

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)]

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 tauwi 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

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

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**

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

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

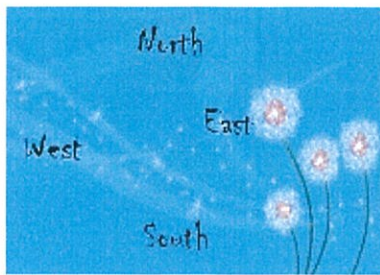
We have discussed further work to be being undertaken so that the website will manage the entire Ngā Hau e Whā networking capability, such as the distribution list, feedback and comment, and promotion of our stakeholders and network communications, and most importantly a blog and links to Facebook and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

RELEASED UNDER THE OFFICIAL INFORMATION ACT



Nga Hau e Wha
 "Champion many voices"

Agreement 570458 / 344777/00

Ngā Hau e Wha Report to Ministry of Health

20 July 2017

2.2 Meetings Held During Reporting Period

23/24 February 2017			
Present	Victoria Roberts (Central) (Chair)	Julie Whittle (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 Whittle (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.	<i>Increase and strengthen local, regional and national relationships</i>	<p>Nga Hau e Wha is working collaboratively with individuals who are receiving services and other groups locally, regionally and nationally</p> <ul style="list-style-type: none"> ▪ 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.

No.	Objective	Indicator
		<ul style="list-style-type: none"> ▪ 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.	<i>Be a recognised and respected conduit for the people's voice</i>	<p>There is an increase in the level and quality of feedback on issues for people receiving mental health services.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Champion the use of appropriate language in all major documents.</i>	<p>Newly written documents contain appropriate language.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Initiate projects and promote leadership forums.</i>	<p>There is an increase in leadership and initiatives.</p> <ul style="list-style-type: none"> ▪ 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.

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>The Ministry of Health demonstrates that it values NHEW and funding is increased.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Connect with the grass-roots and collate issues and common themes.</i>	<p>Nga Hau e Wha has increased the mechanisms for providing and receiving information.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Be a useful and valued commentator on mental health and addiction service issues.</i>	<p>Reports and submissions are timely and well-received.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Have strong and effective representation in NHEW from the four regions.</i>	<p>Nga Hau e Wha is well-known in each of the four regions and representatives are well-supported.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Improve communication processes.</i>	<p>Nga Hau e Wha produces a regular bulletin, has a website and Facebook page.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Become familiar with service user</i>	Nga Hau e Wha has undertaken some market research and applied the findings.

No.	Objective	Indicator
	<i>demographics in our regions and identify where we need to increase our visibility.</i>	<ul style="list-style-type: none"> ▪ 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.	<i>Maintain the budget and administrative support to ensure our business processes are efficient.</i>	<p>Business processes are working well. A financial report is provided regularly.</p> <ul style="list-style-type: none"> ▪ 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.	<i>Review our strategic plan and objectives regularly.</i>	<p>Strategic objectives are addressed and plans in place for the next strategic plan (2017-2020)</p> <ul style="list-style-type: none"> ▪ 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.

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 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 Tairāwhiti 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