪ Ngā Hau e Whā led the recruitment for the New Zealand Police National Mental Health Project. We continue to follow and receive reports ▪ Ngā Hau e Whā was well involved in The Fit for the Future run by the Ministry and gave feedback on the request for submissions ▪ Ngā Hau e Whā has also been working within the Mental Health and Addiction Workforce Planning producing written feedback and workshop attendance. ▪ Ngā Hau e Whā attended forums and gave significant feedback to the Draft Disability Strategy ▪ We have been invited to attend the LMLM Multi Agency Group and have been there during 2017. ▪ Ngā Hau e Whā is working to become an Incorporated Society with the aim of achieving Disabled Persons Organisation status with the United Nations Convention on the Rights of People with Disabilities (UNCRPD).

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Performance

No.	Objective	Indicator
1.	*Fulfill contractual obligations to the Ministry of Health and be in a strong position to negotiate for the future.*	**The Ministry of Health demonstrates that it values Ngā Hau e Whā, and funding is increased.** ▪ Ngā Hau e Whā continues to build its capabilities to ensure that the Ministry of Health has access to a strong lived experience perspective, whether that comes from within the group or is sourced from the network. ▪ The Ministry of Health has requested consumer input from Ngā Hau e Whā members during this reporting period. We have assisted on MOH interview panels and supplied input for strategic documents as required.
2.	*Connect with the grass-roots and collate issues and common themes.*	Ngā Hau e Whā has increased the mechanisms for providing and receiving information. ▪ Due to Ngā Hau e Whā, now nearly having almost full membership an increase in information is expected. ▪ Regular forums are being held to gauge the priorities and the mood of the consumer movement ▪ Most meetings and forums are attended by an Ngā Hau e Whā, member in each region.
3.	*Be a useful and valued commentator on mental health and addiction service issues.*	**Reports and submissions are timely and well-received.** ▪ Informed and comprehensive reports by members in regard to their region are received quarterly. ▪ Ministry of Health reports are delivered on time. ▪ Ngā Hau e Whā provides feedback from a number of organisations.
4.	*Have strong and effective representation in NHEW from the four regions.*	**Ngā Hau e Whā is well-known in each of the four regions and representatives are well-supported.** ▪ One vacancy remains at present in Midland and there is a recent vacancy in Southland. This is currently being advertised. ▪ Midland Region is supported by He Tipuana Nga Kakano (Midland Region Consumer Network). ▪ Northern Region is supported by Changing Minds. ▪ Southern is supported by Incite and Awareness. ▪ Central is supported by Kites Trust Wellington, the Oasis Network Hutt Valley and Wairarapa, Te Mana o te Tangata Palmerston North ▪ Positive feedback from members of the networks have been received.
5.	*Improve communication processes.*	**Ngā Hau e Whā produces a regular bulletin, has a website and Facebook page.** ▪ A new website has gone live. www.nhew.org.nz – see later in this report

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No.	Objective	Indicator
		▪ It includes various ways for people to make comment and to connect with their local representatives and networks. People are already contacting us via the new website. ▪ The email network is continually expanding and the website will help drive this expansion further. ▪ A Facebook page will continue to be worked on though at present the capacity and capability for this is limited. ▪ In November 2017 we contracted Suzy Stevens to create a Communication Plan for the group. This is still to be finalised.

Strategies

No.	Objective	Indicator
1.	*Become familiar with service user demographics in our regions and identify where we need to in-crease our visibility.*	**Ngā Hau e Whā has undertaken some market research and applied the findings.** ▪ We have identified areas of greatest need where we are planning four separate Hui for the 2018 year. These regions are Northland, Tairawhiti, Palmerston North and Greymouth. We have funding for this from a Frozen Funds Award.
2.	*Maintain the budget and administrative support to ensure our business processes are efficient.*	**Business processes are working well. A financial report is provided regularly.** ▪ Mental Health Advocacy and peer Support (MHAPS) forward an updated expenditure report for each Ngā Hau e Whā meeting. ▪ All administrative tasks including organisation of travel, accommodation, venue, refreshments, are provided. ▪ Ngā Hau e Whā would like to acknowledge Shelley Englebretson for her admin support.
3.	*Review our strategic plan and objectives regularly.*	**Strategic objectives are addressed and plans in place for the next strategic plan (2016 - 2020)** ▪ The Strategic Plan for 2016-2020 was revised in November 2016. The final draft of the Plan has been ready for distribution since mid-January 2017.

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5. Terms of Reference

The Ngā Hau e Whā Terms of Reference is in the process of being updated to coincide with our new Strategic Plan and will be completed and distributed by May 2018.

Service Specification Deliverables

Below are the categories for July to December 2017, for January 2018 Report

6. Overview of National Issues or Challenges in the Mental Health and Addiction Sector

Nga Hau e Wha members consider that suicides, completed or attempted are the biggest mental health issue needing remedial action. Although we usually list and discuss up to 5 different issues that are current in each of these reports we have decided to focus on just the one for this report: Suicide. Into this one topic we allude to other issues that are also contributory to the suicide statistics: homelessness, poverty, unemployment, discrimination, relationship breakdowns, addictions, mental distress and the difficulty for mental health services to be able to reach enough people needing their help, to name just a few.

"The number of people who died by suicide in New Zealand has increased for the third year in a row. Six hundred and six people committed suicide in the 2016/2017 year, according to provisional figures released by Chief Coroner Judge Deborah Marshall.

It is the highest actual figure since records began, although the rate of death per 100,000 people has remained relatively constant over the last decade.

It is the highest actual figure since records began, although the rate of death per 100,000 people has remained relatively constant over the last decade.

Suicide is a complex human behaviour that cannot always be predicted of prevented. There are multiple factors that contribute to it and although the contributing factors have been known to us for a significant period of time, we are still not clear what combination of factors might lead for any particular individual to attempt suicide.

Evidence has indicated that prior attempts, the experience of mental distress, trauma and the associated pain, despair, and drug and alcohol use are significant antecedents of suicide (particularly in youth). In addition to this, a range of social factors also contribute to this, including unemployment, family disagreement and violence, poor community connections and isolation, loss of relationships, economic hardship/poverty, and a history of childhood abuse or sexual trauma.

Other contributing factors also include the fact that there are certain high risk groups identified that include the homeless, young males, people in the LGBTQIA communities and reinforces the fact that the social circumstances of some groups place them at higher risk than others. The truth is also that we don't yet know what the reasons are for the high suicide rates in NZ.

We have also seen a significant lack of support for family/whanau who are living with the aftermath of and bereavement by death by suicide. There are limited support and resources available within the community unless families are prepared to pay for counselling at great cost to themselves. We believe this needs to be addressed urgently as well. We have seen families struggling with this and the fact that they really have very limited resources – all increasing the impact on them as a whole and individually. We genuinely don't think we pay enough attention to this either.

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Then again, if we don't have an issue with suicide across the population as a whole, we would not need to focus on supporting families with bereavement issues....but we do need to focus on supporting families more in identifying and dealing with the issues that could prevent someone dying such a lonely death.

"What is equally important is our discussion around how we can prevent suicides and how everyone - family, friends and colleagues - are able to recognise someone at risk and ensure they get the professional help they need."

Māori suicide numbers increased by one from last year, with 130 deaths. The statistics also show Māori continue to have the highest suicide rate of any ethnic group. The Māori suicide rate is 21.73 per 100,000 people. The rate of suicide is highest among the 20 - 24 year-old age group, which had 79 deaths. This is followed by the 25 - 29 year-old and 40 - 44 year-old age groups, each of which had 64 deaths. The rate per 100,000 people is higher for men at 19.36, while for women it is 6.12.Last year the total number of recorded suicides was 579 (for 2015/2016), and the year before that the figure was 564 (2014/2015)." (Stuff)

Because the root causes of suicide are multifactorial there needs to be a cross government approach to the issue. People need to learn to hear the word suicide and not wince and turn away. Suicide needs to be talked about and approaches to reduce it need to be discussed openly even with people at risk of suicide. The reduction of the numbers of suicide lie in the following parts of government organising and taking the lead when interacting with services, communities, and each other.
We think the following government agencies should be working together: Ministry of Health; Ministry of Social Development; Te Puni Kōkiri; Ministry for Children; Housing Ministry; Ministry for Women; Office of Disability Issues;

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People who suicide can be experiencing the following issues and one government agency cannot alone produce solutions that work:

1. Mental distress, addictions / depression and or psychosis (mental health services)
2. Compulsory mental health treatment / Seclusion / restraints
3. Unemployment/ poverty (Ministry of Social Development)
4. Housing / homelessness (Housing New Zealand)
5. Domestic violence (Police/ Ministry of Justice/ Women's Refuge)
6. Trauma (Counsellors, psychotherapists paid for by ACC and/or MSD)
7. Bullying / social media
8. LGBTQI /gender issues
9. Refugees (Department of Immigration /Human rights Department)
10. Human rights breaches (Human Rights Commission)

A Maori perspective and or supported living perspective.

Because of the statistics for Maori suicide some reasons and concerns need to be taken seriously. These vary for different individuals but can include

1. The inability of communities able to establish 'wet hostels' results in tangata whaiora (service users) drinking out of paper bags in the middle of some towns.
2. Many of these persons live in Supported Accommodation and the rules are they cannot drink in their room.
3. Therefore, there is no safe place to drink. Even though these people are paying large sums for accommodation they are unable to drink safely and /or moderately and still stay within the rules of their supported accommodation provider.

Contributing Factors –

1. Paying $180 per week; high cost and not able to have a say in decisions about their own lives.
2. Living in supported accommodation maybe by choice or compulsion.
3. Staff have a strong say in their living environment
4. Concerns of alcohol consumption including tobacco; many smoke in their room even when not allowed
5. Are the tenants being heard, given a voice?
6. Who are more important, the tenant or staff?

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7. Overview of areas of best practice in the Mental Health and Addictions sector

NYCAN National Youth Consumer Advisor Network – Kieran Moorhead

Organised agenda and meeting location at MoH offices in Wellington for the most recent NYCAN meeting.

Discussed Rākau Roroa, Mental Health Foundation's POD (point of difference) project, and supporting youth consumer advisors and young people in peer roles across Aotearoa.

Ministry of Health mental health team wants to support NYCAN and have open communication.

InsideOUT is a national LGBTQIA+ rainbow organisation who leads gender and sexuality minorities projects. Mental health is something that impacts the rainbow community and currently InsideOUT are looking at working in this area more and will look to NYCAN to support this.

Let's Get Real refresh workshop facilitated by Te Pou seeking feedback from NYCAN on some of the content of Let's Get Real the competency and values framework for people working in the mental health and addictions sector.

Recovery: Not a favoured term. Suggests 'symptomology' – derived from a medical approach. Feels like a destination. Misses the systems stuff – the wider factors that impact on health.

Stigma and discrimination: Self stigma is an important thing for people to be aware of and to understand but the term is not helpful. "Don't like it." Better to use words like "self-limiting beliefs based on stereotypes/prejudicial beliefs". When you apply stereotypes you can limit yourself.

Partnership: Partnership is about: Listening, hearing, respecting. "Be less of the expert." Be mindful of power differences and manage those. Walk alongside people. Get advice from consumers.

Engagement: Provide a good welcome. Explain who you are. Let the person know what the service has to offer. Share a little bit about yourself, and what motivates you to do this work. It doesn't have to be much – just humanise the relationship.

CHAMP (Counties Manukau Health Mental Health Addictions Partnership

Whole of Systems, Franklin Pilot: Four parts to Whole of Systems Agenda:

1. How to support Primary Care to increase capability and capacity.

2. Working more closely with addictions –Had a change in Leadership – working through CADS.

3. NGO Development – how to work towards a suite of services for each of localities.

4. Reconfigure community Mental Health Services to support and integrate model of care.

CHAMP meeting agenda will have a standing item for Equally Well to share initiatives on Equally Well. The 'Improving Physical Health' work stream will also develop a toolkit which will be available as a resource.

Social Housing:

CHAMP commissioned research around social housing in Counties Manukau.

Three aims:

-first aim was around data collecting

-supply of social housing

-demand

Ethics approval has been received for continuation of this phase. Full project will be presented early 2018.

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HDC - monitoring and advocacy framework

Health and Disability Commission currently taking two approaches to supporting the mental health system in Aotearoa. First is collecting and analyzing all mental health complaints that come through the HDC complaints channel. Second is strategic advocacy work which is currently being set up and will consist of multiple data sets including: complaints, PRIMHD, HQSC, People's Mental Health Review, consumer stories, Office of the Director of Mental Health report. This will then be compiled into an annual report by the Mental Health Commissioner, Kevin Allan, and will seek to answer these 6 questions:

- Can I get help for my needs?
- Am I helped to be well?
- Am I partner in my care?
- Do services support me to be safe?
- Do services work well together for me?
- Do services work well together for everyone?

The first draft report is set to be released at the end of February.

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Intentional Peer Support

Intentional Peer Support Aotearoa New Zealand (IPSANZ)

National Steering Group Inaugural Meeting: Wellington, 23rd November 2017

Victoria has been invited to join this steering group, and attended the inaugural meeting.

Where things are up to

- Intentional Peer Support (IPS) has been known and used in New Zealand for several years.
- Since January this year IPS has developed significantly in NZ with support from Te Ara Korowai and Kites (via an MOU with IPS Central). Withheld under [section 9(2)(a)] has been employed part time in a coordination role.
- There have been seven Core Training events and one Train the Trainer (TTT) held around the country, with more planned for 2018.
- There is a good working relationship with IPS Central in the US and there is regular contact with them regarding development and processes.

The IPSANZ Steering Group will meet again in 6 months.

8. Changes or developments that have come out of Rising to the Challenge

MHA Workforce Development Plan

Mental Health and Addiction Quality Improvement Programme Update

Highlights

- Communications
- Sector engagement
- Māori engagement
- Building capability in quality improvement
- Measurement
- Key milestones

Communications

A set of resources including a poster, flyer, and postcards have been produced to promote the programme. The resources were displayed at the recent Royal Australian New Zealand College of Psychiatrists (RANZCP) annual conference in a conference booth. A presentation about the programme was also provided by Dr Withheld under [section 9(2)(a)] .

MHA programme staff will attend the Te Ao Maramatanga. New Zealand College of Mental Health Nurses annual conference in October promoting the programme.

Sector engagement

Four regional sector engagement workshops were held in August drawing together over four hundred MHA stakeholders from around the country. Perspectives were captured at the workshops with a focus on the five priority areas. These were themed and prioritised using the Commission's prioritisation framework. This prioritisation will inform the development of a draft work plan for the programme.

Information about the workshops (including video clips) has been made available on the Commission's webpage.

Māori engagement

Māori hui have been planned to facilitate opportunities for greater participation by Māori in the programme. A hui was held in Wellington in September led by programme kaumātua Wi Keelan. Another hui is scheduled for Gisborne in November. Further hui are proposed for Taranaki and Waikato districts.

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Building capability in quality improvement

A plan for capability building is being developed consistent with the Commission's Knowledge to Action framework. This will support the growth of leaders in the MHA sector with a focus on quality improvement.

MHA QIF course continues with their next workshop scheduled for 25 & 26 October.

A workshop for MHA leadership including GMs, CDs and DONs is being planned for November at their request.

Software Life QI has been released and is accessible for MHA QIF course participants. This is enabling electronic visibility of project progress and gives participants ready access to a raft of quality improvement tools.

Measurement

A data group continues to progress the development of an accountability and performance framework complete with a suite of measures.

Author: Withheld under [section 9(2)(a)]

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Maori Issues

MAORI CAUCUS (Nga Hau e Wha) (Discussion Paper)

Background

Following is a suite of issues discussed by Tui, Guy and Bill that will identify issues that will be included in a Maori Caucus policy. The aim is to discuss this paper at the November hui and use that discussion to prepare a draft policy for the February hui and have the policy signed off for implementation in May 2018.

Why have a Maori caucus?

It will help Nga Hau E Wha give effect to the Treaty of Waitangi, provide a national voice for Maori with lived experience of psychosocial disability, monitor the protection of tikanga/matauranga Maori and advocate for full participation by Maori in the development and implementation of strategies and plans to improve mental health outcomes for Maori. It is a response to the increasing awareness in the health sector of addressing the inequalities Maori encounter in the health system.

What will it achieve?

In Nga Hau E Wha, it will help us prioritise issues of concern for Maori and will bring local and regional voices to a national forum. It will also provide a lead for tauiwi to work more effectively with institutions and organisations working for Maori.

Who will be members?

All Maori who belong to the Governance Group will be members of the Maori Caucus. The aim is that at least three members of the GG will be Maori. The Kaumatua will also be a member.

Who might it be accountable to?

The Caucus and Nga Hau E Wha are accountable to each other as well as assisting Nga Hau E Wha agreements with the Ministry of Health. Importantly, it will be accountable to Maori networks and groups such as (Guy and Tui to list some.) The Maori Caucus along with Nga Hau E Wha will build a contact data base and systems will be put in place to communicate regularly with them. (eg a quarterly newsletter?) To develop relationships with local regional and national Maori lived experience roopu as identified.

What are the representation issues?

The Maori Caucus favours co-chair arrangements and will advocate for that to be achieved. In addition, Maori caucus will seek representation on working groups, committees and Boards to sit alongside other Nga Hau E Wha representatives. The Caucus will select its representatives.

What are the key issues for the caucus?

Following is a list of issues to be prioritised into a work programme:

- Whakapapa, whananaungatanga, turangawaewae
- Mana enhancement programmes
- Restrictive practice
- Maori suicide rates
- Compulsory treatment orders
- Mental health hearings on a the Marae
- Mental Health and Prisons
- War Veterans and P.T.S.D
- Providing Maori Mental Health Psychosocial Advisory roles
- Tangata whaiora indigenous models of practice
- Peer Support Workforce development
- Tangata whaiora workforce development
- Participation in key projects such as Changing Minds
- Colonisation, discrimination, racism, tokenism
- Obtaining Kuia Kaumatua voice

Resources

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The Maori Caucus will have resources allocated to their work programme.

Treaty framework?

Following is a framework to assist Nga Hau E Wha be a Treaty Based organisation

PARTNERSHIP	PROTECTION	PARTICIPATION
Nga Hau E Wha works in partnership with Tangata Whenua	Nga Hau E Wha works actively to protect and revitalise Nga Taonga Maori	Nga Hau E Wha works to ensure whanau have equal rights and participate as fully in society as other New Zealanders
Shared decision-making over policy, programmes and practice	Whakapapa, turangawaewae, reo, tikanga, Haora, whanau	Full participation in employment, health services, education. Eliminating discrimination

Where to next?

The Caucus will build on the discussion at the November and other feedback to develop a proposal for the governance group to adopt in February.

Recommendation

That members on Nga Hau E Wha provide feedback on this draft to formalise the Maori Caucus

Reports from Other Groups and Organisations

Family/whanau

Report from: Supporting Families National Coordinator

We are also concerned about the high rates of suicide and made a submission to the consultation document. Please see below a summary of our comments.

A strategy to prevent suicide in New Zealand 2017:

A consultation draft was released in April 2017. Comments were invited via a series of meetings or by written submission. The draft strategy attracted adverse publicity and was slated for failing to represent the views of those who had had input and for failing to determine a target or for affecting any real change.

SFNZ made a written submission, which supported the need for a target, and noted that there was little information about how family and whānau would be supported following a suicide (this has since been addressed in Governments recent announcement about new mental health initiatives).

As there is no set target, we suggested that more thought is needed to determine an exact goal for the strategy, whether that is determined by having a *'Zero harm'* approach as a target, as used by ACC, or a simple statement *'to reduce…. '*, might help to give the strategy a focal point. Education, we believe is crucial, both social and formal. The Ministry of Education currently has a programme for use in schools titled Positive Behaviour for Learning (PB4L), which could be adapted to include

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emotional intelligence, which is a key factor in learning to handle disappointment, the most common cause of suicides by young men.

The announcement on Monday this week of an increase in the numbers of those who lost their lives to suicide is devastating and highlights the need for a robust approach to suicide prevention

We have also been advocating for an improvement in the provision of respite, including access to a range of good quality options that allows those who support someone with mental illness or addictions to take a break. We regard access to respite essential to not only allow time out but to support and recognise the role that whanau having in providing care. I have attached a paper written by Withheld under [section 9(2)(a)] and myself. We have had some visibility on this issue via Radio NZ and also made a submission to MOH DSS respite strategy - although respite for those affected by mental illness was out of scope.

We continue to have an interest in housing, and like many are concerned about the lack of good quality affordable housing available in many areas now not just the main centres. Currently through our housing trust we have partnerships with Lifewise, in Rotorua and Comcare in Christchurch. Both providers offer good examples of how housing can be provided to provide safe, warm and affordable housing that promotes wellbeing. Lifewise are taking a 'housing first' approach towards the provision of housing and are working with the community and other providers to develop a strategy to end homelessness in the Lakes Area, initially they are concentrating on the Rotorua area.

Support for children of parents with mental illness and addictions work is also growing, many of our members are developing strong networks with other NGO's to deliver a wide range of services for children based on the SPHC guidelines, this increasingly includes working with schools. Referrals for the CUMI service (Children Understanding Mental Illness), has grown and in most cases the services provided are oversubscribed.

Withheld under [section 9(2)(a)] **National Coordinator** Supporting Families

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9. Impact of Ngā Hau e Whā

The Information Provided by Ngā Hau e Whā to the Ministry of Health:

- Ngā Hau e Whā work supports the Ministry of Health (MOH) to respond to the issues people receiving mental health and addiction services face in a timely manner. This information is directly from people using services and includes NGO's and their clients and so cannot be sourced from the reporting District Health Boards. Because it is sourced from people with lived experience it is invaluable.
- MOH is able to use the information provided by Ngā Hau e Whā to inform policy, procedure and new developments. Ngā Hau e Whā gives the ministry an insight into what matters to the people who are affected by the decisions made at ministry level.
- Ngā Hau e Whā reports are sent to the Director of Mental Health's office and distributed throughout the ministry.
- The integrity of Ngā Hau e Whā's work means that the group is a ready resource for gaining the viewpoint of people with lived experience for example: the external reference group for 'Rising to the Challenge' and for ministry interview panels. Also quarterly reports keep the ministry in touch with what is happening in service user's daily lives.
- The MOH sees worth in the work that Ngā Hau e Whā is doing. Especially the networking of groups such as Ngā Hau e Whā with Supporting Families, Le Va and other service user interest groups.
- Many opinions and standpoints, give the Ministry a more rounded picture of what is happening for people with lived experience in the sector.
- Since 2014 when the Ministry first invited Nga Hau e Wha to provide tangata whaiora/service users for inclusion on their interview panels as experts by experience we have continued in this role each year.

E-Network

The Ngā Hau e Whā E-network continues to grow. Requests are coming in for Ngā Hau e Whā to send out information through the network on behalf of others. Ngā Hau e Whā has no way of knowing how far and wide the E-network reaches. Work will continue on increasing the network and sharing information.

Website

Ngā Hau e Whā Website www.nhew.org.nz

The Ngā Hau e Whā website has replaced the old website hosted by Lakes DHB. Ngā Hau e Whā sees the website as key to helping to build, educate and connect the sector networks, both locally and nationally. The website is based on the previous design, but has capability for modifications and further development. The website is designed in a way that its content, functioning, and design is 'open', flexible and simple for administrators to manage, allowing the site to remain in the hands of

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the Ngā Hau e Whā representatives into the future, rather than having limited funds go to professional developers and a third-party host.

We have discussed further work to be being undertaken so that the website will manage the entire Ngā Hau e Whā networking capability, such as the distribution list, feedback and comment, and promotion of our stakeholders and network communications, and most importantly a blog and links to Facebook and Twitter.

Bulletin

Ngā Hau e Whā still has intentions to produce a regular bulletin of highlight items from the minutes and regional reports which are of specific use to those in our networks. The intention was to send out to e-networks and place on the website. Unfortunately our human resource does not have the capacity to do this work currently. Minutes from Ngā Hau e Whā meetings will continue to be posted on the webpage and sent out via the network.

Regional Reports

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Nga Hau E Wha
"Champion many voices"

Agreement 570458 / 344777/00

Ngā Hau e Wha Report to Ministry of Health 20 July 2017

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2.2 Meetings Held During Reporting Period

23/24 February 2017			
Present	Victoria Roberts (Central) (Chair)	Julie Whitla (Vice Chair) (Southern)	**Attach minutes here**
	Chloe Ferguson (Midland)	Grant Cooper (Southern)	
	Tui Taurua (Northern)	Kieran Moorhead (Northern)	
	Vacancy (Central)		
25/26 May 2017			
Present	Victoria Roberts (Central) (Chair)	Kieran Moorhead (Northern) Vice Chair	**Attach minutes here**
	Guy Baker (Midland)	Grant Cooper (Southern)	
	Julie Whitla (Southern)	Tui Taurua (Northern)	
	Jak Wild (Central)		

Meetings to be held for the remainder of 2017 will be 24/25 August and 22/23 November.

Meeting Attendees

In the six months from February to July 2017 NHEW has hosted the following guests:

- Dr John Crawshaw - Director of Mental Health – Ministry of Health
- Withheld under [section 9(2)(a)] - Mental Health Commission
- Withheld under [section 9(2)(a)] – Te Pou – Workforce Competencies
- Barry Welsh Ministry of Health
- Kevin Harper Ministry of Health
- Amanda Luckman Ministry of Health
- Withheld under [section 9(2)(a)] Multi Agency Group

See the embedded minutes for the February/May 2017 meeting for more information in regard to these visits.

Currently we have the following people waiting to attend our meeting:

- Dr John Crawshaw - Director of Mental Health
- Withheld under [section 9(2)(a)] Emerge Aotearoa
- Withheld under [section 9(2)(a)] Researcher
- Withheld under [section 9(2)(a)] Kites Trust
- Withheld under [section 9(2)(a)] Mental Health Commissioner
- Withheld under [section 9(2)(a)] Mental Health Commission Researcher
- The National DHB Family and Whanau Advisors Mental Health and Addictions co-chairs

NHEW is now receiving requests by organisations to attend meetings. This is due to NHEW becoming more widely known and the quality of work improving.

Membership Updates
December 2016 – July 2017

- The Central Region has filled the one longstanding vacancy in the north of the region.
- Currently there is one vacancy for another member from the Midlands region. This position has been vacant now for over 12 months.

NHEW has had stable representation now in the other regions for the past eighteen months. The only position remaining unfilled is the Midlands vacancy. Some members of Nga Hau e Wha are in paid employment and their work is often done with the support and at the discretion of their employers. It is to their credit those members are still able to do the work and produce the reports that they do. Some members are not in paid employment and there has arisen for these members some difficulties with accessing the means and the resources needed to complete the tasks associated with being a member of the group. Recent funding has been approved to resource the chair with regards to IT essentials.

1.7 Nga Hau E Wha Strategic Plan 2016-2020—Victoria Roberts

The Nga Hau e Wha Strategic Plan document has been updated with appropriate language as per the strategic plan goals. Last year in November the group held a Planning day with Withheld under [section 9(2)(a)] to update and rewrite the Strategic Plan. It was essential to plan for increases in services that are planned by the group. See Attached

People

No.	Objective	Indicator
1.	*Increase and strengthen local, regional and national relationships*	**Nga Hau e Wha is working collaboratively with individuals who are receiving services and other groups locally, regionally and nationally** ▪ Nga Hau e Wha continues to work collaboratively with many individuals, groups and organisations throughout the country. ▪ The National DHB Family and Whanau Advisors Mental Health and Addictions have asked to come to the November meeting of NHEW in order to have some face-face time together. The two groups will be working together to ensure a family and whanau perspective is included in Nga Hau e Wha work. ▪ Nga Hau e Wha continues to share with the network any useful information in regard to issues that affect people with lived experience and the group is pleased to be of assistance to our peers and colleagues.

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No.	Objective	Indicator
		▪ Requests continue to come in from organisations and individuals who would like to have time at Nga Hau e Wha meetings. ▪ The email network continues to grow and Nga Hau e Wha is always looking to increase the contacts which include individuals using services, as well as advisory groups, peer groups, and service providers with a specific focus on peer led services. People have been approaching Nga Hau e Wha to be included in this network. ▪ Nga Hau e Wha provided feedback on the Disability Strategy ▪ Nga Hau e Wha was asked to provide representation on the Mental Health and Addictions Workforce Expert Sector Leaders Group. ▪ We provided feedback on the Suicide Prevention Strategy ▪ The Chair is now a member of the HDC CAG group and attended: A Development workshop - Implementation of HDC's mental health and addiction services monitoring and advocacy function ▪ We are also included on the Multi Agency Group with HPA ▪ Nga Hau e Wha submitted on the Mental Health Act and Human Rights as well as the HDC Unconsented Research document. ▪ Requests continue to come in from organisations who want come to Nga Hau e Wha meetings. ▪ We were recently awarded a contract – a joint process partnering with HPA and Changing Minds.
2.	*Be a recognised and respected conduit for the people's voice*	**There is an increase in the level and quality of feedback on issues for people receiving mental health services.** ▪ Current members have large networks that contribute to the information that is reported to the Ministry. The quantity and quality of feedback continues to improve. Individuals and groups with lived experience approach Nga Hau e Wha with items that they would like the Ministry to know about. Nga Hau e Wha continually works on increasing its profile. ▪ National Organisations request attendance at Nga Hau e Wha meetings, to use the Nga Hau e Wha network and to provide consultancy. ▪
3.	*Champion the use of appropriate language in all major documents.*	**Newly written documents contain appropriate language.** ▪ Nga Hau e Wha endeavours to use appropriate language in all minutes, letters, reports and other documents it produces. The wording in the Strategic Plan and Terms of Reference has been revised so the term 'consumer' and other labelling language aren't used and language is appropriate. The terms of Reference are as yet in draft form following on from the update of the Strategic Plan update. ▪ The contract document between MOH, MHAPS and Nga Hau e Wha is still to be reviewed to ensure appropriate language. ▪ Nga Hau e Wha continues to advocate for appropriate use of language in any feedback on documentation that it provides.
4.	*Initiate projects and promote leadership forums.*	**There is an increase in leadership and initiatives.** ▪ Nga Hau e Wha has just contracted to a joint process and agreement with the HPA and Changing Minds on a large contract to develop Champions around the country.

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Performance

No.	Objective	Indicator
1.	*Fulfill contractual obligations to the Ministry of Health and be in a strong position to negotiate for the future.*	**The Ministry of Health demonstrates that it values NHEW and funding is increased.** ▪ Nga Hau e Wha continues to build its capabilities to ensure that the Ministry of Health has access to a strong lived experience perspective, whether that comes from within the group or is sourced from the network. ▪ Regular input from the Ministry at our quarterly meetings encourages us that what we are doing is appreciated and used. ▪ An increase of $14,000 in our contract money from 2016 has helped us to consider extra work as well as enabling more professional delivery of our contract. It also encourages us that we are on the right pathway.
2.	*Connect with the grass-roots and collate issues and common themes.*	**Nga Hau e Wha has increased the mechanisms for providing and receiving information.** ▪ Due to Nga Hau e Wha now nearly having full membership an increase in information is expected. ▪ There are now two additional regular network meetings that are being held regularly – in Auckland and Wellington.
3.	*Be a useful and valued commentator on mental health and addiction service issues.*	**Reports and submissions are timely and well-received.** ▪ Informed and comprehensive reports by members in regard to their region are received quarterly. ▪ Ministry of Health reports biannual are delivered on time. ▪ Nga Hau e Wha provides feedback to a number of organisations.
4.	*Have strong and effective representation in NHEW from the four regions.*	**Nga Hau e Wha is well-known in each of the four regions and representatives are well-supported.** ▪ Only one vacancy remains at present. ▪ Midland Region is supported by He Tipuana Nga Kakano (Midland Regional Consumer Network). ▪ Northern Region is supported by Changing Minds. ▪ Southern is supported by Incite and Awareness. ▪ Central is supported by Oasis network and Kites Trust ▪ Positive feedback from members of the networks has been received.
5.	*Improve communication processes.*	**Nga Hau e Wha produces a regular bulletin, has a website and Facebook page.** ▪ Webpage operational. ▪ The new website is under development. ▪ Nga Hau e Wha would like to have a space for comments from people – this may be possible with the new website ▪ Email network continually expanding. ▪ Facebook page – capacity and capability still not able to support this. ▪ Business cards developed and being used by members.

Strategies

No.	Objective	Indicator
1.	*Become familiar with service user*	**Nga Hau e Wha has undertaken some market research and applied the findings.**

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No.	Objective	Indicator
	demographics in our regions and identify where we need *to in-crease our visibility.*	▪ Still to complete ▪ Anecdotal evidence suggests that in the very extensive geographical regions such as the South Island and in Northland we could have a real advantage if there were more Nga Hau e Wha members to reach vast numbers of people who are not yet heard. ▪ It has also been noticed that the costs of networking between meetings is as yet not compensated for and members do this work pro bono.
2.	*Maintain the budget and administrative support to ensure our business processes are efficient.*	**Business processes are working well. A financial report is provided regularly.** ▪ MHAPS forward an updated expenditure report for each Nga Hau e Wha meeting. They work in partnership with the Nga Hau e Wha chair to ensure expenditure remains within budget. ▪ All administrative tasks including organisation of travel, accommodation, venue, refreshments, are provided. ▪ Nga Hau e Wha would like to acknowledge Shelley Engebretsen for her admin support.
3.	*Review our strategic plan and objectives regularly.*	**Strategic objectives are addressed and plans in place for the next strategic plan (2017-2020)** ▪ A new Strategic Plan was completed in January 2017 for 2017 - 2020. We are waiting for some translations of some parts into Maori before officially releasing it. ▪ A Communications Plan and a Work Plan are to be completed as soon as possible.

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1.7 Terms of Reference

The Nga Hau e Wha Terms of Reference is currently being updated to complement the recently completed Strategic Plan.

Service Specification Deliverables

1.8 Overview of National Issues or Challenges in the Mental Health and Addiction Sector

Seclusion
NHEW Seclusion Report for Ministry of Health six monthly Report – July 2017
Grant Cooper

Personal Experiences of Seclusion

A service user who experienced lengthy periods of overnight detention in the seclusion rooms at Palmerston North's Ward 21 reported being given a choice between accepting Lorazepam medication or being put into seclusion. This is claim indicates punitive practice which breaches the Seclusion Standard.

A service user at Palmerston North's Ward 21 reported hiding plastic milk bottles full with water in the seclusion room due to having no access to water overnight.

A service user reported that Palmerston North's Ward 21 regularly place service users in non-designated bedrooms for seclusion, rather than solely using legally designated seclusion rooms. This results in service users being left locked up for long periods over night without being able to contact staff, or to go to the toilet when needing to.

A critical analysis of Palmerston North's Ward 21 last year by the Ombudsman Office found "the entire unit was in need of an urgent upgrade or redesign". Although MidCentral DHB is currently considering redesign options, a service user reported that the seclusion rooms had concerning graffiti remain on the walls throughout a recent 4-month admission. Similar concerns were raised as complaints last year at Te Whare o Matairangi in Wellington

From Oasis Network meeting: Te Whare Ahuru (TWA) (inpatient unit at Hutt Hospital) is causing concerns for people who use and visit this facility. One client had difficulties trying to get a pastor to visit in seclusion unit

A peer who is active in the Autism networks stated:

If, due to our Autism, we have a meltdown resulting in violence this can result in us ending up in one of two (bad) places:

> Seclusion (where our basic human rights are denied- as in the example of a high profile case of an autistic man living long-term in a lower north island psychiatric detention facility)

This situation creates fear for many other parents and their autistic children. I am aware of parents who have fought hard to keep their (adult) autistic children out of seclusion.

There is no guarantee that in seclusion the correct mental health 'help' will be given. In the case referred to above case the persons parents ended up paying thousands of dollars to get experts in to correctly diagnose their son.

Another Autistic person I have spoken to with personal experiences of seclusion stated:

- He was never punished there and for him it resulted in his epilepsy being diagnosed and treated
- He saw others punished there (with electric shock therapy)
- He was threatened sexually and reacted with violence. Fortunately not punished.
- He grew up in a home with physical abuse, for him seclusion was almost a refuge.
- Despite or perhaps because of his experiences the person has fought very hard to keep his autistic son out of seclusion.

General Feedback:

From Oasis Network meeting: Te Whare Ahuru (TWA) (inpatient unit at Hutt Hospital) where there is a very heavy use of seclusion

Example in Tairawhiti where discharges being held on a ward right next to a seclusion area where people are screaming. The reason for the in-patient unit being used is that it is convenient. The other place for a hearing is the court which is equally unsuitable. It was

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considered this issue could be sorted out locally and, when issues were examined closely, there was usually flexibility.

CCDHB run Regional Forensics Services based in Porirua have recently suggested to the family of a service user that the Te Pou o te Whakaaro Nui's 'Six Core Strategies for Reduction of Seclusion and Restraint' are not part of CCDHB policy and deem the strategy recommendation for joint involvement of victim and guardian for debrief as part of a reportable event not appropriate. One of the DHB's top psychiatrists informed the family that in some instances due to physical and psychological trauma experienced by the staff involved debriefs as recommended by Te Pou where inappropriate.

Meeting Māori Mental Health Network Model of Care Update Meeting in Northland identified the issue of high seclusion rates

CCDHB and Hutt Valley DHB have demonstrated some reductions in their use of seclusion. This needs to be sustained if the overall desire, in Rising to the Challenge, of the elimination of seclusion is to be achieved.

Pleased to note that SDHB has an aim to end seclusion by 2020.

Consumer Lead from Te Pou stated that Te Pou is developing a Family brochure which provides information and what families can do. There is the question of whether there should be one for service users. Possibly the best approach would be to provide information on District Inspectors and rights. NHEW would be interested in peer-reviewing. In answer to a query the Consumer Lead said that the rate of peer debriefing varies as does opinion about whether it helps or hinders. Information on debriefing could be included in brochure on seclusion. Some DHBs picked up six core strategies and have shown reduction in level of seclusion. Maori women have twice the rate of other women for seclusion. The Six core strategies are being re-written this year and the Consumer lead would welcome peer review of them.

In Tairawhiti the goal date of ending seclusion by Feb 2020 is gaining momentum. Renovations to a closed seclusion room to become a low stimulus room has been approved and will be undertaken shortly. Plans to continue changes to the lounge are being considered along with the eventual other two seclusion rooms as they are withdrawn. There is a notable downward trend in the use of seclusion.

In the Waikato Debrief interviews continue, thematic reviews occur culminating in actions plans that prove to be a useful tool for whaiora and staff accountability. Re-think of further ways to reduce seclusion with Consumer roles having a huge influence in the conversations regarding seclusion minimization and eventual elimination.

In Taranaki the redesign of Te Puna Waiora (TPW – Intensive Psychiatric Care Unit) is ahead of schedule going into the final stage called "Rimu". Area's that have been named "Kowhai" and "Nikau" have been completed. These incorporate bedrooms with built in beds, shelving and desks, a large lounge with large TV and a sensory room called "Karakia" which also has a large TV and which will have a multi-purpose use as an interview and whanau room. The final stage, known as 'Rimu" will also include a second sensory room that will be called "Totara". There will be one commissioned seclusion room remaining. The appointment of a new occupational therapist has seen the introduction of a new ward

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programme. This runs daily from 8:30am to 3:30pm and combines a mixture of activities from arts & crafts, educational & skills groups, sensory modulation, yoga and so on.

In the Te Awakura (Acute Inpatient Service) in Christchurch four consumers experienced seclusion during February 2017 for a total of 82.8 hours

The Chair of Awareness (Christchurch Consumer) asked about the hike in seclusion statistics. Manager of CDHB mental health services said that over the holiday period there was an increase in situations where people were using substances and were secluded as a result of risk to others.

At a meeting in Dunedin for consumers to give feedback for the Human Rights and the Mental Health Act and Human Rights submission: Two individual comments from consumers on seclusion stated that Solitary confinement (seclusion) varies greatly around the country and that "Seclusion is necessary if people are causing trouble."

Seclusion Review

Thinking Outside the Box? – A Review of Seclusion and Restraint Practices in New Zealand, by world renowned expert Dr. Sharon Shalev is based on visits to seventeen different detention facilities in categories subject to monitoring under the Optional Protocol to the Convention Against Torture (OPCAT) including psychiatric detention facilities. The report gave valuable information on the legal definition of solitary confinement and noted the anomaly in referring to this as 'seclusion'. The key finding raised major concerns that contradict the glowing statistics that DHB's continue to report on.

Key findings include:

- A high use of seclusion and restraint in New Zealand and an overrepresentation of ethnic minority groups, in particular Mäori

- Some of the forms of mechanical restraint used were inherently degrading to the individual. Of particular concern was the use of restraint or tie-down beds in prisons and the use of restraint chairs in police custody.
- Stark physical environments and impoverished regimes in seclusion, secure care and segregation units, and in a number of cases no access to basic fixtures such as a call-bell to alert staff, a toilet or fresh running drinking water.
- Access to basic entitlements including daily access to a shower and an hour long exercise in the fresh air were not always guaranteed.
- The physical design and material conditions in the so-called 'At Risk units' in prisons, where vulnerable prisoners were housed, were mostly identical to those in other solitary confinement units. These units may be contrary to international standards which prohibit the placement of prisoners with physical or mental disabilities in solitary confinement.
- Children and young people in Care and Protection residences could be held in separation from their peers in 'Secure Care' units which were identical to prison segregation units. These were inappropriate.
- The deprivation of social interaction which is inherent in all solitary confinement practices was often made worse by the deprivation of other provisions which could have helped to mitigate the harmful effects of seclusion. These included restrictions on family visits and in-room provisions such as books, hobby and craft materials or a TV set.
- A small but persistent number of people in health and disability facilities were subjected to

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very long-term restrictive measures, and discussion of future plans for these individuals appeared to be focused on variants of seclusion and restraint. For the individuals concerned, prolonged seclusion and /or restraint (and often both) had thus become a chronic state rather than an emergency short term response to an acute situation.

- Review processes were not always robust, and some stays in restrictive conditions were far too long.

Several service users provided written and oral submissions to Dr. Shalev

Employment

In Dunedin there is a working group to get people into some form of employment, we have had one public meeting at WINZ and a good turnout of Consumers and people in the right areas to help guide them forward. I was a key speaker from a Consumer into full time paid employment after six years out of work, proving it can be achieved.

They are now putting in place resources to run Focus groups in rural areas and in Invercargill to gain feedback on the Service as a whole, we hope to gather information which will lead to even better outcomes for Consumers, Youth and Families.

Employment discrimination

A peer has reported being concerned at being asked for a passport when applying for employment within a government department.

There is concern that not only does this provide opportunity to overly scrutinise a persons disclosures around citizenship, it is also has gives employers the ability to discriminate on the grounds of age due to the information on the passport.

A person in the Wellington region told a clinician that she was a Social Worker at a peer organisation and she was a former client of Drug and Alcohol Services. The clinician expressed surprise and said she thought that it was totally inappropriate that the person should be working one to one with service users. The Social Worker said that this was an example of overt discrimination.

Homelessness and begging

There has been concern generated throughout the country regarding homelessness and begging. In some places there have been calls to ban begging by councils. A novel way of working with this project has been the Peoples Project in Hamilton.

The Peoples Project - Hamilton

The People's Project has adopted the Statistics New Zealand definition of homelessness:

"Living situations where people with no other options to acquire safe and secure housing: are without shelter, in temporary accommodation, sharing accommodation with a household or living in uninhabitable housing."

For some people, homelessness means sleeping rough on the street or living in cars. For others, it could involve couch-surfing or house-jumping with friends or acquaintances.

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Why are people homeless?

Everybody has a different story

Until recently, most of us probably thought of homeless people as those living on the streets. While this situation still exists, the number of people sleeping rough on a regular basis is relatively small.

The fact is, there are different forms of homelessness.

Types of homelessness

Transitionally homeless = 80%

Episodically homeless = 15%

Chronically homeless = 5%

Chronically homeless definition

We estimate the number of long-term, chronically homeless people, who have spent more than a year on the streets, is as little as five per cent of the homeless population. Of course, one person sleeping on the streets is one too many. In Hamilton, this number represented around 80 hard core 'streeties', almost all of whom are now in homes. (*Reference:* Withheld under [section 9(2)(a)], *Founder, Pathways to Housing.)*

Homeless urban myths

Separating fact from fiction

When we started working with homeless people, we quickly realised that there were some big myths out there. All of which, we can put right.

Don't people choose to be homeless?

We have not yet met any homeless people who truly wanted to live on the street. Living on the street is dangerous. Homeless people are often abused and attacked, discriminated against and alienated. They are often sleep-deprived, under-nourished and unwell. It's cold, dirty and humiliating living on the street. Many are there because they simply cannot see another way of dealing with things. Every one of the homeless people we work with wants a home. Most also want work.

Don't people need an address to get a benefit?

Every person correctly registered with Work and Income can receive a benefit. The People's Project makes sure everyone is receiving their entitlement. That said, many are living on less than $100 a week. Many have overwhelming debts and fines.

Aren't all beggars homeless?

Worldwide it is recognised that the majority of beggars are not homeless. In Hamilton, we identified 15 beggars in the central city, none of whom were homeless.

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Research shows that the majority of money received from begging is used to fund people's addictions. While there's a feel good factor for some people in dropping money into their begging cups, it doesn't actually assist people at all. The public needs to know that when people are begging and saying they're homeless, that's not necessarily accurate.

Homelessness can't be fixed, can it?

There are communities worldwide who are close to ending homelessness. They have done this by adopting a Housing First Model and focusing on ending homelessness rather than managing it. They have done this by collaboration across communities and co-ordination of mostly existing community resources. Worldwide, developing a stock of safe, affordable housing has been key to success. Wellington City Mission also works in a similar way to DCM.

Homelessness in Wellington

In Wellington there is a group called Downtown Community Ministry (DCM) that specialises in working with people who are homeless in this region. They provide total money management and many people have their benefits paid into the bank account of DCM. They also provide a food bank

Youth homelessness

Anecdotally they are an invisible homeless population, undercounted for years, hiding out in cars and abandoned buildings, in motels and on couches, often trading sex for a place to sleep. And now, for a complex variety of reasons, the number of youth — teens and young adults — living on the street appears to be growing.

Young homeless people are at risk for a host of troubles with long-lasting impact, including substance abuse, mental health problems and physical abuse, as well as sexual exploitation. Many get caught up in the criminal justice system. Up to 40 percent of homeless youth are lesbian, gay, bisexual or transgender.

Suicide

Everyone knows already that the suicide rate in New Zealand is still too high. Ministry of Health research found that 80% of people in the southern region who have suicided had been in contact with mental health services in the last 12 months. Mental health services need to change to be more consistently responsive and available to people in crisis. The supportive attitude of mental health services staff to people in crisis is crucial.

- **From a general perspective, there are specific groups which are more at risk**
  E.g. Maori, Youth, Pacific people, Men, Drugs and Alcohol, LGBTI, Mental Health, Elderly. As well people who have been bereaved by suicide are at risk to also attempt or complete suicide.
- **Focus areas to strengthen mental health and suicide prevention literacy education .**E.g. Churches, Schools, Community Houses and Groups, Rural Businesses, Urban Businesses, Hospitals, Mental Health Professionals, Domestic Violence workers.

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- **Some general actions and systems could we improve to support communities, family, whanau in distress and at risk of suicide/prevent suicide or self-harm behaviour are:**
  NGO partnerships, Mapping processes between services, Health Education, Well-being campaigns, Support Programmes, Building Awareness, Promoting the positives, Policy and service Improvements, Age groups, especially people aged 60+
- **Targeted actions that would seriously minimise suicide and suicide attempts:**
  Greater efforts by Oranga Tamariki to better support young people who have fallen out of the health system, education system and even by the welfare system. Greater attention for elderly who may need support to remain in their homes as well as protection from domestic violence or financial abuse.

- **Focused actions that are required to better support family/whanau/ communities when impacted by suicide and individuals after self-harm behaviours (post self- harm, postvention and bereavement)are:**
- Talking therapies, etherapies', specific well trained leaders of support groups, upskilled mental health workforce

Latest statistics for MidCentral DHB, indicate in the last reportable year, 2015, there were 166 suicide attempts and acts of self-harm at Palmerston North Hospital's ward 21 inpatient psychiatric detention facility compared with only 12 in 2012, although officials reported in the media say "only one person alone was responsible for 62 acts of self-harm and 13 suicide attempts"

Withheld under [section 9(2)(a)] whose brother Withheld under [section 9(2)(a)] took his life at the Palmerston North hospital ward Withheld under [section 9(2)(a)] has been in touch with the writer to raise concerns at the follow up to the family's complaint. Responding to the latest suicide statistics Withheld under [section 9(2)(a)] said all incidents should be treated seriously, as if they were an actual suicide. Withheld under [section 9(2)(a)] is reported in the local media as saying "attempting to make the number look smaller by attributing heaps of events to an individual is a 'cop out'. Surely, if it's one person creating lots of events this shows their treatment is not working." Withheld under [section 9(2)(a)] said reports from the ward had commented adversely on its atmosphere. "All have said the environment is not safe and non-conducive of supportive treatment." A service user who has recently had a long stay at the detention facility informed the writer last week of an estimated 95% of people at the detention facility would only speak negatively about the service.

Costs of Transportation

Transport can be an issue with the encouragement of service users being independent they often struggle financially. Cost of bus fares, use of the disability van the fare has increased, as have half fares in taxis due to physical as well as mental health issues. Key Workers help to fill that transport need, but there is the question: do we give them transport or encourage more independence in the community. balance

1.9 Overview of areas of best practice in the Mental Health and Addictions sector

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New Emergency housing in the Hutt Valley

Oasis network now has 15 beds for emergency housing for men who experience mental distress / illness and or addiction with 'low to moderate' needs.

- The Hillary Court facility is a newly renovated complex in central Naenae.
- Facilities include:
- Fifteen fully furnished single and double rooms
- Large open dining / living spaces on each floor
- Large flat screen TV in each living space
- Fully equipped kitchen
- Showers and toilets on each floor
- Laundry facilities on each floor
- Please note that there is no lift.
- Supergrans support for learning to cook new recipes and budget well

Who can be a resident?

Single men who:

- want to get into permanent housing
- have low to mild mental health and/or addiction support needs
- register on the housing register held by Work and Income NZ are able to live communally with others in Oasis' Emergency House
-

In Kapiti Wellington, Mayor and Councillor have set up a housing committee to focus on the immediate and long term needs of providing a range of housing including emergency and social; adapted for disabled; single; and families

Emerge housing project – up to 300 families to be housed over the next 2 years. 70 units for families for 12 weeks. They will be WINZ clients, in need of emergency housing. Referred to the housing team and onto a waiting list. They have started in Tawa.

Impact of NHEW

The Information Provided by NHEW to the Ministry of Health

- NHEW work supports the Ministry of Health (MOH) to respond to the issues people receiving mental health and addiction services face in a timely manner. This information is directly from people using services and includes NGO's and their clients and so cannot be sourced from the reporting District Health Boards. Because it is sourced from people with lived experience it is invaluable.
- MOH is able to use the information provided by NHEW to inform policy, procedure and new developments. NHEW gives the ministry an insight into what matters to the people who are effected by the decisions made at ministry level.

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- NHEW reports are distributed throughout the ministry and sent to the Director of Mental Health's office.
- The integrity of NHEW's work means that the group is a ready resource for gaining the viewpoint of people with lived experience for example: the external reference group for 'Rising to the Challenge' and for ministry interview panels. Also quarterly reports keep the ministry in touch with what is happening in service user's daily lives.
- The MOH sees worth in the work that NHEW is doing. Especially the networking of groups such as NHEW with SF, Platform and other service user interest groups.
- Many opinions and standpoints, give the Ministry a more rounded picture of what is happening for people with lived experience in the sector.

E-Network

The NHEW E-network continues to grow. Requests are now coming in for NHEW to send out information through the network on behalf of others. Members are utilising their business cards as a means of growing the network. NHEW has no way of knowing how far and wide the E-network reaches. Work will continue on increasing the network and sharing information.

Website

The Nga Hau e Wha website is a work in progress. We have now done all the work to retrieve the contents of the webpage that was on the Lakes DHB website and we have a new website of our own up and running. We now have on the website information that was on the old one that was under Lakes DHB and we are continuing to add to the content. (www.nhew.org.nz)

Bulletin

NHEW has intentions to produce a regular bulletin of highlight items from the minutes and regional reports which are of specific use to those in our networks. The intention was to send out to e-networks and place on the website. Unfortunately our human resource does not have the capacity to do this work currently. Minutes from NHEW meetings will continue to be posted on the webpage and sent out via the network.

HPA Changing Minds contract

HPA, Changing Minds Nga Hau e Wha and other partners have been awarded the Lived Experience Leadership Initiative contract. Nga Hau e Wha will be providing links, networks and contacts to enable the project to reach the audiences which are people with lived experience. The project will also enable Nga Hau e Wha to grow and strengthen their networks.

1.10 Changes or developments that have come out of Rising to the Challenge.

The Mental Health and Addictions Workforce Development Plan has been created as an action out of 'Rising to the Challenge'. NHEW is represented by its Chair on the Expert Leaders Group

National Association of Mental Health Service Consumer Advisors

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Ongoing discussions have taken place with NAMHSCA and we are informed that they are still in the process of drafting an MOU for our two organisations. We have invited their Chair to our next meeting in August

Regional Updates

Nga Hau E Wha

"Champion many voices"

Representative: **Jak Wild**

Central (North) Region: **MidCentral DHB / Hawkes Bay DHB / Whanganui DHB**

Meeting date: **23rd /24th February and 25th / 26th May 2017**

Networking update

Introduction:

Networking

Although new persons have been identified to include in our local distribution list and contacts have made with a number of peer leaders that have been identified to me in my new role, there has been poor response top contacts made and little opportunity to further collaborate.

A strategy to develop relationships is being worked on such as increased face to face meetings, attendance at hui's, and regional promotion of Ngā Hau E Whā to increase presence and collaboration with peer leaders, local peer groups and other networks that peers are active with in the north of the Central Region.

One-on-one meetings with service users provided most of the detail for this quarters report including the reports of inpatient service provision

A schedule of visits by Victoria and Jak (the writer) to services in Levin and Palmerston North has helped establish valuable relationships with service users and the services they use.

Notably Mana o te Tangata Trust, which provides peer support and day activities from their centres in both Levin and Palmerston North. Visits to both the Levin and Palmerston North services will continue to be undertaken regularly so as to engage service users formally at the services 'Consumer Engagement Forum' meetings as well as an opportunity to meet services users one-on-one.

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There were poor responses to repeat contacts with Mental Health and Addiction Services in other regions, including Hawkes Bay and Wanganui. For the next quarters report, on-site visits will be scheduled for Hawkes Bay and Wanganui services, in an attempt to follow the success we have had with Levin and Manawatu services.

1. Issues/challenges identified by people in your region

Mental health services and autism

- Concerns are often raised within our networks at the lack of access to mental health services for people on the autism spectrum

- A peer who is active in the Autism networks and who has lived experience of Autism both as an autistic and a parent, and as an advocate for other autistics provided the following written report (personal details have been redacted):

The area of mental health and autism is hugely concerning.

1. We are often denied access to mental health, on the basis that we are autistic. This is quite frankly a form of discrimination – saying our impairments prevent us from getting mental health help. I am sure that this would breach our human rights in accessing health care. This means that autistics struggling with mental health will either not seek help or if they do and are denied may take drastic action. Lack of mental health care could potentially result in deteriorating mental health resulting in compulsory care being required.

2. If, due to our Autism, we have a meltdown resulting in violence this can result in us ending up in one of two (bad) places:

Seclusion (where our basic human rights are denied- as in the example of a high profile case of an autistic man living long-term in a lower north island psychiatric detention facility)

The criminal justice system (where not only may our basic human rights be denied but we are also likely to face considerable difficulty in accessing help and it may be totally inappropriate for an autistic child (as in the example of recent case of 14 year old boy who ended up in jail as no other suitable accommodation could be found – link here

<Lack of appropriate autism services and supports for those with high and complex needs>).

The case referred to above of the autistic man living long-term in psychiatric detention has resulted in cruel and inhumane treatment including:

- major dental trauma/physical health issues which took too long to be acted on

- denial of visitation rights

- denial of parental rights (many parents are not really away they lose their rights

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under compulsory care. And in their case they were essentially told "he is ours now"

- isolation

- increased mental health issues

- not being valued or treated with dignity

- loss of all rights, freedoms and opportunities for a number of years

This situation creates fear for many other parents and their autistic children. I am aware of parents who have fought hard to keep their (adult) autistic children out of seclusion.

I am aware of a $19million pilot programme on mental health being conducted at Rimutaka so this may help though the results remain to be seen.

3. There is no guarantee that in seclusion the correct mental health 'help' will be given. In the case referred to above case the persons parents ended up paying thousands of dollars to get experts in to correctly diagnose their son.

4 Even with strong peer and other advocacy Autistics (and likely others with mental health conditions) can struggle to assert and be granted their human rights. The Human Rights Commission (HRC) commented on this in regards to the case detailed.

5. The Optional Protocol gives no legal redress retrospectively

Another Autistic person I have spoken to with personal experiences of seclusion stated:

- He was never punished there and for him it resulted in his epilepsy being diagnosed and treated

- He saw others punished there (with electric shock therapy)

- He was threatened sexually and reacted with violence. Fortunately not punished.

- He grew up in a home with physical abuse, for him seclusion was almost a refuge.

- Despite or perhaps because of his experiences the person has fought very hard to keep his autistic son out of seclusion.

Habeas corpus cases for illegal detention

Dr. Withheld under [section 9(2)(a)] has continued his ongoing court action detailed here in support of disabled people, with recent claims for compensation and habeas corpus for three persons who have been deemed to have been illegally imprisoned in psychiatric facilities. The 3 cases, recently came before the Wellington High Court with claims that conditions in psychiatric facilities equated to 'disproportionately bad treatment' and essentially that the 3 persons were held in 'private prisons'. The class action highlights what Dr Withheld under [section 9(2)(a)] and his supporters see as the discrepancy between disability rights enshrined in the UNCRPD and NZ BORA and contradictory domestic legislation such as the Mental Health Act and Intellectual Disability Act.

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Employment discrimination

A peer has reported being concerned at being asked for a passport when applying for employment within a government department.

There is concern that not only does this provide opportunity to overly scrutinise a persons disclosures around citizenship, it is also has gives employers the ability to discriminate on the grounds of age due to the information on the passport.

Crisis services

Mental health continues to factor regularly in local media since our last Ngā Hau e Whā report. Media is predominantly negative and focused on concerns, especially related to Palmerston North's inpatient services with service users reporting the service being "intimidating and imprisoning" as detailed here.

There has been a large increase in recent years of acts of suicide attempts and self harm by detainees, up from 12 in 2012 to 144 in 2016 as detailed here

Housing

Major shortages of housing as detailed here is continuing to impact on mental health service users. Palmerston North waiting lists for social housing has swelled from 0 to 300 in the last 3 years as detailed here despite a new strategy as detailed here being introduced by Palmerston North City Council back in 2015.

Contraception prescribing without knowledge or consent

A service user reported being prescribed a contraception medication by injection. Depot-Provera was given without the service users consent or knowledge of what it was, during a recent inpatient admission to Palmerston North's Ward 21 psychiatric detention facility. This claim is in breach of the Health and Disability Code of Rights.

In recent years HDC have reported on two victims of medical accidents where Depo-Provera was administered by GP practices by mistake. In the follow up report into these complaints, HDC illustrated the risks of Depot-Provera by stating "it is a powerful medication with significant side effects, and one that many women choose to avoid". Further information on the service users claims and right to make a complaint will be followed up on.

Degrading and unsafe practice for nicotine dependent service users

During a recent admission to Palmerston North's Ward 21 psychiatric detention facility a service user experienced a standard service practice which is termed 'The Smoking Bus'. The practice is in response to MidCentral DHB's absolute ban on smoking anywhere within the Palmerston North hospital or its grounds. The 'Smoking Bus' is where groups of up to 8 service users at a time are marched out from the detention facility to a busy roadside, outside of the hospital grounds so they can smoke.

'The Smoking Bus' practice is seen by service users as degrading, and a breach of privacy.

Additionally, the service user reported a practice whereby service users under compulsory treatment orders were at times given arbitrary permission to go to the roadside alone to smoke, or to go outside the hospital grounds to buy cigarettes from the local dairy.

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'The Smoking Bus' and the arbitrary leave decisions, place vulnerable service users at unnecessary risk, not only from the busy traffic that builds up outside the hospital grounds, but also as both practices compromise a service users continued compliance with their compulsory treatment order.

The practice is relevant to the very recent and tragic circumstances Withheld under [section 9(2)(a)] , who died after going missing from Palmerston North Hospital's Ward 21 after Withheld under [section 9(2)(a)] had left the ward unaccompanied to get cigarettes from the local dairy.

Restrictive Medication Regime

A service user under a compulsory community treatment order has reported restrictive practice around choosing where to have medication dropped off. The service user who would often stay at her partner's home had to give two-day's notice for her medication to be delivered to her partner's address rather than her own address.

Seclusion concerns

Thinking Outside the Box? – A Review of Seclusion and Restraint Practices in New Zealand, by world renowned expert Dr Sharon Shalev is based on visits to seventeen different detention facilities in categories subject to monitoring under the Optional Protocol to the Convention Against Torture (OPCAT) including psychiatric detention facilities. The report gave valuable information on the legal definition of solitary confinement and noted the anomaly in referring to this as 'seclusion'. The key finding raised major concerns that contradict the glowing statistics that DHB's continue to report on.

Key findings include:

- a high use of seclusion and restraint in New Zealand and an overrepresentation of ethnic minority groups, in particular Māori
- Some of the forms of mechanical restraint used were inherently degrading to the individual. Of particular concern was the use of restraint or tie-down beds in prisons and the use of restraint chairs in police custody.
- Stark physical environments and impoverished regimes in seclusion, secure care and segregation units, and in a number of cases no access to basic fixtures such as a call-bell to alert staff, a toilet or fresh running drinking water.
- Access to basic entitlements including daily access to a shower and an hour long exercise in the fresh air were not always guaranteed.
- The physical design and material conditions in the so-called 'At Risk units' in prisons, where vulnerable prisoners were housed, were mostly identical to those in other solitary confinement units. These units may be contrary to international standards which prohibit the placement of prisoners with physical or mental disabilities in solitary confinement.
- Children and young people in Care and Protection residences could be held in separation from their peers in 'Secure Care' units which were identical to prison segregation units. These were inappropriate.
- The deprivation of social interaction which is inherent in all solitary confinement practices was often made worse by the deprivation of other provisions which could have helped to mitigate the harmful effects of seclusion. These included restrictions on family visits and in-room provisions such as books, hobby and craft materials or a TV set.
- A small but persistent number of people in health and disability facilities were subjected to very long-term restrictive measures, and discussion of future plans for these individuals appeared to be focused on variants of seclusion and restraint. For the individuals concerned, prolonged seclusion and /or restraint (and often both) had thus become a chronic state rather than an emergency short term response to an acute situation.
- Review processes were not always robust, and some stays in restrictive conditions were far

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too long.

Several service users (including the writer) provided written and oral submissions to Dr
Withheld under [section 9(2)(a)]

Seclusion concerns continued

A service user who experienced lengthy periods of overnight detention in the seclusion rooms at Palmerston North's Ward 21 reported being given a choice between accepting Lorazepam medication or being put into seclusion. This is claim indicates punitive practice which breaches the Seclusion Standard.

A service user at Palmerston North's Ward 21 reported hiding plastic milk bottles full with water in the seclusion room due to having no access to water overnight.

A service user reported that Palmerston North's Ward 21 regularly place service users in non-designated bedrooms for seclusion, rather than solely using legally designated seclusion rooms. This results in service users being left locked up for long periods over night without being able to contact staff, or to go to the toilet when needing to.

CCDHB run Regional Forensics Services based in Porirua have recently suggested to the family of a service user that the Te Pou o te Whakaaro Nui's 'Six Core Strategies for Reduction of Seclusion and Restraint' are not part of CCDHB policy and deem the strategy recommendation for joint involvement of victim and guardian for debrief as part of a reportable event not appropriate. One of the DHB's top psychiatrists informed the family that in some instances due to physical and psychological trauma experienced by the staff involved debriefs as recommended by Te Pou where inappropriate.

Graffiti in psychiatric detention facilities

A critical analysis of Palmerston North's Ward 21 last year by the Ombudsman Office found "the entire unit was in need of an urgent upgrade or redesign". Although MidCentral DHB is currently considering redesign options, a service user reported that the seclusion rooms had concerning graffiti remain on the walls throughout a recent 4-month admission. Similar concerns were raised as complaints last year at Te Whare o Matairangi in Wellington

Lack of routine thyroid testing

There have been various reports nationally that inpatient psychiatric services fail to provide full thyroid blood testing for service users. A Palmerston North service user recently had hyperthyroidism diagnosed by her GP with the hospital based services failing to diagnose this during an earlier inpatient admission.

Limited access to psychological treatment

A service user who had been a mental health service user for more than 10 years, reported never having been referred for any psychological treatment including talk therapy. The service user who has a diagnosis of PTSD due to serious sexual assault has successfully accessed counselling and tapping therapy from an ACC psychologist, and has received 70 sessions over the last year.

Housing and homelessness concerns

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A Levin service user reported the challenges with the low rate of Accommodation Supplement benefit in the regions compared with the Cities. Whilst Wellington beneficiaries could get up to $100 Accommodation Supplementary benefit people in Levin only get $46. With the persons rent being $185 he reported his $256 benefit did not give him an adequate income to live on. The beneficiary appeared to not be aware of what he was fully eligible to, and noted the limited advisory services for beneficiaries in Levin.

One service user in Palmerston North reported on the difficulties of getting advance rent and bond from WINZ when transitioning from Mental Health service provided temporary accommodation. She reported she was forced into a position of lying to her prospective landlord by saying she already had WINZ approval for the bond and advance rent which she did not have.

Suicide prevention concerns

Latest statistics for MidCentral DHB, indicate in the last reportable year, 2015, there were 166 suicide attempts and acts of self harm at Palmerston North Hospital's ward 21 inpatient psychiatric detention facility compared with only 12 in 2012, although officials reported in the media say "only one person alone was responsible for 62 acts of self harm and 13 suicide attempts"

Withheld under [section 9(2)(a)] whose brother Withheld under [section 9(2)(a)] took his life at the Palmerston North hospital ward Withheld under [section 9(2)(a)] has been in touch with the writer to raise concerns at the follow up to the family's complaint. Responding to the latest suicide statistics Withheld under [section 9(2)(a)] said all incidents should be treated seriously, as if they were an actual suicide. Withheld under [section 9(2)(a)] is reported in the local media to say "attempting to make the number look smaller by attributing heaps of events to an individual is a 'cop out'. Surely, if it's one person creating lots of events this shows their treatment is not working." Withheld under [section 9(2)(a)] said reports from the ward had commented adversely on its atmosphere. "All have said the environment is not safe and non-conducive of supportive treatment." A service user who has recently had a long stay at the detention facility informed the writer last week of an estimated 95% of people at the detention facility would only speak negatively about the service.

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2. Best Practice according to people in your region

Real-time feedback

Mana o te Tangata are providing service users with Real-time feedback via dedicated tablet stands at both their Levin and Palmerston North services.

Below is a photo of an online Real-time Feedback station at the Mana o teTangata Trust's Palmerston North service.

There has been no reports nationally of any inpatient psychiatric detention facility giving service users access to such a dedicated online Real-time feedback option, which is disappointing given the need for this

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Intentional Peer Support training

Levin service users reported on the specific benefits of completing the Intentional Peer Support training including being able to work in partnership with peers who have done the training.

WRAP service

Levin Mana o te Tangata Trust service staff reported that the Wellness Recovery Action Plan (WRAP) the evidenced based practice model set up by peer leader Withheld under [section 9(2)(a)] is used regularly at their service.

3. New Initiatives /Developments in your region

Manawatu and Horowhenua services amalgamations

Mana o te Tangata Trust has been formed from an amalgamation of three services in the Manawatu and Horowhenua Regions. The Journeys to Wellbeing service, the Stepping Stones service and the Te Upoko Peer Support and Addiction Service. The result is a service that provides the best of each of the previous services and more.

The Mana o te Tangata Levin service has a full programme of mostly onsite day activities including WRAP (detailed above), Cooking skills, Anxiety support group, Motivational Speaker day, Tikanga Ririki Maori Parenting Programme, Walking Club, Gardening and Art classes to name a few.

The Mana o te Tangata Palmerston North service has a full weeks programme of onsite and offsite activities including the same as Levin but also Te Reo Smashed and Stoned program (AOD), Hearing Voices Support Group, Tennis, an onsite gym that progresses people to use

a community gym, a dedicated onsite art space and computer lounge, Waita and a 'pamper session'.

Kia Noho Rangatira Ai Tātou UNCRPD Human Rights Education programme:

The Kia Noho Rangatira Ai Tātou education programme that puts the human rights of disabled people and the UNCRPD into a New Zealand cultural context has received funding to implement another series of programmes for Disability Support Services and Disabled People including those with lived experience of psychosocial disability.

The two day interactive programme has three main learning objectives:

- understand the meaning of human rights and the New Zealand human rights system
- learn about the UNCRPD (Disability Convention)
- apply practical knowledge of the Disability Convention.

Workshops are being rolled out nationally including workshops in the Central Region in Palmerston North, Wanganui and Wellington

Practice Guidelines for Supported Employment Providers

A working group has been meeting over the past 6 months to develop Practice Guidelines for Supported Employment Providers. The Disability Person Assembly (DPA) initiated project has several people with lived experience of psychosocial disability on it (including the writer) to help inform a mental health perspective with the guidelines. The guidelines will be due for public release prior to the next quarters report.

4. Addictions

Council Harm reduction strategy

The Napier City and the Hastings district councils have a joint alcohol strategy to limit availability and promote safe, responsible drinking after reports that hazardous drinking rates are 60 per cent higher in Hawke's Bay than nationally, causing widespread harm and need for health resources.

5. Whanau/family services

Whanganui family/whanau programmes

Whanganui DHB is launching two new programmes designed to support clinicians working with parents or caregivers who experience mental illness.

Called Keeping Families and Children in Mind and Let's Talk, both programmes are focused on encouraging conversations that help children better understand what their parents are experiencing and very importantly - that they didn't cause their parents' illness.

Last month, Whanganui became the first DHB in the country to run a three-day 'train the trainers' workshop for the two programmes which are set to be rolled out this year in Whanganui and over the next two years nationally.

Tikanga Ririki Maori Parenting Programmes

Mana o te tangata provide Tikanga Ririki Maori Parenting Programmes in both their Levin and Palemrston North services. The Tikanga Ririki Parenting Programme is drawn from

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traditional Māori parenting sources before the changes that came when the first visitors arrived. Attendees learn about the tipuna world to begin to understand how they and why they treated their children as special gifts.
The Tikanga Ririki Programme is structured so that attendees can learn about violence free parenting in steps to help understanding.

6. Maori services

New Maori housing initiative

Housing and homelessness continue to be a concern in the Central Region. The Kāinga Whenua loan scheme is a new initiative between Kiwibank and Housing New Zealand to help Māori achieve home ownership on papakainga. The name Kainga Whenua combines the concepts of home or homestead (kainga) and connection to ancestral Maori owned lands (whenua / ahikaa). Kāinga Whenua supports ahikaa and haukainga to help address whanau papakainga housing aspirations and can be used to build, buy, renovate or relocate a house on to whenua Māori. Kāinga Whenua provide Loans for individuals up to $200,000 loan with no deposit. Loan can be provided over $200,000 under some circumstances

Horowhenua Toa Ora Alliance

Tāne Ora Alliance (TOA) is a movement that seeks to unlock the Potential for Māori men to positively participate and contribute to society. Prof Withheld under [section 9(2)(a)] notes that "we are good at practicing a Tikanga on the Marae" and therefore need to apply the same principles to everyday life – such as establishing meaningful and sustainable relationships. The Horowhenua region Toa Ora Alliance are commencing a Tāne Ora Alliance programme in May after already completing courses in Palmerston North and Dannevirke.

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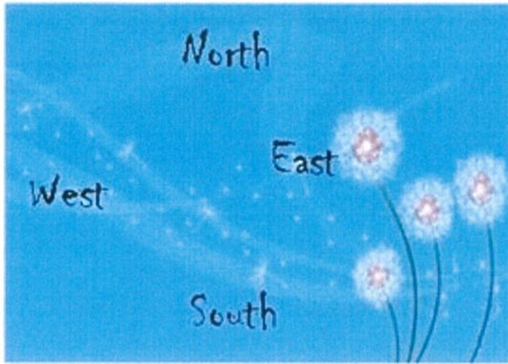

Nga Hau E Wha

"Champion many voices"

Member: Grant Cooper

Region: Otago/Southland

Meeting date: 23/24 February 2017

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Issues or Challenges in the sector as identified by people receiving services in your region

Waitaki:

Person expressed concern that those who support a victim of an accident or misadventure that is stressful get NO appropriate support. It is there for Helping agencies involved through their organisations, there for the deceased person's family members (through victim support) BUT there is nothing for the general public who courageously step in to make a difference. I am talking about early intervention from a trained professional to prevent PTSD or at least give coping strategies. Victim Support do it but are not "trained" as such- only to quickly assess suicidality and to listen and refer on- and then it can only be if the member of the public can afford to cover cost themselves.

Person rang Dunedin Mental Health and they said only available if person presents with significant mental health issues. I am talking about an ambulance being needed at the top of the cliff….

Invercargill:

Person concerned Lifeline keep info on a person's file. He did not realise that a file is kept on him. When asked what was in it they said it was basis information e.g. he is interested in poetry. He would like Lifeline to tell people that information on them will be kept on file and how you can access that information.

Person feels that it is time for Work and Income to move on from the Lone wolf attack in Ashburton and to decrease the security presence at Work and Income offices. . He would also like to see people have greater access to their Case Manager.

Invercargill - Southern District Health Board Mental Health Addiction and Intellectual Disability Services (SDHB MHAIDS) Consumer Advisor

Transport can be an issue with the encouragement of consumers being independent they often struggle financially. Cost of bus fares, use of the disability Van the fare has increased, and half fares in taxis due to physical as well as mental health issues. Key Workers help to fill

that transport need, but the is do we give them transport or encourage more independence in the community. balance

Many of our Consumers find the cost of Smoking a struggle financial and as such many more are turning to E-cigarettes

Coming in as an inpatient can mean the ward is full in Invercargill so they have to be transported to Dunedin for their care and this in turn means they often are away from family and friends. People travelling lengthy distances to visit. No Wi-Fi so cannot send emails, play music etc. Use of the ward phone is limited due to the cost of toll calls. Family conferences with the psychiatrist usually the ideal is for them to be there so financial cost of travel.

Dunedin - Otago Mental Health Support Trust:

Feedback we get from peers include:

- "Staff should be assessed by the patients" and must be done in a safe, easy and convenient way. A lot of assessment is done by mental health staff on patients but patients would like the opportunity to assess staff as to how well they are doing their job.
- Concern expressed that mental health services staff use a person's medical history against them for example about a time they were unwell but using it on a fear basis that you could become unwell again yet not recognising the work someone has done in their own recovery.
- The number of people under the Mental Health Act and the feedback of fear based responses of staff keeping a person under the Mental Health Act instead of being hope based.
- People are concerned about the length of time they have had to spend in hospital and that for a number of people having extended stays in hospital is due to lack of community support available so they can move out of hospital.
- Feedback is that there is still little evidence of collaborative note writing with people's notes.
- People also identified that they would like to have much more peer support available within inpatient settings.
- Recently we gave people the opportunity to talk about the Mental Health Act in regards to a submission the Ministry of health was asking about the Mental Health Act and Human Rights. Some people's comments are below:
  - The Mental Health Act is discriminatory.
  - The threat of being put under the act is used to coerce people who seek treatment voluntarily. This negatively affects the therapeutic relationship.
  - The whole "mental health system" is disempowering.
  - Mental Health Act processes are very slow because of paternalistic clinician attitudes.
  - My family was fed a lot of fears.
  - In practice the Mental Health Act is about getting people to take medication. Is there not evidence for the effectiveness of other treatments?
  - People should have the right to choose. That right is removed by the Mental Health Act.
  - Clinicians should be heavily sedated for three months so that they know what it is like.
  - Sedating people for several months so that they can't even get out of bed should become a crime.
  - Being under the act is very isolating. It's hard to find someone in there batting for you.

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- Attitude changes are needed in mental health service staff. Should this happen through training or at recruiting time?
- This review of the Mental Health Act was very poorly promoted. No-one on the wards knew about it.
- There is no Maori version of this review process.
- Statistics claim 59% consultation with families during admissions under the Mental Health Act. Where does this figure come from? Is it fabricated? Anecdotally the figure would seem much lower.
- Why has Raise Hope not introduced Open Dialogue as used in Finland? This has family involvement right from the start.
- It can be traumatising for family members to knock on the door at 9B.
- Solitary confinement (seclusion) varies greatly around the country.
- Seclusion is necessary if people are causing trouble.
- Restraint, physical and chemical – is this treatment or punishment?
- Should there perhaps be cameras in public areas of hospital wards? There would be pros and cons. Some people would see it as loss of privacy. Others would see it as openness and transparency.
- Another way to have transparency in mental health services is collaborative note writing.
- The Mental Health Act comes from a perspective of fear rather than hope.
- Clients have hope for the future, clinicians have fear.
- The Mental Health Act court experience – some people feel able to speak up for themselves, others find it impossible; it makes you feel like a criminal; it divides families as they are often the ones who get you in there; your only chance is a genuine second opinion and they are impossible to get.
- There is very little training for lawyers working in mental health – nothing from a client perspective.
- The service from District Inspectors is poor. Why do people who use mental health services not have a say in selecting District Inspectors for Otago. This does happen in other areas.
- Peer support and advocacy are the answer.
- Informal peer support is very important. E.g. patients on the wards talking to each other.
- Some people stay under the Mental Health Act only because they get free medication.
- Psychiatric district nurse vs. Peer Support worker: both nice people but different relationships. The nurse is more about helping.

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- Psychiatric district nurse vs. Peer Support worker: both nice people but different relationships. The nurse is more about helping.

A Service User perspective:

"I prefer to comment on a national level, for I see significant problems at this level that then manifest themselves at a regional level then trickling down to a local level.

Firstly, I support the immediate convening of a national 'inquiry' into how current services are funded, delivered and evaluated. Both political parties have announced significant agendas for service funding and configuration. But without detailed analysis of what and how current arrangements are not meeting the obvious needs of New Zealanders, such policy is risky and foolishly misplaced. The inquiry needs to be far reaching and cover addiction related services separately.

The legislation (Proceeds of Crime Act) needs to be channelled into the funding of rehabilitation services for those experiencing addiction, and there needs to be greater emphasis on those individuals who are currently incarcerated in our prison system/s. There is required much greater integration of services for such individuals and their families. Services are currently duplicating systems, and accessing funding that would better serve the target population if it was indeed targeted at evidence based interventions led and delivered by organizations that have a proven track record in such areas.

It is commendable that DHB's are attempting to fund the NGO community in a more one system approach, but initially the NGO community needs substantial investment, to fulfil their designated role/s. There is an erroneous assumption that the NGO community is already equipped to shoulder the additional responsibilities redistribution entails.

The provision of peer led services is suffering from a lack of a coherent national strategy, and consequently is developing in an ad hoc manner. There is inherent danger in this in terms of both accessibility to and the appropriateness of such services.

The Mental Health Commission need to be reconvened/or something akin to it put in place.

From Taiohi/youth co-existing service in Otepoti from Peer support perspective:

Specifically for our taiohi one of the challenges is within our justice system. Lack of consistency with education and understanding from some judges around co existing issues when youth present in court. Keeping young people out of prison and giving them access to AOD and mental health services.

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- We now have a waiting list of approximately 8 weeks for youth and their whanau to access our service due to the high demand and lack of other youth services in the area dealing with Co-existing issues.

-Affordable and suitable accommodation for youth is an ongoing issue in our area due to financial constraints of taiohi I work with and also the availability of accommodation in our area.

From Otago Mental Health Support Trust peers:

- Concerns about gaining independent 2nd opinion from a psychiatrist. Pragmatically very difficult in the Otago Southland region.

Mental Health Act and Human Rights Submission was difficult to find for example not on Ministry of Health website and could have been a lot easier to fill in if an online survey form was developed.

Person reported problem accessing District Inspector. For example not being able to see a District Inspector within first 5 days of being under the Mental Health Act

Why are mental Health Act court hearings not recorded? Feedback is that if they were, they could be used to help build a case through a person's lawyer.

There seems to be very few Health and Disability Commission complaints upheld especially those relating to mental health services.

People are saying that they are at times feeling pressured to take an injection instead of oral medication. Some feedback is that the movement to injection is not because of noncompliance to oral medication but rather convenience for the mental health service.

A newspaper article in the Otago Daily Times on 5th May (see attached) talked about a scare experience by FearNZ in Dunedin where "As thrill seekers make their way to the psychiatric ward, past the cells crammed with clowns, the masked patients await the visit" Otago Mental Health Support Trust made a complaint to the ODT as to its coverage and also to Fear NZ. FearNZ has to date not responded to the complaint and the ODT has stating that they reject the complaint but do apologise for any distress however unintended. OMHST will consider going to the Press Council and the Advertising Standards Authority. The person who runs FearNZ is Withheld under [section 9(2)(a)] who in a Stuff article on June 6th 2016 described himself as "...someone who dresses as a psychotic clown and chases people with a chainsaw." The article related to him gaining the Queens Service Medal

Service development in the Mental Health and Addictions Sector

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Would love to see more peer led services specifically for Co-existing (Addiction and mental health) in Te Wai Pounamu/South Island.

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The challenges in respect to peer support; changes and developments in peer support and advocacy

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Lack of opportunities for peer support training in the Te Wai o Pounamu/ South island.

Lack of peer led services specifically for Coexisting (Addiction and mental health) in Te Wai Pounamu for youth.

Isolated from Peer networks and not aware of developments, changes to peer support. Need to make more time to develop my network especially in Te Wai Pounamu.

Ongoing community liaison to keep building relationships with community organisations who support youth, specifically in our area – Artsenta, Otago Youth Wellness Trust, Corstorphine Baptist Community Trust, Otago Mental Health Trust, WINZ – Youth link, The Hub, community groups offering activities.

A Peer Support service in the Southern region has been given a 1% increase in funding from SDHB.

Issues relating to mental health and addictions services inside the DHBs, NGO and community sector.

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Lack of services specifically for Co-existing

Funding cuts to our service has create issues with service delivery.

Lack of knowledge by many DHB and NGO mental health services staff about the Mental Health Act and Human Rights Submission process.

Best Practice according people in your region.

Waitaki:

Praise for Waitaki Community Mental Health who are apparently meeting their target of dealing with a referral the next day...contact Paul Cullen for more detail

Invercargill

Southern District Health Board Mental Health Addiction and Intellectual Disability Services (SDHB MHAIDS) Consumer Advisor:

Key Worker involvement very supportive, usually seen weekly, so able to contact psychiatrist at the early onset if the Consumer appears to be getting unwell. Flexibility – seen at home, in the community as arranged or in the work place if appropriate. Working with significant people involved with the person if the Consumer in agreement, support given going with them to see G.P, taken to see Counsellors, social outing for coffee if person is isolated.

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Dunedin - Otago Mental Health Support Trust:

Comment that an individual attending Emergency Psychiatric Services In Dunedin was given information, engaged with respectfully, listened too and given the time they needed by the staff member on duty.

New initiatives / developments in your region.

SDHB Mental Health Services have stated that their intent is that by 2020 they will be seclusion free.

Waitaki:

New support group outreach meeting on second Thursday afternoons of each month.

Artsenta begins in Oamaru this Thursday and has undertaken to be up monthly. Great initiative to do outreach when services are usually only city based.

Invercargill:

The Invercargill radio show Calm Minds will be restarting again this year after a break over Christmas. It is on Radio Southland 96.4FM. Podcasts are available through www.radiosouthland.org.nz/podcasts2/

Invercargill - Southern District Health Board Mental Health Addiction and Intellectual Disability Services (SDHB MHAIDS) Consumer Advisor:

Moving Forward Consumer Advisory Group meets once a month in Invercargill – now district wide group. It is working to improve the service for service users.

Advance directives

Advisory Team district wide working on Education of Advanced Directives, Pamphlet and Flyer in draft form. Advisors attended (Skills for Change workshops) from this we started the project around Advanced Directives. This is not a legal document as such but to be completed when the person is well enough to say what they would like to see happen if in the future they became unwell and who they would like involved in their care, what works for them and what doesn't. Usually filled in with support from their Key Worker and signed off by the psychiatrist.

Seclusion and restraint

A lot of work is happening around Seclusion and Restraint to reduce numbers.

Stepped Care / talking therapies currently being put together.

Employment

A working group to get people into some form of employment, we have had one public meeting at WINZ and a good turnout of Consumers and people in the right areas to help guide them forward. I was a key speaker from a Consumer into full time paid employment after six years out of work, proving it can be achieved.

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Now putting in place resources to run Focus groups in rural areas and in Invercargill to gain feedback on the Service as a whole, we hope to gather information which will lead to even better outcomes for Consumers, Youth and Families.

Dunedin - Otago Mental Health Support Trust:

The Stepped Care Mental Health Action Plan for the Otago/Southland region has just been realised. Of significant note is:

- The implementation of district wide peer support service (currently it is only Otago based and pragmatically the Dunedin and surrounding region).
- A Peer run Respite service in Dunedin will be developed.

For more information on the Stepped Care action plan, go to the SDHB website http://www.southerndhb.govt.nz/files/19204_20170131184726-1485805646.pdf

Best practice as defined by service users

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:

Te Whare Tapa Wha based values cards(Whai Tikanga) resource to build values and strengths

Connecting taiohi with their environment through resources for local walks, community groups, physical exercise based activity.

Art activities – doodle art, zentangles(creating own doodle art), making sculptures using fimo, drawing activities using Flow resource, 7 day nature photo challenge resource, making objects using clay, spirograph, origami, mindfulness jar making to support wellbeing and having fun activities to do

Resources to support creating healthy routines and structure

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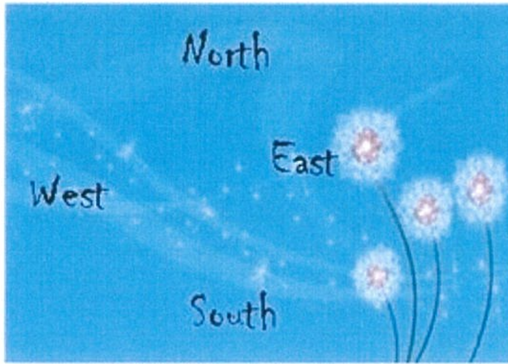

Nga Hau E Wha

"Champion many voices"

Member: Tui Taurua-Peihopa

Region: Northland

Meeting 23/24 February 2017 and 25th/26th May 2017

1. Issues/challenges identified by people in your region

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- Consequences of "P"
  - Parents lost their three children whom are now living in Auckland
  - admitted into Tu Kaha very unwell
  - Partner living in shell of home after he burnt all their furniture

- lost husband and child because of her "P" addiction

- Male believes medication is used to make him conform

- Contact with Maori Tangata Whaiora Whangarei

- "Negative Language" e.g. Get over it

- Meeting Maori Mental Health Network Model of Care Update Meeting
- (15 May 2017)
  - Issues identified
    - High compulsory Treatment orders
    - High seclusion rates
    - High numbers of youth suicide
    - High numbers of homelessness
    - High drug usage
    - Gangs
  - The hui raised a lot of issues for me.
  - A) Having only two whaiora voices involved in the development of a Model of Care. Not good enough.

- B) What is NDHB perception culturally centred and cultural diversity mean?
- C) I felt that GM moved the golf post in that meeting while discussing the development of a Model of Care.
- D) The community challenged the DHB from a cultural perspective as well. They talked about culturally centred services versus cultural competency. Is culturally centred a watered-down version to competencies?

2. Best Practice according to people in your region

We need to develop a Peer Support Service using Maori Models of Practice.

The running of twelve step recovery workshops – Whangarei

3. New Initiatives /Developments in your region

Visiting Tangata Whaiora Maori throughout Aotearoa.

Staff Recruitment

A belief of a Tangata Whaiora Maori Workforce: re Nga Hau e Wha and Te Rau Matatini

Distribution List

We are in the process of developing a distribution list for Northland.

Northland Issues pending -

1. Prisoners and Mental Health: Nga Wha Prison
2. Veterans and Post Traumatic Stress Disorder, Depression, Suicide, Physical Health due to Agent Orange (Wai Claims)
3. Mental Health Act on the Marae – spoke to Judge (through Te Tiriti o Waitangi)
4. Suicide Prevention Action Plan
5. Seclusion Numbers
6. Respite
7. Issues around "P" and other drugs
8. Overcoming addiction – 7 years clean
9. Fixed him through medication
10. Running Recovery Workshops Maori – 12
11. Definition of a Warrior

Relationship Building Expectations

- Te Rau Matatini

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- Te Huarahi o te Pounamu (Maori National Tangata Whaiora Roopu)
- Te Hau Awhiowhio o Otangarei Trust, Whangarei
- Christchurch Consumer Networks
- Te Tai Tokerau Kaimahi Maori working within the mental health and addictions Sector
    - Maori Mental Health Network Proposed Model of Care Hui
- NGO Governance Group, Northland
- Wellbeing Wellington
    - Withheld under [section 9(2)(a)] organisation Love and Madness
- Ngapuhi Kaumatua, Northland
- Other Maori Networks

- Meeting Maori Mental Health Network Model of Care Update Meeting
- (15 May 2017)
    - Issues identified
        - High compulsory Treatment orders
        - High seclusion rates
        - High numbers of youth suicide
        - High numbers of homelessness
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        - Gangs
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    - A) Having only two whaiora voices involved in the development of a Model of Care. Not good enough.
    - B) What is Northland DHB perception culturally centred and cultural diversity mean?
    - C) I felt that GM moved the goal post in that meeting while discussing the development of a Model of Care.
    - D) The community challenged the DHB from a cultural perspective as well. They talked about culturally centred services versus cultural competency. Is culturally centred a watered-down version to competencies?

Best Practice according people in your region.

We need to develop a Peer Support Service using Maori Models of Practice.

The running of twelve step recovery workshops – Whangarei

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New initiatives / developments in your region.

Visiting Tangata Whaiora Maori throughout Aotearoa. (26 to 29 April 2017)

- Maori Christchurch visit
    - Attended the Senior CDHB Consumer Group
- Outcomes – Veteran and Maori Whaiora attendance
- Withheld under [section 9(2)(a)] – Invited to Mana Whenua (Maori Leaders of Ngai Tahu Tribe: South Island)
- Refugees asking for help from Tangata Whenua
- Radio Interview (LIKE MINDS LIKEMINE)
- Te Kahu Korako: Toitu Hauora Maori Health Leadership Summit 2017 (8-10 May 2017)
- Presentation by Te Huarahi o te kete Pounamu (Rangatira Model with Mental Health and Addictions experience)

Staff Recruitment "I AM WE NOT I AM I"
Recruitment for the Nga Hau E Wha Maori Caucus

Four persons identified (Northland and Tamaki Makaurau, Christchurch and Invercargill) and Kaumatua.

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Distribution List
We are in the process of developing a distribution list for Northland.

Northland Issues pending –

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6. Respite
7. Issues around "P" and other drugs
8. Overcoming addiction – 7 years clean
9. Fixed him through medication

10. Running Recovery Workshops Maori – 12

Definition of a Warrior

- Strong and powerful
- Confident
- A Leader
- Providing protection / worth fighting for
- Mana
- Stamina
- Teacher
- Purposeful
- To stand in own truth
- Fearless
- Confident
- Fighter / Family protector
- An example
- Kind / soft
- Organised and alert
- Good observation skills
- "Negative Language / Get over it;" 9 March 2017 (2nd Week)

- Don't panic
- Got help?
- Wise
- Listen to inner self
- Power
- Strength
- Openness and ask for help
- Mind over matter
- Knowledge; knowing what you're doing
- Knows what they want out of life
- Identify how to overcome challenges
- "Let it Go"
- Loyal / Trust / Faith
- Is determined
- Ability to do things
- Turn negative into positive
- Spiritual faith
- Human Warrior – Fight, fight, fight
- Learning to overcome grief – life shift way of thinking
- Providing support
- Overcoming life death situations
- Strength to deter
- Bringing it out; did something for self
- Perseverance
- Looking through the eyes of another
- Defending those who cannot defend themselves
- Nurturing
- Stand up for one's belief
- Emotionally strong
- A Leader

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Relationship Building Expectations

- Te Rau Matatini (Priority hui 8 June 2017)
- Te Huarahi o te Pounamu (Maori National Tangata Whaiora Roopu)
- Te Hau Awhiowhio o Otangarei Trust, Whangarei
- Christchurch Consumer Networks
- Te Tai Tokerau Kaimahi Maori working within the mental health and addictions Sector
  - Maori Mental Health Network (Proposed Model of Care Hui)
  - Maori Mental Health & Addiction Network
- NGO Governance Group, Northland
- Ngapuhi Kaumatua, Northland
- Other Maori Networks
- THRIVE – Rangatahi Tuatahi Steering Committee Hui, Auckland

Tui Taurua-Peihopa
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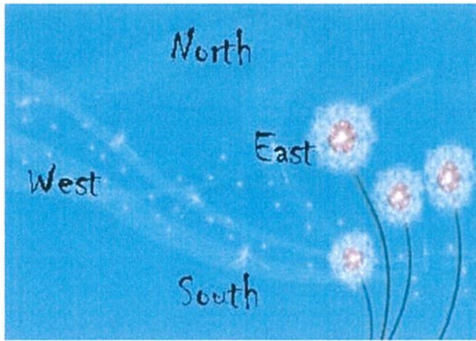

Nga Hau E Wha

"Champion many voices"

Representative: Victoria Roberts

Region: Central South

Meeting: 25/26th May 2017

Issues or Challenges as identified by people in your region

Upper Hutt Mental Health

- Serious issues with supporting people withdrawing from long term benzodiazepines with disastrous consequences for the person.

Systemic issues for services (not all services)

- Best practice, guidelines, and structure (filing etc.) are lacking for some services. Services get audited and issues are highlighted but no extra funding or support is given to assist the organisation to get into the position they need to be in for the next audit.

Homelessness and begging

- There seems to be a lot around the streets of Lower Hutt.
- It would be awesome to have an organisation like Downtown Community Ministry (DCM) in the Hutt Valley that specialises in working with people who are homeless in this region.

Systemic issue

- If a person doesn't have family or friends around them to get them into a compulsory mental health service then they fall through the cracks. E.g. no one to request an assessment by CAT or an application for MHA.

Smoke free

- Smoke free legislation is a big issue for some people
- Smoking is a choice and a coping mechanism for some people, government intervention is taking away people's free choice.
- There aren't good outdoor areas at our local ward; this is the only place people have to smoke. When they are in the secure unit they're not allowed to smoke at all.

Problematic language used by health professionals "you're mad"

- A viewpoint and discussion around those professionals who lack professionalism and have poor practice with the people they support. Sometimes adding to the stigma, discrimination and trauma that people face.

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HOUSING

- There was a general discussion about housing issues in the Wellington are. Waiting lists are long for HNZ and WCC. Plus there has been an increase in the criteria for acceptance being a 2 hour phone call to go through an 'assessment process.'
-

Housing and tobacco smoking

- The Wellington City Council (WCC) smoking policy and how places being inspected are impacting on people's mental health. The go into people's bedrooms - where is a person's private space? Some of the complexes have become smoke free so people are expected to go across the road and smoke. People have to sign up about not smoking in new tenancies. This pushes it underground. Now marijuana tinny costs less that a packet of cigarettes.

- Easy Access tenants can smoke outside under cover. No smoking in the house.
- So how far is too far? WCC has its do-ups now, multi-level complexes. New plans for others, all very flash and it doesn't seem like they are targeting the homeless.
-
- CCDHB Board member: mentioned people having smoke free goals and the public health debate. What do smoke free campaigners suggest
-
- Who's agenda is it? There is no smoking now in prisons and psychiatric hospitals.
- It used to be that there would be a debate/discussion with the person about smoking. Now they are drawing up contracts. It's not ethical.

- It's stigmatising people to make them give up or make a goal…it doesn't work. Patches aren't manly.

- HNZ is no longer a home for life. People have a right to have a home.

- The issues track back to the underlying relationships with tenants.

- Easy Access Housing people are told this is your home for now.

- Kāpiti has very little social housing and it is a huge problem for some. One person spent months in a tent in the camping ground during the rain and wind of summer. The respite service Key We Way is struggling to be full, but that a crisis service as an alternative to a hospital admission.

- There are huge shortages of places and the community may solve the problem, for example couch-surfing.

- Some good news….Oasis Network in the Hutt has opened a 15 bed housing complex for people with mild to moderate mental health problems. It is funded by the MSD and people can stay for 3 months. Oasis have employed 2 people one does the housing and the other finds people for ongoing positions. Oasis will be a really good landlord and apparently MSD funding made the project possible.

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- **Personal detail collection by MSD**. spoke about the lack of real support from MSD for Easy Access. They now require staff to take personal details which are shared with MSD. This creates a huge issue for people and a conflict for staff. This is an expectation and places may lose funding if they don't comply. It isn't professional and some refuse to do it.

- CCDHB Board member reminded us that a recent report to CCDHB regarding mental health included a recommendation about more housing:
" (iii) While the quantity and type of accommodation for service users living in the community is not under the control of the mental health services, they should prepare a 31 submission to the DHB funding and planning section summarizing their evidential contribution to an argument for greater provision of residential accommodation which has the capacity to provide for service users with high and complex needs."
https://www.ccdhb.org.nz/news-publications/news-and-media-releases/2017-01-26-mental-health-review-released/review-report.pdf She also suggested that we might like to listen to the item on Radio NZ 'Focus on Politics' from last Saturday. Link: http://www.radionz.co.nz/audio/player?audio_id=201835347

Te Tiriti o Waitangi

- Services need financial assistance to enable them to implement Te Tiriti into their services and practices.
-

Treaty Voyager Workshop

- Wellington Community Law Centre's 'Treaty Voyager Workshop' was attended by 2 Nga Hau e Wha members from the Central region as ongoing professional development. The information presented as well as the manual provided will assist our current development of Ngā Hau E Whā towards Treaty partnership in our work and practice.

Emerge Aotearoa: Withheld under [section 9(2)(a)]

Those with mild–moderate mental health issues are being discharged from mental health teams to their GP and are not accepted for Te Ara Pai Navigator or Home Based support, but express a strong need to have someone walk beside them, whether professional or volunteer, to help them cope.

- Few or no support groups neither for - bereavement through suicide; nor for those with bipolar; anxiety; depression.
- Huge demand on rental accommodation in Kapiti due to workers on the Transmission Gully & Peka Peka bypass, plus home buyers moving out from Wellington.
- Lack of emergency housing provision in Porirua or Kapiti apart from the motels.
- No recovery house for those coming out of Te Whare O Matairangi as if they're lucky they'll get a couple of nights in respite then have to go home where they often have little or no support.
- No women's centre in Porirua; the one in Lower Hutt is down to only a couple of days per week due to funding cuts.

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- Some difficulty accessing respite/crisis beds, provided by NGOs in the community, despite knowing they are available.
- Service users having to be actively suicidal in order to receive support from DHB services, meaning a severe lack of suicide prevention measures across the Wellington Region.
- Lack of supported accommodation for those people unable to sustain their own tenancy with community support, including those people with a forensic history.
- Barriers to employment for those people with a forensic history who are forced to disclose their offences.

Oasis Network

Te Whare Ahuru

As usual Te Whare Ahuru (TWA) (inpatient unit at Hutt Hospital) is causing concerns for people who use and visit this facility:

- People describe this as a rundown draconian facility.
- There is a very heavy use of seclusion
- It is described as prison-like and people are routinely locked in
- There is no access to water without asking staff for it.
- Staff are difficult to access if they are needed.
- Some stated that you could be locked in a secure unit for days and only be let out for one hour per day
- Inflammatory nursing practices. Agitate service users in the ward then seclude them.
- These nurses escalate the situation.
- Difficulties trying to get to talk to psychiatrist for families
- One client had difficulties trying to get a pastor to visit in seclusion unit
- No one knew of the inclusion of family, service user included in any MDT meetings even though this is allowed and encouraged by other services.
- TWA is known to give out large amounts of medications to people with a history of overdoses when they leave. (Paracetamol/ Ibuprofen/ Sevredol)

Work:

- Not much unskilled work available in the area
- Computer skills and reading are prerequisites for most jobs.
- Lack of support to get to work when it is available
- Vocational courses are run with no clear pathway to employment.
- Being able to volunteer at Oasis is good.

Stigma and discrimination:

Oasis Network

- A clear case of stigma and discrimination was described by a registered Social Worker who was told by an MSD employee that she shouldn't be able to register as a Social Worker because of her history as a service user.

Emerge Aotearoa:

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- Several community meetings, called '**Hui Tui**' have been held across the Wellington region in 2016 and 2017, led by the Stigma and Discrimination Consultant employed by Emerge Aotearoa, focused on challenging and minimising Stigma and Discrimination in professional practice and in communities.
- **Police**-due the Police's discriminatory recruitment policy with regard to applicants who are on or have been on anti-depressant medications, various leaders in mental health have expressed their dissatisfaction or outrage at this practice, which has been supported by the Health Minister, however the Police Commissioner has refused to consider revising the stigmatising and discriminatory policy.
- **Housing** - There is concern about families currently on a waiting list. Once they have had emergency housing, where can people move on to? There is limited permanent housing being built. Also, what happens for individuals who need housing?
- There are 4,000 homes short in Wellington. Housing is the elephant in the room. A member (also co-chair of the refugee housing forum) had attended a blue sky strategic planning meeting at WCC. Mixture of public, private and Council

Inner City Mental Health Liaison Group (ICMHLG)- Wellington City

Housing

- A member has met a person in the DHB who wants to help people into housing.
- WINZ have been paying $900 for 7 days in a hotel, and then they have to go.
- A member is working with a person living at back packers.
- Down town Community Ministry (DCM) has a dedicated housing team. One member knows that motels and backpackers can turn people away if they hear about mental health issues.
- Withheld under [section 9(2)(a)] (MP) has had a person sleeping just outside their office. DCM found them a space.
- Families should not be in lodges and backpackers.
- A member mentioned bad landlord situation – hard to get housed with a mental health history.
- There is concern about families currently on a waiting list. Once they have had emergency housing, where can people move on to? There is limited permanent housing being built. Also, what happens for individuals who need housing?
- There are 4,000 homes short in Wellington. Housing is the elephant in the room. A member (also co-chair of the refugee housing forum) had attended a blue sky strategic planning meeting at WCC. Mixture of public, private and Council

- WCC liaison advisor for Newtown to provide links between community and council. Seeing an increase of people experiencing mental distress on the streets in Newtown. Partly due to closure of Kilbirnie WINZ office. Tacy St CMHT moving to the hospital in Mein St. Working successfully with NGOs, looking at 3 open spaces/art/gardens to create in Newtown. Salvation Army involved, their addiction service to take over maintenance of the gardens, a night shop, turning clothing donations into something better, other plans are coming up

Best Practice as identified by people in your region

Emerge Aotearoa: Withheld under [section 9(2)(a)]

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- Te Ara Korowai Wellbeing centre, Raumati Beach, Kapiti provides a place for those with a range of mental health issues to feel welcome and supported through art, creative writing, health & fitness etc. However, only open daytime Mondays-Thursdays and few similar places, if any, in Porirua.
- Atareira Family/Whanau support providing support groups, circle of care
- Those that do get Navigators/Home Based supporters through Te Ara pai speak positively of the experience.
- Peer supporters – just not enough of them!
- Free peer advocacy support through Te Ara Korowai, Vincents Art Workshop and Newtown Union Health Service
- Good practice of Benefits Advocates in Porirua
- Pilot project 'Work for You' WINZ Porirua & Wellington works really well, but should be rolled out across the region esp. Kapiti
- Key We Way crisis respite service is highly valued by consumers, but under-utilised.
- Well-attended suicide prevention Hopewalk took place in Palmerston North.
- ASIST suicide prevention training was provided in Kapiti in March to 15 people, enabling suicide safer communities. It was very well received by participants, many of whom were counsellors or NGO staff.
-

Housing

- Emerge housing project – up to 300 families to be housed over the next 2 years. 70 units for families for 12 weeks. They will be WINZ clients, in need of emergency housing. Referred to the housing team and onto a waiting list. They have started in Tawa.

Oasis Network

- "Oasis services are GOOD."

Work:

- "In work" is a program for services users.
- One person described getting work at the Westpac Stadium through In Work.

Other supports:

- PACT has started in the Hutt
- Assists a service user to get to the gym
- They will be sending support workers into prisons

Lower Hutt Community Team

- Service users report a big shift in the new look community team.
- There have been personnel changes and they are listening better.

Upper Hutt Community Team

- This team has been strengthened and there are now more clinicians attached to it.

Inner City Mental Health Liaison Group

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- Wellington City Housing (the WCH) tenant welfare programme. It was set up a few years ago Wellington following an incident in one of the flats. When people apply for housing they identify who would benefit from a regular visit. There are 4 tenancy advisory positions. They also chat with crisis resolution team members and learn about vulnerable tenants. They can make referrals to places like Pathways, suggest GPS. WCH asks tenants who they can call if there is an emergency at say 3am in the morning. For a lot of tenants there is no one.
- It was mentioned that there is a lot of loneliness especially in the single flats. A now mention was made WHO statistics – in the last year there has been an 18% increase in people with depression. It has become the largest health burden, beating heart disease.
- 'Listening Benches' overseas were discussed - where older women (on purpose) sit on park/street benches and wait for others to join them to just talk about whatever. This could be good for a local event. Need more places for people to go in Newtown and around.
- Person from Withheld under [section 9(2)(a)] office talked about receiving a call from a person in Te Whare o Matairangi (Ward 27). Referred them to a peer advocate. Found out that there were 12 staff short on the ward and they had to close 3 rooms due to lack of staff. Also 3-4 week delays with 'choice appointments' via Te Haika for CMH Teams.
- There was some discussion about the report on mental health in NZ recently released and the 'state' of mental health services.
- WCC project in Newtown was discussed more. Member is keen to get all the NGOs on the same page. More powerful together. The Hope Centre is moving to newly built premises near McDonalds. Plans to shift 2 containers onto a site and turn them into a Menz Shed. Salvation Army's addiction services are taking over the maintenance of the gardens. has clients who are (rightfully) upset with the system.
- In Newtown there are ideas underway for the old Caltex station which has been bought to be turned into a medical center, but for now is available for other ventures (bike track, stage performances, art, mosaics), will run a Neighbour Night with St Vincents. Strathmore Park has 'Project 44' with a community action group including Iwi, Police, Housing and Council.

New initiatives / developments in your region

Kites Trust

Training the NZ Police

Kites Trust has secured another year's work with the NZ Police providing training to cadets at the Police training college in Porirua. As a small NGO we have had to establish strong and effective relationships with staff at the RNZ Police College and from within their Mental Health Team to improve and increase our opportunities to train more of the Police force.

The training covers awareness of issues for people with mental distress, how the Police can avoid being discriminatory and education on ways to communicate which will benefit the person with distress and the Police's role. The areas covered include:

- To speak and act calmly
- Give one message at a time
- Be honest about how the person with mental distress is affecting them
- Use 'I' messages
- Ask what might help

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Last year, Kites staff worked with the Police to develop an electronic resource which supports the messages we deliver in the class room. The resource is now on the Police's internal computer hub and can be accessed by all Police officers.

The training is held just prior to the cadets graduating so they can take some sound and useful options with them when they leave. Watching first hand as the cadets take on board the messages we provide is very satisfying. They come to appreciate that working with people in mental distress can actually be easier and less stressful than they had thought.

Action Research Peer Advocacy

The final phase of the Capital and Coast District Health Board's (CCDHB) funded action research will end on the 30th of June 2017. Until then, Kites will continue to undertake research and provide support and resources to the 3 organisations providing peer advocacy; Newtown Union Health Service, Vincents Art Workshop and Te Ara Korowai. From July 2015 until now, a significant amount of work has been done by Kites, the Peer Advocates and their Managers to deliver effective and person-centred peer advocacy services whilst determining what aspects of the services promote best practice. The research and service delivery culminated in a report to the CCDHB detailing guidelines for best practice peer advocacy. The best practice definition developed during the action research is:

Best practice can be achieved when peer advocates and their organisations provide a person-centred service which aims to achieve people's desired outcomes and move them from needing peer advocacy towards self- advocacy.

A significant aspect of Kites work was researching peer advocacy and peer support with the aim to be clear about what each role is and does either separately or together. It was concluded that there can be overlaps but ideally peer advocacy is issues-based and helps people to uphold their rights and peer support is a mutual, non-judgemental relationship between peers.

The action research work has helped to *'inform CCDHB on a future service delivery design, development and evaluation which would meet the needs of people (18-65+) using mental health and/or addiction services in the CCDHB Wellington, Porirua and Kāpiti districts.'*[1] Recently the Strategy, Innovation and Performance Directorate of CCDHB released a Request for Proposal for provision of Peer Consumer Advocacy Service. The current plan is that such a service/s will commence delivery from 1st July 2017. Until then Kites will continue work and research into areas of service philosophy and/or delivery that may be pertinent to the contracted service provider/s from the 1st of July.

- Kites Trust 27.02.17

Lower Hutt and Upper Hutt Mental Health

- Have been restructured and Upper Hutt now has a bigger team.

Changing practices with clinicians

- A couple of clinicians in community mental health and the CAT team are using more cooperative, open and communicative styles when working with people using the service and the support people who are attending.

Oasis Network Inc. in the Wairarapa

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[1] From: CCDHB Peer Consumer Advocacy Service RFP 16-21, 23.02.2017.

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Peer to peer groups in Carterton start in March (and soon in Featherstone) one day a week for two hours.

Friends to Friends is a mixed activity group on Mondays in Masterton. Peer advocacy and support are available in Masterton Mon to Fri 10—3:30 (except Thursday afternoons)

Withheld under [section 9(2)(a)]

Inner City Mental Health Liaison Group – Wellington

There is a significant MH component with visitors to the Electorate office (Labour) and they try to assist people without cutting across other agencies. It usually comes down to what they actually want as to what referrals she makes.

DHB Board member is pleased to be able to attend monthly meetings with ICMHLG and said she will advise the CCDHB Board that she is coming to these meetings.

The Chair of Nga Hau e Wha is on the Health and Disability Commission Consumer Advisory Group which meets quarterly in Wellington. She is currently also on the interview panel for District Inspectors. Victoria mentioned a consultation document from the Health & Disability Commissioner's office that Ngā Hau E Whā is working on. It is regarding "Health and disability research involving adult participants who are unable to provide informed consent." Currently it is not a given that people with disabilities involved in research give their informed consent or not. Please follow this link to the consultation document: http://www.hdc.org.nz/the-act--code/right-7(4)-consultation The consultation commenced on Friday 24 February 2017 and submissions will **close on Sunday 30 April 2017**.

New Mental Health Commissioner

Assists the Health and Disability Commissioner to ensure the rights of consumers are upheld. This includes two areas of responsibility:

- to make decisions on complaints, including complaints about mental health and addiction services, and
- to monitor and advocate for improvements to mental health and addiction services.

Refugee Trauma Recovery Service. It has recently become part of Red Cross now but will continue to work as before. The service is a clinical mental health service funded by the DHB to help former refugees. There is 3 staff including a part time psychiatrist.

There is a is a social worker (and a community activist). He works with people in the Greater Wellington area. He is based in Willis St with spaces for counselling in Pember House in Porirua. He tends to be more aligned with refugee places not clinical. He was part of the 'Changemakers' Refugee Forum and the service was previously known as RAS – Refugees as Survivors.

Atareira: There is an acting manager of Atareira based in Wellington. Funded by CCDHB they provide services for people whose family members have mental distress. They also have Easy Access Housing (MSD funded) which is a temporary solution for people with mental distress to stay for 3 months and get their lives sorted. They assist people to find long term accommodation, working with WCC Housing and HNZ.

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Kites reported that the CCDHB RFP for Peer Advocacy is out. Kites won't be going for it. Kites also did a submission to the Ministry of Health's discussion paper.

Before she left, CCDHB Board member reminded us that a recent report to CCDHB regarding mental health included a recommendation about more housing:

"(iii) While the quantity and type of accommodation for service users living in the community is not under the control of the mental health services, they should prepare a 31 submission to the DHB funding and planning section summarizing their evidential contribution to an argument for greater provision of residential accommodation which has the capacity to provide for service users with high and complex needs." https://www.ccdhb.org.nz/news-publications/news-and-media-releases/2017-01-26-mental-health-review-released/review-report.pdf She also suggested that we might like to listen to the item on Radio NZ 'Focus on Politics' from last Saturday. Link: http://www.radionz.co.nz/audio/player?audio_id=201835347

Oasis Network new outreach

- We are now doing an outreach in partnership with Te Whare Ahuru and offering an advocacy outreach once a week in the ward on a Tuesday at 3pm.

New Emergency housing in the Hutt Valley

Oasis now has 15 beds for emergency housing for men who experience mental distress / illness and or addiction with 'low to moderate' needs.

- The Hillary Court facility is a newly renovated complex in central Naenae.
- Facilities include:
- Fifteen fully furnished single and double rooms
- Large open dining / living spaces on each floor
- Large flat screen TV in each living space
- Fully equipped kitchen
- Showers and toilets on each floor
- Laundry facilities on each floor
- Please note that there is no lift.
- Supergrans support for learning to cook new recipes and budget well

Who can be a resident?

Single men who:

- want to get into permanent housing
- have low to mild mental health and/or addiction support needs
- register on the housing register held by Work and Income NZ (we will help with this)
- are able to live communally with others in Oasis' Emergency House

Emerge Aotearoa: Withheld under [section 9(2)(a)]

- In Kapiti, Mayor Withheld under [section 9(2)(a)] and Councillor Withheld under [section 9(2)(a)] have set up a housing committee to focus on the immediate and long term needs of providing a range of housing inc. emergency & social; adapted for disabled; single – families.
- In Kapiti, community involvement in long term health plan

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- Pro bono counselling in Kapiti thanks to 3 organisations working together: Kapiti Uniting Counselling Centre/Whirlwind for Men/Te Ara Korowai.

Addictions

Health Promotion Agency funding

Are funding us for a year to organise and facilitate alcohol training for other social service employees. This is a free training for those working in the social services in the Hutt Valley and Wairarapa.

Emerge Aotearoa: Withheld under [section 9(2)(a)]

- Huge need across the sector for detox centres, as nowhere for people to come off 'P' or other heavy drug usage

Oasis Network

- There is no needle exchange in the Hutt Valley. Needles are being found in the community.
- Suggestion that there be a Sharps container available in the hospital somewhere.
- Methadone and OTS services are all run out of Wellington CADS with a limited outreach service
- The cost to get into town to the service is prohibitive. A return trip on a bus costs $20.00 from Upper Hutt.

Whanau/family news/issues or challenges in the sector as identified by people receiving services in your region

Emerge Aotearoa: Withheld under [section 9(2)(a)]

- Lack of support for single dads.
- Lots of couch surfers, as young people can't afford to leave home, or return home and so are supported by parents/grandparents.
- Housing for single parents very difficult to come by

Services for Maori

Te Tiriti o Waitangi

- Services need financial assistance to enable them to implement Te Tiriti into their services and practices.

Treaty Voyager Workshop

- Wellington Community Law Centre's 'Treaty Voyager Workshop' was attended by 2 Nga Hau e Wha members from the Central region as ongoing professional development. The information presented as well as the manual provided will assist our current development of Ngā Hau E Whā towards Treaty partnership in our work and practice.

Emerge Aotearoa: Withheld under [section 9(2)(a)]

- Some kaupapa Maori services 'protect their patch' and so are reluctant to fully collaborate with generic mental health and addiction community services.

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Services for Pacifica people

Pacific news from Withheld under [section 9(2)(a)] **- Chief Executive Le Va**

Hi Victoria
I'm on leave at the moment and just getting on a plane - we have had a flurry of media activity about pacific mental health... and we'll pop it in our newsletter this week. I have pasted some of it below.

Ok, thanks and can be in touch with further info too.

Withheld under [section 9(2)(a)]

A project we are working on that might be of interest is our leadership seminars:

https://www.leva.co.nz/our-work/gps-conference-2017

Pacific mental health leaders put this survey together propositioning what's important for them, including pacific service users, to upskill further in. The topics are really interesting.

https://www.surveymonkey.com/r/Q7JKS6S

http://i.stuff.co.nz/national/health/91938328/study-pacific-youth-more-at-risk-of-suicide-than-any-other-group

http://www.radionz.co.nz/news/national/329698/pacific-youth-plead-for-better-mental-health-support

https://www.tvnz.co.nz/one-news/new-zealand/new-mental-health-study-reveals-high-suicide-rates-in-pasifika-youth

http://podcast.radionz.co.nz/ckpt/ckpt-20170428-1820-mental_health_top_priority_for_pacific_youth-128.mp3

https://youtu.be/Ij4Hclkfc14

Other:
Emerge Aotearoa: Withheld under [section 9(2)(a)]

NGOs

Last week the Government announced a $2 billion pay equity settlement for 55,000 care and support workers in New Zealand's aged and disability residential care and home and community support services. This offer has not yet been ratified but it highly likely that it will be over the coming weeks.

While this is a great victory for these people who do wonderful mahi and have been poorly paid, it does present some challenges for the mental health sector and organisations like Emerge Aotearoa that provide services across both sectors. Because the offer does not include behavioural support services, caregiver support, child

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development services, environmental support, funded family care, and mental health services, one of the implications of this settlement is that organisations like Emerge Aotearoa could find themselves in the position of having staff working alongside each other, doing similar work, but being paid significantly different rates of pay. Further it will make recruitment of new staff to and the retention of existing staff in, mental health NGOs, potentially much more challenging.

Peer Advocacy RFP-CCDHB

The outcome of this seems to have been delayed and the DHB are not communicating with the NGO sector why and when the decision will be made about who is the successful applicant for this contract.

Seclusion-there is a welcome that DHB's including CCDHB and Hutt Valley DHB have demonstrated some reductions in their use of seclusion. This needs to be sustained if the overall desire, in Rising to the Challenge, of the elimination of seclusion is to be achieved.

Service user Groups-it is a concern that these groups are insufficiently valued or supported by DHBs and it is suggested that funding should come directly from the Ministry to ensure that there is a robust infrastructure for service user involvement, participation and leadership in Aotearoa.

Suicide Prevention-there has been a significant time-lag between the organisation 'Lifeline' being successful in an RFP to coordinate action around the 3DHB Suicide Prevention Action Plan and individuals being appointed to roles. The 'Lifeline' organisation was subject to a crisis, itself, followed by a takeover by Presbyterian Support Northern and this has contributed to the hiatus in the local work. Staff are now in place, although the group structure to support them has had a rather disorganised and stuttering start. This does not lead to confidence in this organisation's ability to carry out this essential work, locally. Lifeline have also lost the contract to deliver Living Works Suicide Prevention Training such as safeTALK and ASIST, so trainers are working to ensure that this can still be delivered, by independent providers, locally and Nationally. Alongside that, the Pacific organisation Le Va have won a National RFP to design and deliver a 'for New Zealand, by New Zealand' Suicide Prevention Gatekeeper Training, which is hoped to be available in a few months' time. .

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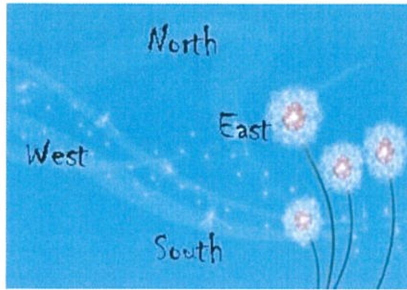

Nga Hau E Wha

"Championing Many Voices'

Member: Guy Baker

Region: Midlands

Meeting: February 23/24 2017

New Initiatives /Developments in your region

Tairawhiti:

- **Consumer engagement meetings** remains strong and active. Consumer Advisory Group (CAG) recommenced in February following the Xmas/ New Year's break. Guest speaker was from Tairawhiti Beneficiaries Advocacy Trust (TBAT). Meetings with Piki Te Ora (adult respite facility) residents continue to provide a platform for concerns to be aired and to celebrate good things that are happening. Meetings with Te Whare Awhi Ora (adult in-patient unit) whanau have been changed from fortnightly during the day to three times a week in the evenings. The day hui were poorly attended with whanau being on day leave to evenings where response has been very positive and access to support workers enhanced.
-
- **Seclusion** – Goal date of ending seclusion by Feb 2020 is gaining momentum. Renovations to a closed seclusion room to become a low stimulus room has been approved and will be undertaken shortly. Plans to continue changes to the lounge are being considered along with the eventual other two seclusion rooms as they are withdrawn. There is a notable downward trend in the use of seclusion.
-
- **Youth Respite Service**: Earlier workshops had been run to determine what this may look like. Since then an ROI had been issued for the establishment of this service and 2 proposals are currently being evaluated.

- **Parenting and Pregnancy Support**: Commencement of this service has been approved. It aims to reduce harm and improve wellbeing of children by addressing the needs of the parents to strengthen the family environment. Priority population are whanau experiencing multiple and complex issues as well as problems with alcohol and drugs where there are children under 3yrs and/ or pregnant.

- **Mahi-a-Atua:** Continues to build critical mass within the community with a second intake of Mataora from across the wider community.
-

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- **AOD Review**: Commissioned by Hauora Tairawhiti a review of AOD services included a stock take of services, meetings with whanau, stakeholders and the public were held. Led by Withheld under [section 9(2)(a)], AOD Consultant from Auckland this comprehensive review revealed what was working well, what gaps existed with recommendations being received and accepted by the Health Board.
- **Postvention Suicide Group** has been established to address delivery needs to whanau following an event. A three tier governance, central and frontline response structure has been set in place.

Lakes:

- **Link People:** is a new business initiative formed from Wise Group Linkage and Keys Social Housing that provides for the importance of linking both housing and navigation services together to be able to address the holistic needs of individuals who use the health and social system.
-
- **Inpatient morning handovers:** Becoming involved with the inpatient morning handover process has been instrumental in contributing toward successful collaboration.
-
- **Community Promotion:** Actively involved on building a community presence through enhancing local networks with managers and staff that are beneficial to tangata whaiora and families.
-
- **Whare Whakaue IPU:** Continued presence here that provides a great forum for tangata whaiora to gather, have coffee/ tea and to learn about peer led support, support groups and navigation services. Tangata whaiora are encouraged to try something new and join groups of like

Waikato:

- **MH & A *Creating our Future Programme*** – This 5yr strategic direction pulls together various pieces of work into a single programme aimed to deliver a practical way forward that improves quality, addresses safety and experience of care, reduces the demand pressure on staff and i9mproves MH outcomes and equality for all our population. It looks to utilize resources more effectively, increase the use of new technology and which has developed an Interim Programme Board and Project Initiation Document. A whole of system approach is being adopted where work streams and work stream leads have been identified to develop partnerships with key stakeholders and communities.
  Aligning current services to be more effective in the achievement of better outcomes through the development of Acute care and Integrated care pathways, joining up of services that allow us to play to our strengths and to look after staff by the creation of an open environment that provides a forum for discussions around MH.

- **Post Seclusion** – Debrief interviews continue, thematic reviews occur culminating in actions plans that prove to be a useful tool for whaiora and staff accountability. Re-think of further ways to reduce seclusion with Consumer roles having a huge influence in the conversations regarding seclusion minimization and eventual elimination.
-
- **Suicidality/ Wellbeing co-design project** – Co-creation and co-design of a wellbeing pilot project between Waikato DHB and Centre 401 that focuses on people entering Emergency departments with self-harm presentation.

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Taranaki:

- **Te Puna Waiora (TPW – Intensive Psychiatric Care Unit):** Redesign of this complex is ahead of schedule going into the final stage called "Rimu". Area's that have been named "Kowhai" and "Nikau" have been completed. These incorporate bedrooms with built in beds, shelving and desks, a large lounge with large TV and a sensory room called "Karakia" which also has a large TV and which will have a multi-purpose use as an interview and whanau room. The final stage, known as 'Rimu" will also include a second sensory room that will be called "Totara". There will be one commissioned seclusion room remaining. The appointment of a new occupational therapist has seen the introduction of a new ward programme. This runs daily from 8:30am to 3:30pm and combines a mixture of activities from arts & crafts, educational & skills groups, sensory modulation, yoga and so on.
-
- **Perinatal Mental Health Service Brochure:** A brochure was developed by a group of 5 recipients of Perinatal services to provide information about the service. This resource is not full of technical or clinical jargon that would possibly put women, who needed help, off. It was seen that after debate of language that the final brochure would be reassuring and welcoming to those needing help.
-
- **Co-design Project:** This project will standardize a process for the management of repeat prescriptions for Community Mental Health whaiora. The outcome for whaiora was that they did not have any issues.
-
- **Anxiety Management Group:** This has been running for quite some time and has been very successful with high attendance. Facilitated by an inpatient psychologist and social workers it deals with anxiety, mindfulness and relaxation for those with mild to moderate illness. The overall goal is to prevent a whaiora condition deteriorating into a situation where they need to become a consumer of DHB services or require inpatient stay. The group is capturing a large number of people who were possibly slipping through the cracks or coming back into the service in crisis. Feedback from gatherings is that it is extremely positive and valuable.
- **Brain based therapy:** This is a new group launched by one of our Psychologists. It is based on neuro science around how the brain functions. The group caters for those experiencing anxiety and depression.

2. Best Practice according to people in your region

Tairawhiti:

- **Rehutai** – a virtual group of CSW's & PSW's from across the three NGO's who meet to discuss complex caseloads to receive positive input have been waiting a very long time for the appointment of a facilitator.
-
- **SAC I Incidents:** Clinical Governance has been challenged to address common themes that were identified in recent incidents as to why these continued to reoccur. A working group has since been established to investigate reasons for this and to implement some meaningful changes to affect these themes.
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- **Begging Issue:** Continues to be raised as a community issue especially amongst local retailers. A community group has been established as to how best to address this issue.
-
- **Housing:** is a continuing issue and concern for service workers who struggle with these challenges.
-
- **Lack of Respite Services for Tairawhiti:** is placing increased pressure on the one service that provides this. This exacerbates concerns of those having to be sent out of the district.
-
- **Primary Options for Mental Health & Addictions (POMHA):** Initiated over 18 months ago there appears to be only a small number who actively participate. Recent evaluation has shown communication, training and some misunderstandings between services are barriers to higher numbers being involved.

Lakes:

- **Concerns of Inpatients:** A need to develop a process to capture and document conversations with whaiora at the IPU regarding their issues by asking the right questions.
-
- **Lack of Housing:** continues to be a predominant issue which has resulted in longer stays and overcrowding of the inpatient unit. Substance abuse is a barrier to housing referrals however conversations with HNZ have allowed key workers to have an AOD wellness plan in place to support people successfully obtaining and maintaining a tenancy.
-
- **Medication Oversight:** There has been an increase in referrals of medication oversight in the past three months. Lack of accommodation also impacts on the ability for providers to supply this as whaiora live in unsafe environments or are more frequently transient. Challenge is to provide greater consumer engagement and with whanau.

Taranaki:

- **Recovery Action Plans (RAP):** Uptake of the plan is poor. Clinicians not engaging so whaiora are not being afforded the opportunity to use one. Possibility of setting up a community group for people to work together on their plans.
-
- **Real Time Feedback:** Is not going well as hoped. Very little buy-in from inpatient and community staff. It is seen as an additional task where they do not see any benefit of. Looking to install a stand in the inpatient unit so people have access rather than relying on staff to pass it around.
-
- **Te Puna Waiora:** Those areas not included in the upgrade are below standard.

Other:

- Midlands submitting a submission on the Mental Health Act and Human Rights.
- Consideration of a second representative on Nga Hau E Wha (NHEW) under consideration pending clearance of possible candidate.
- He Tipuana Nga Kakano (Midlands Consumer Leadership Network) members requesting inclusion on NHEW Distribution List and in conjunction with this to be sent NHEW TOR, Strategic Plan and copy of Nov 2016 Minutes.

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Guy Baker

Chairperson He Tipuana Nga Kakano (Midlands Consumer Leadership)

Nga Hau E Wha

"Champion many voices"

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Representative: **Julie Whitla**

Region: **Southern**

Meeting Date: **23/24 February 2017**

1. Issues or Challenges in the sector as identified by people receiving services in your region

Seclusion Rates

In the Te Awakura (Acute Inpatient Service) four consumers experienced seclusion during February 2017 for a total of 82.8 hours

Medication reviews

Many people with mental health issues are challenging their medication reviews and citing they are unhappy with alternatives offered.
A consumer was very upset before Christmas having their medication reviewed, and halved. As the person was a parent, they spent the whole of the school holidays very unwell, adjusting to the new doses. Some planning by specialist services when reviewing medications should take into account those parenting and the impact the timing has on the family.

Housing

There seems to be a spike in people without homes in Christchurch. Many people have been living in temporary accommodation such as sheds and tents over the summer.
Some people have left HNZ homes due to arguments with neighbours, which they have found HCNZ to be unable to facilitate a resolution.
Many people with lived experience are having difficulties with housing transfers at HCNZ, and feel it is an impossibility,

Civil defence Fire and Christchurch

GPs have reported that they have had approaches from families with children with trauma after/during the fires.

Smoke free

Smoke free legislation has been re-instated after a brief dispensation at Hillmorton Hospital. There is a noticeable increase of E cigarettes and retailers who are selling vaporisers in Canterbury. Many consumers have approached WINZ for money to purchase these but to do so they must have a letter from their doctor. This is difficult because many doctors are unable to help, as the MoH have not approved them.
The Quit line national number is no longer dispensing smoking cessation products to people who have been on them for over a year.

2. Best Practice according people in your region.

Changing practices with clinicians

Some clinicians in community mental health and the CAT team are using more cooperative, open and communicative styles when working with people using the service and the support people who are attending.

Social campaign- Alright

After the fires the Public Health campaign- Alright run by CDHB had an almost immediate response and put wellbeing messages on posters around the affected areas.

3. New initiatives / developments in your region.

Comcare Trust: Peer health coaching Equally Well

Peer health coaching is an equally well initiative, to help a peer reach their physical health goal and is being delivered by Comcare. As well as being coached in using their lived experience of recovery, Peer Health Coaches are also coaching techniques which enable peers to find long term strategies to achieve their physical health goals.

PHO supporting people to employment

STEP UP is a free general practice health service provided by Pegasus general health practice, supported by Canterbury District Health Board, and Work and Income. The Step up service aims to support people on jobseeker support due to health condition, injury or disability to return to work. They will have a health professional navigator (someone who can help you access to support services that you may need). It is voluntary and looks at the persons self-identifiable goals and supports them back to work. It is available for up to 3 months.

Rural Canterbury Initiative

There is a new community coordinator role that has started by Rural Canterbury Primary Health Organization. It covers Ashburton and Selwyn District areas and can help people find community support in their area.

4. Addiction

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The new Substance Abuse Compulsory Assessment and Treatment legislation will require a different model of care in the South Island. This work is being led by Canterbury and will provide recommendations for improving responsiveness to people with Alcohol and Other Drug (AOD) issues, including those whose cognitive functioning is impacted. It is likely there will be a twelve month period for implementing the changes and it is as yet unclear what resource will be made available nationally to support this.

Odyssey Peer workers are have weekend activities every second Saturday for people in recovery from alcohol and substance use .Walks, trips to the beach and BBQ in the new recovery reflection garden in the middle of Christchurch.

5. Family and Whānau

Mental Health and Addiction advocates have met with CYFSs manager in Canterbury to discuss major themes that have happened over the last few years for parents that have mental health and addiction issues.

Issues raised were:

- What is their process of selecting families after notifications? Not confirmed
- Have they got a resource for clients of what to expect at a Family Group Conferences (FGC)?
- How much time, and what are CYFSs looking for to return children back to parents care? Not clarified, depends on situation.
- Are clients able to find out who made notification to CYFS? Yes
- What can CYFS do to support parents who may be struggling? No financial support only plans.
- Do CYFS have any additional resource to support parents who need respite? NO
- Stigma and discrimination issues were discussed and it was decided Mhaps (Mental health and Advocacy Teams) would visit the CYFS site to strengthen the relationship.

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Minutes of the Awareness Monthly Meeting

Monday the 13th February 2017, 1.00pm- 2.30pm

MHAPS Community Wellbeing Centre

Meeting with SMHS Manager, :

Specialist Mental Health Services (SMHS) Update

Occupancy of the adult acute inpatient service remained high with 98% occupancy again in February 2017.

•There were 40 sleepovers required in February 2017, of which eight were for peers waiting to be formally admitted to the Seager Unit.

• Demand for Crisis Resolution remains steady. There were 201 new case starts in February 2017.

• We are also experiencing challenges recruiting Senior Medical Officers into mental health. There are a number of vacancies and locums across the services, we expect this situation to

remain challenging until mid-2017 by which time it is anticipated a number of permanent appointments of overseas psychiatrists will be in post.

• Our focus on reduction of seclusion in Te Awakura (Acute Inpatient Service) continues. Four consumers experienced seclusion during February 2017 for a total of 82.8 hours.

The Chair attended the meeting with Withheld under [section 9(2)(a)] last month and fed back about the meeting.

We asked about situations peers are finding themselves in with supporting others who need more clinical support than is accessible. Withheld under [section 9(2)(a)] said that GPs (doctors) should be encouraged to get support through SPOE (Single Point of Entry) and that they will provide support to help GPs manage mental health issues.

We asked about the issues with staffing in Canterbury. Withheld under [section 9(2)(a)] said that recent media coverage about the budget has been unhelpful. The service is supporting staff who are experiencing fatigue and is hoping to recruit from new graduates in March.

We asked about the cultural support available for people who are accessing Crisis Resolution. Withheld under [section 9(2)(a)] said that there are more home visits taking place now where Pukenga Atawhai (Maori mental health workers) can attend.

The Chair asked about the hike in seclusion statistics. Withheld under [section 9(2)(a)] said that over the holiday period there was an increase in situations where people were using substances and were secluded as a result of risk to others.

The Chair feedback to Withheld under [section 9(2)(a)] that consumers were concerned about journalism, with people's mental health status being reported if they were involved in criminal or other negative actions.

Discussion:

Falling out of the discussion about the Withheld under [section 9(2)(a)] meeting a few points were made. The group asked about how many people might have a telephone assessment with crisis resolution staff and then be brought in to the hospital by police. It was felt that this number could/should be relatively low – is this something we could find out?

The CDHB Consumer Advisor talked about the way that statistics are gathered, and how it can be difficult to find out data around how often people coming in to a service, or seeking support in a crisis, are provided with Pukenga Atawhai support. The data collection would be recorded in each individual persons file and hard to collate to give an overall statistic. The group talked about how it may be helpful for meetings to include a tick-box to show whether a Pukenga Atawhai attended the meeting, then this data could be drawn down.

We discussed holding a forum around synthetics and mental health, having this as a meeting discussion topic, making facebook posts about the issue, leaflet about what we're noticing – has public health done anything around this? A public education programme or information about synthetics, they probably have done. There is a Massey University survey on drug use and it's quite reputable. This is done yearly and published a year or two after the data is gathered.

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How often does crisis resolution do a telephone assessment with someone and then send police out to help them get to crisis? This would be something useful to find out from Toni in the next meeting.

Identifiable information:

There was discussion around recent proposals that the government will want to receive identifiable information about clients from NGOs receiving MSD funding. So far this has hit the news when a budgeting agency opposed the plans, and now women's sexual violence services.. Providing identifiable information could mean that the government is able to link up information about a person from different sources and it has been seen as an invasion of privacy. Consumers of Awareness are wanting to know if people with mental health issues and addiction issues be identifiable information shared?

Mental Health Act and Human Rights Submission:

Withheld under [section 9(2)(a)] will send through the submission that "Te Huarahi o te kete Pounamu" is putting together for Awareness to look to endorse.

Peer Careers Fair Update:

After a discussion at Awareness on consumer leadership, and ideas about increasing membership of consumers with lived experience, a project group was formed to bring peers together in order motivate and develop people's knowledge on the sorts of employment that is so valuable in mental health and available for peers that wish to work in mental health and addiction.

A project group has been working on this idea and the expo is set to take place in the third week of March. A careers expo with a focus on roles where people can use their lived experience of mental health or addiction challenges in employment. e.g. research, peer support, consumer advisory roles etc. The project group has been meeting fortnightly and confirming an agenda of talks for the day, expo stalls, and venue.

Following the workshop the group plans to run four skills development workshops for people to attend and learn more to move into doing work in the peer sector. The topics for these workshops are going to be introduction to peer support, advocating for yourself and others, the history of the mental health consumer movement and activism strategies for today, and telling our stories in a way that's safe and effects change.

The group decided to have a cost of $10 to attend the workshops, and to have the expo free to attend with a koha jar if people want to make a donation. There was discussion about the cost for attending the workshops and whether this is accessible for people to attend, and the need for people to attend even if financial hardship prevents them from being able to afford an attendance fee.

Mad Poetry:

We are holding three open mic nights on the third Friday of the month in February, March, and April at Beat St café. We are attempting to raise funds during this time to see if it will be feasible to hold more poetry nights at the end of this year. There are also two more Writers Workshops coming up, one is looking at editing, one in April with a focus on publishing.

Disability Access at Mental Health Hospital

The accessibility team of the Christchurch City Council are visiting Hillmorton and Princess Margaret Hospital shortly. They want to look into issues of access and signage. They are already

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aware of issues with footpaths (almost non-existent at Hillmorton). There was discussion about other issues of accessibility that people have noticed at both hospital sites.

Equally Well – Roll out of initiative in Canterbury

Please double-click the pdf on next page for full report.

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Equally Well

Canterbury resources available to improve physical health outcomes for New Zealanders who experience mental health and/or addiction problems

Valid as at December 2016
Next Update - July 2017

- Physical Activity
- Nutrition
- Personal Healthcare
- Smoking Cessation
- Psychological Supports
- Online Directories

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11 June 2018

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Health Practitioners Competence Assurance Act 2003

Good morning Ms Taurua

The Ministry of Health has received a complaint, in which it is alleged, you may have committed an offence against section 7 of the Health Practitioners Competence Assurance Act 2003.

Section 7 of the Act makes it an offence to use names, words, titles, initials, abbreviations or descriptions stating or implying that an unregistered person is a registered health practitioner.

Section 7(1) states:

"A person may only use names, words, titles, initials, abbreviations, or descriptions stating or implying that the person is a health practitioner of a particular kind if the person is registered, and is qualified to be registered, as a health practitioner of that kind".

As you are not a health practitioner you must be careful to take care to avoid implying you are.

I note on the Nga Hau E Wha website you describe yourself as a "clinician".

It is the Ministry's view that this description, in the context of your profile, may suggest that you are a health practitioner.

It is important that you are aware of your obligations under the Act, and ensure the language you use does not cause any confusion for members of the public.

The Ministry's approach in enforcing the Act is to first seek compliance. In cases where persons are unwilling to comply with the Act, the Ministry may seek to prosecute. Prosecutions under section 7 carry a fine of up to $10,000.

Could you please comment on these allegations by **29th June 2018** and any plans you have to ensure compliance with the Act?

Yours sincerely

Vicki Blake
Senior Enforcement Advisor
Protection Regulation and Assurance

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