

## 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

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

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 use the \$10,000 award for networking in some barely reached areas of the country such as Northland, Tairāwhiti, 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

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

#### 4. Compliance

##### People

| No. | Objective   | Indicator   |
|-----|---|---|
| 1.  | <i>Increase and strengthen local, regional and national relationships</i> | <p><b>Ngā Hau e Whā is working collaboratively with individuals who are receiving services and other groups locally, regionally and nationally</b></p> <ul style="list-style-type: none"> <li>▪ Ngā Hau e Whā continues to work collaboratively with many individuals, groups and organisations.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Our distribution list continues to function well.</li> <li>▪ Requests continue to come in from organisations who would like to have time at Ngā Hau e Whā meetings.</li> <li>▪ 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.</li> </ul> |
| 2.  | <i>Be a recognised and respected conduit for the people's voice</i>       | <p><b>There is an increase in the level and quality of feedback on issues for people receiving mental health services.</b></p> <ul style="list-style-type: none"> <li>▪ Current members have networks that contribute to the information that is reported to the Ministry. The quantity and quality of feedback continues to improve.</li> <li>▪ 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.</li> <li>▪ 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;</li> <li>▪ Mental Health and Addiction Workforce Action Plan - the chair has continues working with the Sector Leaders Group on the Plan.</li> <li>▪ National Organisations request attendance at Ngā Hau e Whā meetings, to use the Ngā Hau e Whā network and to provide consultancy.</li> </ul>   |

| No. | Objective   | Indicator  |
|-----|---|--|
| 3.  | <i>Champion the use of appropriate language in all major documents.</i> | <p><b>Newly written documents contain appropriate language.</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ The contract document between MOH, MHAPS and Ngā Hau e Whā is still to be reviewed to ensure appropriate language.</li> <li>▪ Ngā Hau e Whā continues to advocate for appropriate use of language in any feedback on documentation that it provides.</li> <li>▪ 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.</li> </ul>  |
| 4.  | <i>Initiate projects and promote leadership forums.</i>                 | <p><b>There is an increase in leadership and initiatives.</b></p> <ul style="list-style-type: none"> <li>▪ Ngā Hau e Whā led the recruitment for the New Zealand Police National Mental Health Project. We continue to follow and receive reports</li> <li>▪ 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</li> <li>▪ Ngā Hau e Whā has also been working within the Mental Health and Addiction Workforce Planning producing written feedback and workshop attendance.</li> <li>▪ Ngā Hau e Whā attended forums and gave significant feedback to the Draft Disability Strategy</li> <li>▪ We have been invited to attend the LMLM Multi Agency Group and have been there during 2017.</li> <li>▪ 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).</li> </ul> |

## Performance

| No. | Objective   | Indicator   |
|-----|---|---|
| 1.  | <i>Fulfill contractual obligations to the Ministry of Health and be in a strong position to negotiate for the future.</i> | <p><b>The Ministry of Health demonstrates that it values Ngā Hau e Whā, and funding is increased.</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>  |
| 2.  | <i>Connect with the grass-roots and collate issues and common themes.</i>   | <p>Ngā Hau e Whā has increased the mechanisms for providing and receiving information.</p> <ul style="list-style-type: none"> <li>Due to Ngā Hau e Whā, now nearly having almost full membership an increase in information is expected.</li> <li>Regular forums are being held to gauge the priorities and the mood of the consumer movement</li> <li>Most meetings and forums are attended by an Ngā Hau e Whā, member in each region.</li> </ul>   |
| 3.  | <i>Be a useful and valued commentator on mental health and addiction service issues.</i>                                  | <p><b>Reports and submissions are timely and well-received.</b></p> <ul style="list-style-type: none"> <li>Informed and comprehensive reports by members in regard to their region are received quarterly.</li> <li>Ministry of Health reports are delivered on time.</li> <li>Ngā Hau e Whā provides feedback from a number of organisations.</li> </ul>   |
| 4.  | <i>Have strong and effective representation in NHEW from the four regions.</i>  | <p><b>Ngā Hau e Whā is well-known in each of the four regions and representatives are well-supported.</b></p> <ul style="list-style-type: none"> <li>One vacancy remains at present in Midland and there is a recent vacancy in Southland. This is currently being advertised.</li> <li>Midland Region is supported by He Tipuana Nga Kakano (Midland Region Consumer Network).</li> <li>Northern Region is supported by Changing Minds.</li> <li>Southern is supported by Incite and Awareness.</li> <li>Central is supported by Kites Trust Wellington, the Oasis Network Hutt Valley and Wairarapa, Te Mana o te Tangata Palmerston North</li> <li>Positive feedback from members of the networks have been received.</li> </ul> |
| 5.  | <i>Improve communication processes.</i>   | <p><b>Ngā Hau e Whā produces a regular bulletin, has a website and Facebook page.</b></p> <ul style="list-style-type: none"> <li>A new website has gone live. <a href="http://www.nhew.org.nz">www.nhew.org.nz</a> – see later in this report</li> </ul>  |

| No. | Objective | Indicator   |
|-----|-----------|---|
|     |           | <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ The email network is continually expanding and the website will help drive this expansion further.</li> <li>▪ A Facebook page will continue to be worked on though at present the capacity and capability for this is limited.</li> <li>▪ In November 2017 we contracted Suzy Stevens to create a Communication Plan for the group. This is still to be finalised.</li> </ul> |

## Strategies

| No. | Objective  | Indicator   |
|-----|--|---|
| 1.  | <i>Become familiar with service user demographics in our regions and identify where we need to in-crease our visibility.</i> | <p><b>Ngā Hau e Whā has undertaken some market research and applied the findings.</b></p> <ul style="list-style-type: none"> <li>▪ We have identified areas of greatest need where we are planning four separate Hui for the 2018 year. These regions are Northland, Tairāwhiti, Palmerston North and Greymouth. We have funding for this from a Frozen Funds Award.</li> </ul>   |
| 2.  | <i>Maintain the budget and administrative support to ensure our business processes are efficient.</i>                        | <p><b>Business processes are working well. A financial report is provided regularly.</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health Advocacy and peer Support (MHAPS) forward an updated expenditure report for each Ngā Hau e Whā meeting.</li> <li>▪ All administrative tasks including organisation of travel, accommodation, venue, refreshments, are provided.</li> <li>▪ Ngā Hau e Whā would like to acknowledge Shelley Englebretson for her admin support.</li> </ul> |
| 3.  | <i>Review our strategic plan and objectives regularly.</i>   | <p><b>Strategic objectives are addressed and plans in place for the next strategic plan (2016 - 2020)</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>  |

## 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.

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Suicide is a complex human behaviour that cannot always be predicted or 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.

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;

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?

## **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.

## 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.

## Intentional Peer Support



Intentional Peer Support Aotearoa New Zealand (IPSANZ)

**National Steering Group Inaugural Meeting: Wellington, 23<sup>rd</sup> 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.