

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**

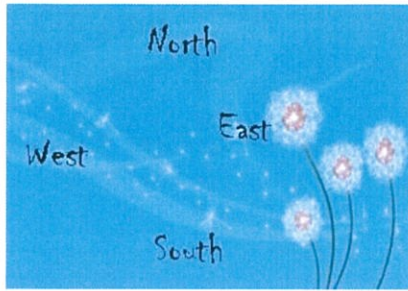
The outcome of this seems to have been delayed and the DHB are not communicating with the NGO sector why and when the decision will be made about who is the successful applicant for this contract.

**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. .





## 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.



- **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 improves 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.



## 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.
-



- **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 Tairāwhiti:** 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 whāiora 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 whāiora live in unsafe environments or are more frequently transient. Challenge is to provide greater consumer engagement and with whānau.

### **Taranaki:**

- **Recovery Action Plans (RAP):** Uptake of the plan is poor. Clinicians not engaging so whāiora 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.

Guy Baker

Chairperson He Tipuana Nga Kakano (Midlands Consumer Leadership)



Nga Hau E Waha  
"Champion many voices"

**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**



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.

### **Minutes of the Awareness Monthly Meeting**

**Monday the 13<sup>th</sup> 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.



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



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