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.

'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 Shaley 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

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

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.

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

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

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.

Nga Hau E Wha

"Champion many voices"

Member: Grant Cooper

Region: Otago/Southland

Meeting date: 23/24 February 2017

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.

- 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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