Sent by: Mark Coburn/MOH

31/07/2017 08:40 a.m.

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

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

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

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

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

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

From the contract....

2.7 The six-monthly reports will be provided to the M
Health Programmes, Mental Health & Addiction
Ministry of Health, PO Box 5013, Wellington or p

MentalHealth&AddictionsContracts@moh.govt.n
Report".

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

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

Derek Thompson FYI Kind regards 28/07/2017 05:12:07 p.m.

From: Derek Thompson/MOH
To: Mark Coburn/MOH@MOH,
Date: 28/07/2017 05:12 p.m.
Subject: Fw: Ngā Hau E Wha Report - additional documents

FYI

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

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

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

Kia ora Derek and Kevin,

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

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

Many thanks.

Kind regards,

Ngā mihi,

Sue

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

826 Colombo Street, Christchurch, 8013
P.O. Box 33332, Barrington, Christchurch 8244
Phone: 365 9479
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www.mhaps.org.nz

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

Sent by: Derek Thompson/MOH

28/07/2017 05:13 p.m.

To: Mark Coburn/MOH@MOH,
cc:
bcc:

Subject: Fw: Ngā Hau E Wha Six monthly reports

FYI

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

----- Forwarded by Derek Thompson/MOH on 28/07/2017 05:12 p.m. -----

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

Ngā mihi mahana ki a korua,

Hoping this finds you well during this particularly wet winter.

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

With all best wishes,

Nāku, nā

Sue

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

826 Colombo Street, Christchurch, 8013
P.O. Box 33332, Barrington, Christchurch 8244
Phone: 365 9479
s 9(2)(a)
www.mhaps.org.nz

2017 January to July Ministry of Health Report.doc

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

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

Meeting Attendees

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

- Dr John Crawshaw - Director of Mental Health – Ministry of Health
- Kevin Allan- Mental Health Commission
- Caro Swanson – Te Pou – Workforce Competencies
- Barry Welsh Ministry of Health
- Kevin Harper Ministry of Health
- Amanda Luckman Ministry of Health
- Judi Clements 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

- Shaun McNeil Emerge Aotearoa
- Dr. Heather Barnett Researcher
- Suzy Stevens Kites Trust
- Kevin Allan Mental Health Commissioner
- Jane Carpenter 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 Suzy Stevens to update and rewrite the Strategic Plan. It was essential to plan for increases in services that are planned by the group. See Attached

People

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

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

Performance

No.	Objective	Indicator
1.	*Fulfill contractual*	**The Ministry of Health demonstrates that it values NHEW and**

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

Strategies

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

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

1.7 Terms of Reference

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

Service Specification Deliverables

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

Seclusion

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

Personal Experiences of Seclusion

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

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

A service user reported that Palmerston North's Ward 21 regularly place service users in

non-designated bedrooms for seclusion, rather than solely using legally designated seclusion rooms. This results in service users being left locked up for long periods over night without being able to contact staff, or to go to the toilet when needing to.

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

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

A peer who is active in the Autism networks stated:

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

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

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

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

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

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

General Feedback:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Seclusion Review

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

Key findings include:

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

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

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

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

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

Employment

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

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

Employment discrimination

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

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

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

Homelessness and begging

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

The Peoples Project - Hamilton

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

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

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

Why are people homeless?

Everybody has a different story

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

The fact is, there are different forms of homelessness.

Types of homelessness

Transitionally homeless = 80%

Episodically homeless = 15%

Chronically homeless = 5%

Chronically homeless definition

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

Homeless urban myths

Separating fact from fiction

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

Don't people choose to be homeless?

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

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

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

Aren't all beggars homeless?

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

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

Homelessness can't be fixed, can it?

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

Homelessness in Wellington

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

Youth homelessness

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

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

<u>Suicide</u>

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

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

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

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

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

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

Costs of Transportation

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

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

New Emergency housing in the Hutt Valley

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

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

Who can be a resident?

Single men who:

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

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

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

Impact of NHEW

The Information Provided by NHEW to the Ministry of Health

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

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

E-Network

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

Website

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

Bulletin

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

HPA Changing Minds contract

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

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

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

National Association of Mental Health Service Consumer Advisors

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

Regional Updates

Nga Hau E Wha

"Champion many voices"

Representative: **Jak Wild**

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

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

Networking update

Introduction:

Networking

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

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

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

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

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

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

1. Issues/challenges identified by people in your region

Mental health services and autism

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

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

The area of mental health and autism is hugely concerning.

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

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

> *Seclusion (where our basic human rights are denied- as in the example of a high profile case of an autistic man living long-term in a lower north island psychiatric detention facility)*
>
> *The criminal justice system (where not only may our basic human rights be denied but we are also likely to face considerable difficulty in accessing help and it may be totally inappropriate for an autistic child (as in the example of recent case of 14 year old boy who ended up in jail as no other suitable accommodation could be found – link here*
>
> *<Lack of appropriate autism services and supports for those with high and complex needs>).*

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

> *- major dental trauma/physical health issues which took too long to be acted on*
>
> *- denial of visitation rights*
>
> *- denial of parental rights (many parents are not really away they lose their rights*

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

- isolation

- increased mental health issues

- not being valued or treated with dignity

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

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

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

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

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

5. The Optional Protocol gives no legal redress retrospectively

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

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

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

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

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

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

Habeas corpus cases for illegal detention

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

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 of 21-year old Chelsea Brunt, who died after going missing from Palmerston North Hospital's Ward 21 after she had left the ward unaccompanied to get cigarettes from the local dairy.

Restrictive Medication Regime

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

Seclusion concerns

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

Key findings include:

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

Shalev

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"

s 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 s 9(2) said all incidents should be treated seriously, as if they were an actual suicide. s 9(2) 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." s 9(2) 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 Mary Ellen Copland 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 Sir Mason Durie 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.

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 balance is do we give them transport or encourage more independence in the community.

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.

A Service User perspective:

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

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

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

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

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

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

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

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

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

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

From Otago Mental Health Support Trust peers:

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

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

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

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

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

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

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

Service development in the Mental Health and Addictions Sector

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

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

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

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

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

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

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

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

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

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

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

Lack of services specifically for Co-existing

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

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

Best Practice according people in your region.

Waitaki:

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

Invercargill

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

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

Dunedin - Otago Mental Health Support Trust:

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

New initiatives / developments in your region.

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

Waitaki:

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

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

Invercargill:

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

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

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

Advance directives

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

Seclusion and restraint

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

Stepped Care / talking therapies currently being put together.

Employment

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

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

Dunedin - Otago Mental Health Support Trust:

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

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

For more information on the Stepped Care action plan, go to the SDHB website http://www.southerndhb.govt.nz/files/19204_20170131847 26-1485805646.pdf

Best practice as defined by service users

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

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

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

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

Resources to support creating healthy routines and structure

Invercargill:

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Nga Hau E Wha

"Champion many voices"

Member: Tui Taurua-Peihopa

Region: Northland

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

1. Issues/challenges identified by people in your region

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

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

- Male believes medication is used to make him conform

- Contact with Maori Tangata Whaiora Whangarei

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

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

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

2. Best Practice according to people in your region

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

The running of twelve step recovery workshops – Whangarei

3. New Initiatives /Developments in your region

Visiting Tangata Whaiora Maori throughout Aotearoa.

Staff Recruitment

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

Distribution List

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

Northland Issues pending -

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

Relationship Building Expectations

- Te Rau Matatini

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

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

    - B) What is Northland DHB perception culturally centred and cultural diversity mean?

    - C) I felt that GM moved the goal post in that meeting while discussing the development of a Model of Care.

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Best Practice according people in your region.

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

The running of twelve step recovery workshops – Whangarei

New initiatives / developments in your region.

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

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

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

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

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

Northland Issues pending –
1. Prisoners and Mental Health: Nga Wha Prison
2. Veterans and Post Traumatic Stress Disorder, Depression, Suicide, Physical Health due to Agent Orange (Wai Claims)
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5. Seclusion Numbers
6. Respite
7. Issues around "P" and other drugs
8. Overcoming addiction – 7 years clean
9. Fixed him through medication

10. Running Recovery Workshops Maori – 12

Definition of a Warrior

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

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

Relationship Building Expectations

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

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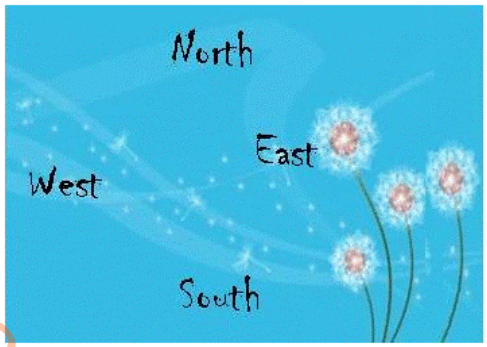


Nga Hau E Wha

"Champion many voices"

Representative: Victoria Roberts

Region: Central South

Meeting: 25/26th May 2017

Issues or Challenges as identified by people in your region

Upper Hutt Mental Health

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

Systemic issues for services (not all services)

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

Homelessness and begging

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

Systemic issue

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

Smoke free

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

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

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

HOUSING

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

Housing and tobacco smoking

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

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

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

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

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

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

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

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

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

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

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

Te Tiriti o Waitangi

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

Treaty Voyager Workshop

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

Emerge Aotearoa: Shaun McNeill

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

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

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

Oasis Network

Te Whare Ahuru

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

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

Work:

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

Stigma and discrimination:

Oasis Network

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

Emerge Aotearoa: Shaun McNeill

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

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

Housing

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

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

Best Practice as identified by people in your region

Emerge Aotearoa: Shaun McNeill

- Te Ara Korowai Wellbeing centre, Raumati Beach, Kapiti provides a place for those with a range of mental health issues to feel welcome and supported

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

Housing

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

Oasis Network

- "Oasis services are GOOD."

Work:

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

Other supports:

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

Lower Hutt Community Team

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

Upper Hutt Community Team

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

Inner City Mental Health Liaison Group

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

New initiatives / developments in your region

Kites Trust

Training the NZ Police

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

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

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

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

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

Action Research Peer Advocacy

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

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

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

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

Suzy Stevens - Kites Trust 27.02.17

Lower Hutt and Upper Hutt Mental Health

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

Changing practices with clinicians

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

Oasis Network Inc. in the Wairarapa

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

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

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

Phone Gaylene on 027 4604796 or Email gaylene@oasisnetwork.org.nz

Inner City Mental Health Liaison Group – Wellington

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

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

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

New Mental Health Commissioner

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

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

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

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

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

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

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

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

Oasis Network new outreach

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

New Emergency housing in the Hutt Valley

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

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

Who can be a resident?

Single men who:

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

Emerge Aotearoa: Shaun McNeill

- In Kapiti, Mayor Guru and Councillor David Scott have set up a housing committee to focus on the immediate and long term needs of providing a range of housing inc. emergency & social; adapted for disabled; single – families.
- In Kapiti, community involvement in long term health plan
- Pro bono counselling in Kapiti thanks to 3 organisations working together: Kapiti Uniting Counselling Centre/Whirlwind for Men/Te Ara Korowai.

Addictions

Health Promotion Agency funding

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

Emerge Aotearoa: Shaun McNeill

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

Oasis Network

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

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

Emerge Aotearoa: Shaun McNeill

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

Services for Maori

Te Tiriti o Waitangi

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

Treaty Voyager Workshop

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

Emerge Aotearoa: Shaun McNeill

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

Services for Pacifica people

Pacific news from Monique Faleafa - Chief Executive Le Va

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

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

Monique

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

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

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

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

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

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

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

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

https://youtu.be/Ij4Hclkfc14

Other:
Emerge Aotearoa: Shaun McNeil

NGOs

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

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

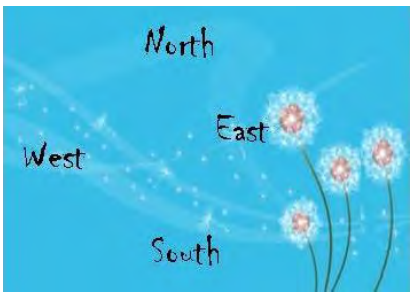
Peer Advocacy RFP-CCDHB

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 Paula Parsonage, AOD Consultant from Auckland this comprehensive review

revealed what was working well, what gaps existed with recommendations being received and accepted by the Health Board.

- **Postvention Suicide Group** has been established to address delivery needs to whanau following an event. A three tier governance, central and frontline response structure has been set in place.

Lakes:

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

Waikato:

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

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

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 Tairawhiti:** is placing increased pressure on the one service that provides this. This exacerbates concerns of those having to be sent out of the district.
-
- **Primary Options for Mental Health & Addictions (POMHA):** Initiated over 18 months ago there appears to be only a small number who actively participate. Recent evaluation has shown communication, training and some misunderstandings between services are barriers to higher numbers being involved.

Lakes:

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

Taranaki:

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

Other:

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

Guy Baker

Chairperson He Tipuana Nga Kakano (Midlands Consumer Leadership)

Nga Hau E Wha

"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 13th February 2017, 1.00pm- 2.30pm

MHAPS Community Wellbeing Centre

Meeting with SMHS Manager, Toni Gutschlag:

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 Toni G 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. Toni 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. Toni 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. Toni 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. Toni 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 Toni 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 Toni Gutschlag 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:

Darryn 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:

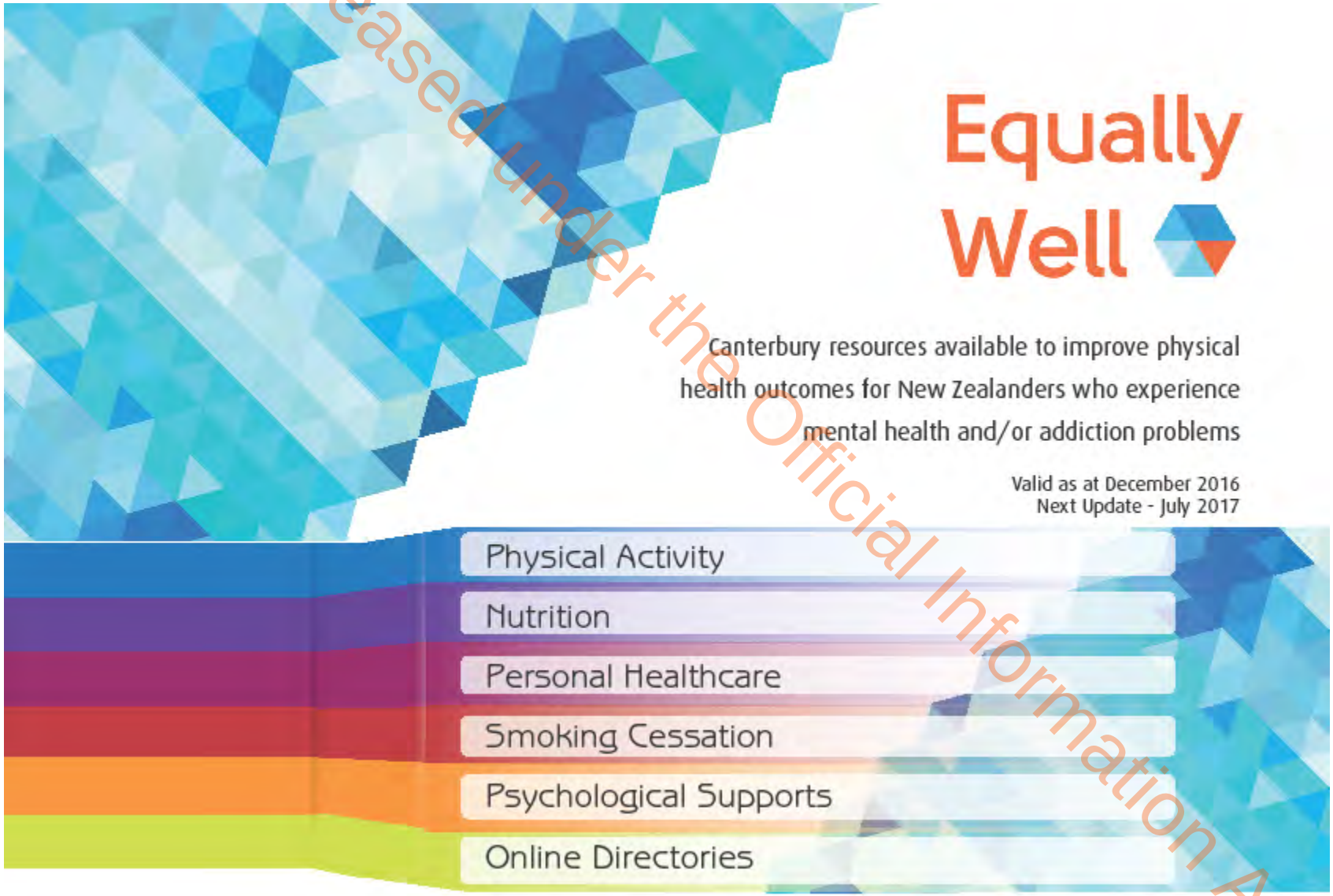
We are holding three open mic nights on the third Friday of the month in February, March, and April at Beat St café. We are attempting to raise funds during this time to see if it will be feasible to hold more poetry nights at the end of this year. There are also two more Writers Workshops coming up,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



Sent by: Derek Thompson/MOH

28/07/2017 05:12 p.m.

To: Mark Coburn/MOH@MOH,
cc:
bcc:

Subject: Fw: Ngā Hau E Wha Report - additional documents

FYI

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

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

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

Kia ora Derek and Kevin,

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

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

Many thanks.

Kind regards,

Ngā mihi,

Sue

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

826 Colombo Street, Christchurch, 8013
P.O. Box 33332, Barrington, Christchurch 8244
Phone: 365 9479
s 9(2)(a)
www.mhaps.org.nz


2016-2017 report NHEW.pdf


2017 May minutes new template.docx


Equally Well Physical Health Programmes.pdf


NHEW 25 - 26 May 2017 final.docx

Nga Hau E Wha
"Championing Many Voices"

MHAPS
Mental Health
Advocacy and Peer Support
Together on the road to wellbeing

ANNUAL FINANCIAL REPORT

REPORTING DATE:	19th July 2017
PERIOD DATE:	1st July 2016 - 30th June 2017

EXPENDITURE ITEM	**BUDGET**	**ACTUAL**
Travel (airfares, taxis, shuttles)	$ 18,800.00	$ 10,956.20
Accommodation	$ 4,800.00	$ 5,208.56
Venue hire, catering and other meeting costs	$ 6,400.00	$ 2,005.90
Administration allocation	$ 3,880.00	$ 2,472.49
Meeting fees	$ 6,120.00	$ 6,620.00
Overheads (MHAPS' fee)	$ 8,000.00	$ 8,000.00
TOTAL	**$ 48,000.00**	**$ 35,263.15**

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

Physical Activity

		ACCESS	CONTACT
Comcare	Activelinks – full range of individualised physical health programmes and groups	Self-referral/clinical referral	www.comcare.org.nz Tel: (03) 3777020 x 401 (Tracey Lynch)
	Activelife – Specialist healthy lifestyles group		
Community & Public Health (CDHB)	Hot Hula fitness class at Addington Primary School	Self-referral	www.cph.co.nz Tel: (03) 378 86867 (Vaea Hutchen)
	Be Active – Elderly exercise programme Tuesday, Wednesday and Friday 1pm-2pm at West Baptist Spreydon Church	Open	
Christchurch Central Services (AOD Coordination)	Weekend Boost! 27th August 2017 Mt Thomas trip, free transport and BBQ	Self	Warner or Marc — 03 9741686 or 027 7054134
Inner City East Cycles	Helping people on low incomes biking by fixing up their old bikes for free and giving away restored bikes.	Open	http://cyclingchristchurch.co.nz/2012/07/24/icecycles-free-bike-workshop-a-success/ Tel: 022 387 6445
MHAPS	Breathing & Relaxation	Open	http://www.mhaps.org.nz/ Tel: 03 365 9479
	T'ai Chi		
	Laughter Yoga		
	Sunday Funday with touch rugby and bbq		
Mind & Body Consultants	Aqua jogging, physical domain strengths profile	Self-referral MBC Clients	http://mindandbody.co.nz/ Tel: (03) 377 1818 (Carla Manson)
Pathways	Active Lifestyle Coordinator	By registration, open criteria for current clients	http://www.pathways.co.nz/ Tel: 03 339 3780
	Touch Rugby		
	Referring residents out to community activities, fitness programmes and sports clubs		
Problem Gambling Foundation	Assessment questionnaire includes questions about exercise and can offer suggestions for support	Via problem gambling affected assessments	http://pgfnz.org.nz/ Tel: 0800 664 262
Pegasus Health	Green Prescription	Via GP/BIC/Practice	http://www.pegasus.health.nz/ Tel: 03 379 1739
Purapura Whetu	Walking groups	Agency or Self-referral	www.pw.maori.nz Tel: 03 3798001
Emerge Aotearoa Ltd	Activity Based Experience Service	Referral, including self-referral	http://www.emergeaotearoa.org.nz/ Tel: 03 371 5599 (Gemma Bateman)
Sarona Community	On-site gym equipment	Residents only	http://www.swbc.org.nz/ministry/associated_trusts/sarona_trust Tel: 03 3384163
	Regular exercise programmes (walking, swimming)		
St Luke's Centre	Outdoor Bowling	Members only	http://mherc.org.nz/directory/community-support-groups/st-lukes-centre-inc Tel: (03) 379 5218
Step Ahead	Gyms, swimming, tennis, walking, tramping, cycling, badminton, table tennis	Members/prospective members Self-referral or referred by clinician or other support	http://stepahead.org.nz/ Tel: 03 389 4001
	Tai Chi etc		
Te Ora Hou Otautahi	Taiohi Tu Programme - fitness-based programme that is currently being run in and out of schools.	Open	http://www.toho.org.nz/clubs/taiohi-tu/ Tel: (03) 352 1057 (Vickie Campbell)

Nutrition

		ACCESS	CONTACT
Community & Public Health	Fruit & Veggie Co-op	Independent membership or membership of Group (such as Jobconnect co-op group)	http://www.cph.co.nz/About-Us/Fruit-and-Vege-Cooperative/
Comcare	Activelife – healthy lifestyles programme including nutritional guidelines	Self-referral	www.comcare.org.nz
Delta Community Trust	Healthy Living course covers nutrition, physical activity, shopping on a budget, healthy cooking for one and other relevant topics for those wanting to make the first steps towards a healthier life.	Self-referral	www.deltatrust.org.nz Tel: 03 3890212
	Grow Your Own Free Lunch – On this course you will learn introductory garden skills. The participants also harvest and cook their own lunch.		
	Bread Making and Gardening – On this course you learn how to make your own bread as well as introductory gardening skills while the bread rises.		
Emerge Aotearoa	Activity Based Experience (ABE) Service offers advice and support on nutrition alongside activity based goals	Referral, including self-referral	http://emergeaotearoa.org.nz/ Tel: 03 371 5599 (Gemma Bateman)
MHAPS	Healthy soup lunch at the drop-in	Open	http://www.mhaps.org.nz/
MHERC	Library resources about how to eat well	Members and MH workers	http://mherc.org.nz/
Mind & Body Consultants	Physical Domain	Self-referral	http://mindandbody.co.nz/
Pegasus Health	Appetite for Life	Can be clinical referral (GP and/or Practice Nurse)/ self-referral	http://www.pegasus.health.nz/
Purapura Whetu	Healthy Lifestyle Programmes	Agency or Self-referral	www.pw.maori.nz
Sarona Community	Offer trim milk, wholemeal bread and healthy snacks	Residents	http://www.swbc.org.nz/ministry/associated_trusts/sarona_trust
	All meals prepared from scratch with fresh ingredients		
	Dietician visits 6 weekly		
St Luke's Centre	50 cents with healthy lunch	Members	http://mherc.org.nz/directory/community-support-groups/st-lukes-centre-inc
	Education about food		
	Sharing fruit/veggies		
Step Ahead	Dietician	Members	http://stepahead.org.nz/
	Healthy lifestyle including cooking		
	Veggie growing		
	Role modelling – food and drink		
Supporting Families	Healthy choices at lunch	Self-referrals	http://www.supportingfamilies.org.nz/
	Health food choices offered at the last family function alongside the usual foods provided by participants		
White Wings Trust	Healthy soup lunch	Residents only	Tel: 03 3791 369
	Serve only wholemeal bread		

Personal Healthcare

		ACCESS	CONTACT
Comcare	Health diary to support clients going to their GP.	Comcare clients	www.comcare.org.nz Tel: (03) 3777020
Emergency Dental Care Scheme	Community Service Card holders can get subsidised emergency treatment through a number of private dentists.	Self-referral	http://www.healthinfo.org.nz/patientinfo/Emergency%20dental%20care.pdf
He Waka Tapu	Development of Individual Health Plans	Agency or Self-referral	www.hewakatapu.org.nz Tel: 03 3738150
	Cervical Smears and Breast SCreening		
MHERC	Education re medications	By enrolment	http://mherc.org.nz/ Tel: 03 365 5344
	Education re psychotropic meds		
General Practice teams (Doctor, GP, Nurse, Medical Practice teams)	General Practice teams offer a wide range of personal health care services and linkages to Canterbury wide programmes that include Diagnostic services Cardiovascular risk assessment Management, services, including long term condition management planning (that can include planning around mental health issues, medication management) Palliative care services BIC (Brief intervention counselling) services - for people with mild to moderate mental health issues Navigation services. Some general practice teams offer services with a focus on improving access to health care and in addressing the barriers experienced by Maori, Pacific Peoples, and lower income populations i.e. Partnership Community Workers (PCW's) Funding General practice teams also have funding to reduce costs for those most in need, for longer consultations etc. These additional needs should be discussed with the general practice team. There may be other supports available to assist access available through your PHO. Please discuss with your general practitioner, practice nurse or PHO support worker.		There are three PHO's: Pegasus Health www.pegasus.health.nz 03 3791 739 Rural Canterbury PHO www.rcpho.org.nz 0800 800 739 or 03 357 4970 Christchurch PHO www.chchpho.org.nz 03 3746 288
Sarona Community	Supported flu jabs	Residents only	http://www.swbc.org.nz/ministry/associated_trusts/sarona_trust Tel: 03 3384163
	Foot care nurse visits 6 weekly Dietitian visits 6 weekly		

Smoking Cessation

		ACCESS	CONTACT
Canterbury Community Pharmacy Group (CCPG)	Community pharmacists and pharmacy technicians who have completed the ABC e-learning programme are able to provide Quit Card services.	Self	http://www.ccpg.org.nz/Services/Quitcard.aspx Tel: 03 353 9926
Canterbury Stop Smoking Service	Individual & Group smoking cessation support, Free nicotine patches/gum/lozenges	Agency or self-referral	0800 4 257 00
Comcare	Activelinks – offer individual smoking cessation support	Comcare clients	www.comcare.org.nz Tel: (03) 3777020
Delta Community Trust	Stop Smoking course provides the peer support, nicotine replacement patches and accountability to those wanting to take the first step towards quitting.	Self-referral	www.deltatrust.org.nz Tel: 03 3890212
He Waka Tapu	Smoking cessation support	Agency or Self-referral	www.hewakatapu.org.nz Tel: 03 3738150
MHAPS	Peer Smoking Cessation	Open	http://www.mhaps.org.nz/ Tel: 03 365 9479
MHERC	Nicotine Addiction and Mental Health course	Self-referral	http://mherc.org.nz/ Tel: 03 365 5344
	Library resources and workshops on BI and MI	Members	
Mind & Body	Four staff trained as Smoking Cessation practitioners (Quit Card Providers)	Self-referral	http://mindandbody.co.nz/ Tel: (03) 377 1818 x 851 (Carla Manson)
General Practice Teams	General practice teams provide brief advice and options to stop smoking. Cessation support may be provided by the practice team or by referral to another appropriate service.	Discuss options with General Practice team	http://www.pegasus.health.nz/ Tel: 03 379 1739
Problem Gambling Foundation	Counsellors able to support smoking cessation and NRT	Via problem gambling affected, assessment	http://pgfnz.org.nz/ Tel: 0800 664 262
Odyssey House	Smoke free site from 6th August 2015	Residents	http://www.odysseychch.org.nz/ Tel: 03 358 2690
	Staff trained in NRT		
Emerge Aotearoa Ltd	Smoking Cessation – large pool of Quit Coaches	For clients of Emerge Aotearoa	http://www.emergeaotearoa.org.nz/ Tel: 03 371 5599 (Caroline Blackmore)
Step Ahead	Offer quit smoking support to members	Members	http://stepahead.org.nz/ Tel: 03 389 4001
	Smoking Cessation programme with support person from CPH		

Psychological Supports

		ACCESS	CONTACT
MHAPS	Mindfulness	Open	http://www.mhaps.org.nz/ Tel: 03 365 9479
	Expressive Arts		
	Mood Swingers		
MHERC	Workshops on using Mindfulness with clients	MH workers	http://mherc.org.nz/ Tel: 03 365 5344
	Multiple other workshops re: mental health support	MH workers	
	Library resources and reading lists	Members	
Mind & Body Consultants	Peer Zone Workshops	MBC clients	http://mindandbody.co.nz/ Tel: (03) 377 1818 x 851 (Carla Manson)
Problem Gambling Foundation	Assessment questionnaire includes questions about stress and anxiety and can offer suggestions for support	Self-referral	http://pgfnz.org.nz/ Tel: 0800 664 262
Emerge Aotearoa Ltd	Wellbeing Group	For clients of Emerge Aotearoa	http://www.emergeaotearoa.org.nz/ Tel: 03 371 5599 (Gina Nonumalo)
Step Ahead	Culture Change	Members	http://stepahead.org.nz/ Tel: 03 389 4001

Online Directories

		ACCESS	CONTACT
Linkage Webhealth Directory	Online information and support for your wellbeing	Open	www.linkage.co.nz
Healthinfo Canterbury	HealthInfo is a health information website, funded by the Canterbury DHB. The website has a mix of health information, including factsheets on different topics and descriptions of local health services and supports. It also has links to recommended websites for further reading and research.	Open	http://www.healthinfo.org.nz/

If you would like to add, remove or update a programme or activity on this list, please contact Ruth Kenny: email r.kenny@comcare.org.nz or telephone (03) 3777020.

Equally Well

Ministry of Health
133 Molesworth Street, Wellington
25 May 2017
Minutes – Prepared by: Jane Norman

Nga Hau E Wha
"Championing Many Voices"

Day 1

Present: **Victoria Roberts (Chair) (Central), Jak Wild (Central), Julie Whitla (Southern), Grant Cooper (Southern), Guy Baker (Midland), Tui Taurua (Northern), and Kieran Moorhead (Northern)**

Apologies:

No.	Topic	Discussion Points	Planned Action	By/Who
1.0	**Whakatau / Welcome**	The meeting was opened with a karakia by Guy at 9.40 am. The Chair noted it was an exciting meeting with opportunities for strategic development and to strengthen **Ngā** Hau e Whā's leadership role in the sector. She observed that part of Ng**ā** Hau e Wh**ā**'s strength comes from the different perspectives of members and its independence. The fact that Ng**ā** Hau e Wh**ā** (is a safe group for discussion of sensitive issues is essential. Ngā Hau e Whā advocates for trauma-informed care so should model best practice for this. • Members gave updates and discussed issues arising from their updates and whether these issues were nation-wide. • Julie said it was an honour to have Tui and Tui's father, Kingi Taurua, visit Christchurch. Tui later outlined aspects of the national leadership role she is developing with her father which includes advocacy for veterans. • The role of advocates was discussed. In some areas they are excluded from clinical meetings the person with lived experience is having with staff or they are given only an approximate time for appointments which can make it	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
		difficult to provide sufficient support. In other areas inclusion is better due to ground work done by a determined advocate. • It has also been necessary for the attitude of some DHB senior managers to be challenged. • Guy updated members on Tairawhiti developments and these include: o Youth respite service to be provided in Gisborne. Currently they are sent down to Wellington for treatment. o Te Hiringa Matua is a new service aimed at strengthening of whānau who are poorly connected and have addiction issues. The approach is that of an assertive outreach to mitigate and minimise harm, and strengthen the whānau. The particular focus is to reduce harm to the unborn child and young children. o Continuum of care project which takes a holistic approach which is guided by principles which are important to indigenous peoples. o Mahi-ā-Atua: Diana Kopua (formerly Rangihuna) actively uses Māori purakau (creation/god stories) in her practice as a Consultant Psychiatrist. The principle of Mahi-a-Atua is to reconnect whanau and install a meaningful approach for them to advance their well-being. This has also expanded, through Wananga, to include a range of agencies who meet weekly. The philosophy is being accepted and critical mass is building in the community. There is also national interest in this. • He also noted that the consumer voice is beginning to be more strongly heard not only in the clinical governance area but also right through health services. • Tui is delivering Warrior workshops in Northland • Thrive, is an initiative for youth in Auckland.		
1.1	**Approval of Minutes**	▪ Previously approved by email.	▪	
1.2	**Matters Arising**	• Protocol for observers at Ngā Hau e Whā meetings Ongoing	Grant to write policy –	

No.	Topic	Discussion Points	Planned Action	By/Who
		• Translation of 'Nothing about us without us' – Ongoing • Service user academia conference – Ongoing • Eligibility for daily meeting rates clarified – On agenda • Priorities - brainstorm by email– On agenda • Membership of Multi-agency, sector group- On agenda • Possible new logo Guy outlined a possible logo based on the Māori creation story which gives Ngā Hau e Whā its name. **Correspondence** • Health Quality and Safety Commission Fellowship – Guy is interested in applying. Add in all other correspondence **Other** • It was again noted that, for equity, all members needed to be able to participate. In some cases members are not able to print out documents. Ways will be found to deal with this. Discussed setting up a printing account with Warehouse Stationary to provide equitable access to documents.	ongoing Translation ongoing Jak? Victoria? Fees On agenda Priorities – on agenda MAG – done Logo – Guy possible logo **based on the Māori creation story**	
2.0	**AGENDA ITEMS**			
2.1	**Te Huia Bill Hamilton**	Te Huia Bill Hamilton was welcomed to the meeting. He outlined his work in the Treaty area and noted its interconnection with human rights work. His governance experience has included being a member of a number of boards. During the discussion he shared his experiences and his feeling of exclusion at often having to hide what was Māori. Additionally there has been the frustration of non-Māori defining aspects of Māori culture for him including telling him what Tino Rangatiratanga meant. After Bill had introduced himself members then introduced themselves. • Bill briefly described the development of the UN Declaration of Indigenous		

No.	Topic	Discussion Points	Planned Action	By/Who
		Rights which took 20 years of indigenous leaders meeting with the UN and has the distinction of being the only UN instrument developed by users. While there are no binding agreements it is recognised at an international level. NZ ratified it after first deciding not to do so. • He drew attention to Article 3 on self-determination, pointing out the difference a word can make.' Of'' means it is there while 'to' is aspirational and comes from other people. • A monitoring mechanism is essential for the Declaration and one has been developed by Chrissy Cowan and Margaret Tibble with Professor Margaret Mutu as chair. In 2015 the first report was issued and the second will be presented at the Expert Mechanism of Rights of Indigenous People meeting in Geneva. • The monitoring mechanism has set six priorities which are accepted by iwi chairs. • He commented that he would love to help and support Ngā Hau e Whā's work **Human Rights training** • He described some aspects of the Human Rights training in which he is involved. It helps people understand the Declaration through a Pacific and Treaty lens. Educators promote the NZ values of both tangata whenua and tauiwi. • The Human Rights Commission developed a resource after discussions around NZ at a community level on what people wished for and what they could do. There is a balance between rights and responsibilities. **Cultural differences towards rights** • He favours the approach of looking for similarities rather than looking for differences. However, while parallels can be found, there are also differences. One of these is the 1215 British Magna Carta, which looked to establish rights of individuals, while Māori take a whānau approach to rights. Since the Treaty was signed there have been a range of opinions about the Treaty from government,		

No.	Topic	Discussion Points	Planned Action	By/Who
		Māori and the non- Māori public. • Treaty principles of partnership, protection, and participation he considers to be obligations. These could apply equally to the disability sector just as the Declaration standards could be used to monitor partnership, protection, and participation. • He observed that those seeking redress from institutions are generally pākehā and the Māori voices are not represented. **'Nothing about us without us. '** • Bill had requested Kiwa Hammond to translate this phrase and Kiwa has provided 4 translation. Bill briefly noted the significance of some of the words. The translations were passed around and Guy has agreed to have these reviewed. **Dual structure issues** • He went on to describe a possible dual structure model for Ngā Hau e Wha based on one which has been in place at NZ Educational Institute for a number of years. • The key parts involved starting with Māori branches which had start-up funding and then this extended to regional and national participation. While there had been initial doubt this structure is now well-established. • As part of this he trained people to be spokespeople for their groups and when issues arose he would send them the main points and then contact the media and give them main points and contacts for spokesperson. This resulted in spokespeople developing confidence and skills. Bill noted Political parties are currently raising mental health as an issue but there is no informed commentary with any publicity focussing on negative aspects rather than informed discussion.	Guy to review	

No.	Topic	Discussion Points	Planned Action	By/Who
		Implications for Ngā Hau e Whā • Bill, when asked how Ngā Hau e Whā could ensure an equitable process, replied that focussing on outcomes and impacts on Māori would then determine the structure. He would suggest with starting with local branches first before regional development. Also it is necessary to have a process to work through differences of opinion. • Tui is the Chair of a new national organisation for Māori consumers. Guy wondered how Ngā Hau e Whā can support that group. There is the potential for partnership and collaboration to work together. • Bill considered essential elements for Ngā Hau e Whā's development would involve: o Policy presence o Professionalism of workforce o Network development **Ngā Hau e Whā Māori Caucus** • Bill suggested that the Māori caucus sort out biggest issues for them and identify perhaps six priorities for Māori mental health and then convert into actions. • He may be able to help and would be happy to be part of caucus • Tui said that a workable plan is a priority in itself and the process should start with relationships. Jak said that there is a need to invest in getting people to face- to -face meetings. • Bill commented that he admired the courage of Ngā Hau e Whā as expressed in its Strategic plan and would be glad to talk about issues and do whatever he could to help.		

No.	Topic	Discussion Points	Planned Action	By/Who
2.2	Voting for Chair and Deputy Chair roles	▪ These roles need to be reaffirmed every year. **Election of Chair** ▪ Victoria Roberts expressed interest in continuing as Chair so she left the room while members discussed process and election. When they had concluded she returned and was advised that she had been reappointed and members had discussed processes both for this election and for the future. It was suggested there could be Co-Chairs with one being Māori. **Deputy Chair** • There is little about the Deputy Chair's role in the contract / terms of reference but this has been reviewed in the draft constitution. It was observed that the Chair's role is not that clearly defined either. ▪ Julie Whitla didn't wish to continue as Deputy Chair. Tui Taurua and Kieran Moorhead stood for the roles and left the room while the Deputy Chair election was discussed. ▪ When they returned they were informed that Kieran Moorhead had been elected Deputy Chair after a robust discussion where members reviewed the attributes and strengths of both members so as to make a fair decision.. **Process** • The voting had been by a secret ballot and the minute taker had collected the voting papers counted up the votes, announced the vote to the meeting, retained the ballots until it was moved that the voting papers be destroyed when the ballot papers were then destroyed by her. **Motion** That the voting papers be destroyed Moved: Victoria Roberts Seconded: Guy Baker Carried **Action:** Co-Chair discussion next meeting	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
2.3	**Documents**	**Terminology** • In high level documents the group agreed to use the phrase 'Lived experience' used after first reference to 'Lived experience of psychosocial disability'.	▪	
2.4	**Terms of reference / Constitution**	▪ An updated Terms of Reference (ToR) has been circulated, reviewed and further re-drafted. Out of this process a draft constitution has also been drawn up and circulated for review and further development. **Meeting administration** ▪ Update section on fees and expenses to Crown agency official rates. This is relied on when Ministries and other Crown bodies don't have an internal policy on employee meeting fees and expenses which contractors can rely on. It is determined that Ngā Hau e Whā is at the lower band of the Crown agency meeting rate but Nga Hau e Wha members do not get the preparation time provided for in the framework. ▪ For contractors that are from out of town a meal rate of $62.80 per day is provided for where if people are from the same town as the meeting, or if a contractor is away from home for less than 24 hours the rate is $20 per day ▪ Members agreed that this should be discussed with MoH to ascertain if there is a MOH policy for staff that can be relied upon, and if not that the MOH take into account the Fees Framework provisions when reviewing the next contract negotiation. **Action:** ToR will be circulated by email for response. **Constitution** • Generally there should be a lead for projects such as this. • Members were happy for Jak to take the lead on constitution review with assistance from the Chair and Grant. • Grant noted that Māori input on this would be essential and members suggested that Bill Hamilton could be asked. Also there is a need for it to be reviewed from	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
		a legal perspective. • Action: Ask Bill Te Huia Hamilton to review the constitution when it is ready. • Grant agreed to check a service use stakeholder who is a non-practicing lawyer to see if they can review the constitution from a legal perspective.		
2.5	**Translation**	**"Nothing about us without us. "Translation to Maori** ▪ 4 alternatives from Bill Hamilton and Guy would like to consult with his cultural advisor who is a local tohunga. **Action:** Guy to consult **Whole Document translation** on-going		
2.6	**Comms Plan**	**Balancing responsiveness against consultation** ▪ Deadlines set by external organisations make consultation and full discussion by Ngā Hau e Whā members difficult. ▪ In order to deal with tight time frames it had previously been agreed that lack of a response meant that a member concurred with what was proposes. However, after reflection, it became apparent that this is not always the case with some members indicating that they felt diffident about replying because they didn't find it easy to crystallise their thoughts in a written form when under pressure. ▪ Members agreed that they would have more check-ins and more communication flow verbally if face to face communication not an option. The aim is for full consultation before something goes out but without a cumbersome process. ▪ Internal process discussed, and having people's phone numbers available so that members can call each other before actions are agreed upon. ▪ External process will remain as discussed, that no response can be interpreted as consent due to the deadlines set outside of Ngā Hau e Whā's control. Opportunities to extend deadlines are always available. ▪ Also, if an unexpected opportunity to attend a meeting arises the Chair will email members to let them now she is going and ask for comments on the agenda, or, after consultation with the Deputy Chair, delegate attendance to another member if this is more appropriate.	▪ The chair to consult with	

No.	Topic	Discussion Points	Planned Action	By/Who
		▪ It was agreed to use external expertise to develop Kieran's Comms Plan. ▪ The Chair will get costings for work and consult members before going ahead. . **Action:** Kieran to circulate draft Comms Plan	contractor Kieran to circulate draft Comms Plan	
2.7	**Multi-agency sector group**	▪ The Chair had attended a meeting of the Multi -Agency Group after being invited at short notice. She also reported back on her discussion with the Chair of the group regarding their expectations of Ngā Hau e Whā. It was confirmed that the invitation was to the Chair as a representative of Ngā Hau e Whā rather than as an individual. ▪ The Chair had gained a considerable amount of information due to attending the meeting and a representative of the Office of the Ombudsman had issued an invitation to meet with them and would like to attend a Ngā Hau e Whā meeting. ▪ Guy noted that Ngā Hau e Whā supported Māori representation on the Multi-Agency sector group, and, at the last meeting, had strongly encouraged the Chair of the group to have two representatives –one from a Māori organisation. ▪ Chair to continue attending Multi-agency sector group, unless there is resourcing available to support another member to attend. If Chair cannot attend then another member can be supported in their place.	▪	
2.8	**Funding of high level documents**	▪ A fundraising sub-committee was discussed and possible processes and areas to target for grant applications were discussed. ▪ It was suggested that there should be an application to the Shadow UN Report fund which deals with human rights issues to fund an evidence-based high level document to be prepared by an experienced researcher who identifies as a consumer. ▪ It was decided to contact an expert advisor/researcher to assist us to complete a Shadow Report to the UNCRPD	▪	
3.0	**Meeting Concluded**	▪ **4.30 pm**	▪	

Ministry of Health
133 Molesworth Street, Wellington
26 May 2017
Minutes – Prepared by: Jane Norman

Day 2

Nga Hau E Wha
"Championing Many Voices"

Present: Victoria Roberts (Chair) (Central), Jak Wild (Central), Julie Whitla (Southern), Grant Cooper (Southern), Guy Baker (Midland)Tui Taurua (Northern), and Kieran Moorhead (Northern)
Apologies:

No.	Topic	Discussion Points	Planned Action	By/Who
1.0		**Welcome Whanaungatanga**		
2.0	**AGENDA ITEMS**			
2.1	**Dr John Crawshaw, Director General Mental Health, MoH**	Dr John Crawshaw joined the meeting at 8.30am and gave an update on the following areas: **Disability Action Plan:** intent is make services more user-friendly. **Health Quality Safety Commission**– quality improvement aimed at reducing variability in service delivery He strongly suggested active engagement with the	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
		process. . **Next refresh of Rising to the Challenge** will be done at an inter-agency level with a whole of government approach including agencies not previously seen as integral to the sector. **Rising to the Challenge:** still to determine whether there will be a refresh of the document or a replacement, but it will be expected to be a whole of government approach. The discussion is set to go before cabinet in the next two weeks. **Social investment approach**- early intervention in life course and in illness course. **Suicide Prevention Strategy** – full consultation is being done and he urged networks to networks to get their feedback in. It will set the overall direction for 10 years and seeks to identify the top actions that we need to take that will make a real difference. Need for engagement by all of the community. Australian suicide rates are climbing. The Black Dog institute is promoting localised evidence based interventions. • There is continuing concern over negative health statistics for Māori and Pacifica communities. Also Asian communities access services at a lower rate **Co-design**: A person noted that Auckland District health Board had prioritised co-design and wondered if Dr Crawshaw was discussing this with DHBs. **Service-users seen by specialists:** Dr Crawshaw noted that 168,000 people were seen by specialists. This rate of 3.6% got people in top-end services is too many. It is also challenging to know their collective view on anything. The contingency fund, which is targeted at social investment approach and may be spent outside health, is still to be worked through. After the first three years of life the major touchpoint for people is the education sector. There is a need to think about doing things differently with wrap round services and inclusion in community spaces. **Workforce plan released:** There are individual placement support programmes in		

No.	Topic	Discussion Points	Planned Action	By/Who
		place now. Private employers are spending money on wellbeing. The May 2017 Safeguard conference included a presentation from the CE of the Mental Health Foundation on workplace wellbeing. • Dr Crawshaw mentioned workforce issues in the health sector and was interested in how we work as a whole health sector and not simply a mental health sector. **Engagement wanted**: One person said that consumers are ready to engage but there are challenges. Dr Crawshaw said networks of influence rather than command control structures have some challenges. **The real time feedback initiative:** initiated by the Mental Health Commissioner, has had 10,000 responses with 80% being positive. Members considered that, for various reasons, this didn't include a number of complaints. **Early mental health response:** this is a Counties Manukau Project where some 111 calls are transferred to Homecare Medical peer support and nursing staff. **Dr Crawshaw** noted success of the telehealth service in CMH and the addition of peer support within this service. Calls are being resolved over the phone without escalation to crisis teams or emergency services. **Brief intervention concerns**: Dr Crawshaw is concerned about those in crisis situation but not necessary mental illness who need a brief intervention**.** **Exclusion of family/whānau:** Dr Crawshaw agreed that service users should be able to have support and doesn't require legislative change and wondered why it I is so hard to talk to a carer when a review is planned. The majority of people are not estranged form their family/whãnau. **Practice variation:** Dr Crawshaw said that collaboration on quality immurement		

No.	Topic	Discussion Points	Planned Action	By/Who
		programme would drives expectancy and services need to be benchmarked. He is concerned about unwarranted variations. Community support is needed for culture change. **Complaint process**: a member raised the issue of DHBs apologising only when told to and not dealing with non-performers. Dr Crawshaw wants agreement around practice standards because of this so problem areas can be identified and eliminated and those doing a good job are supported. There should be practice change at every level. A member advocated more services in community with better utilisation of resources to avoid silos. **Directory of services:** being developed. Health Point has the task of developing and maintaining service directory. Not only one directory but everyone knowing about it. • **Expert support line:** this is a resource for frontline staff eg a Probation officer wanting guidance on referral process. **Ngā Hau e Whā asked for feedback on their work** Dr Crawshaw was asked several questions which he answered in depth: How are Nga Hau e Wha reports used? Do you know of any differences our work has made to the ministry or MHA services? How could we be more effective with our reports? Can you talk about the Social Investment Unit in Treasury? We ended with an important discussion around John connecting us with others in the MOH which he agreed to as an action. • **How are Ngā Hau e Whā reports useful**: Dr Crawshaw said that consumer information is extremely useful so please keep providing reports. He usually tries to meet with consumer reps when doing visits. He has four regionally advisors in his office who collate information from a range of sources for him to use when visiting		

No.	Topic	Discussion Points	Planned Action	By/Who
		DHNS and he will let the Chair know their details. • **Anonymity:** In reply to a query Dr Crawshaw said unless people wanted him to investigate an individual case please anonymise date. • **DHB manager not culturally competent:** A member raised a concern about a DHB manager not being receptive to feedback. John suggested that a formal letter stating their concerns would be in order. • **Social Investment Unit:** is taking longer to do data work than planned. Preliminary lot of data is at best associative data. Doesn't help us understand flows. It was suggested that Ed Montagu should be invited to Ngā Hau e Whā. He is head of the Social Investment Unit in Treasury • Dr Crawshaw was thanked and left the meeting at 9.30 am.		
2.2	**In Committee**	**Moved** That Ngā Hau e Whā should go into an in-committee session when needed to protect privacy or for sensitive issues. Moved from the Chair Carried	▪	
2.3	**MoH Derek Thompson Kevin Harper Amanda Luckman**	At 10.30 am the Chair welcomed Derek Thompson, Manager Mental Health Commissioning, Kevin Harper, Principal Advisor, Mental Health System Outcome Service Commissioning and Amanda Luckman, Consumer Advisor. Members introduced themselves and then Kevin, Derek and Amanda introduced themselves. **Feedback on Ngā Hau e Whā reporting to MoH** **Ngā Hau e Whā reports information-rich:** Derek said that the MOH see Ngā Hau e Whā reports and acknowledged that they are information-rich. MoH can do a better job of networking the information provided. He committed to greater sharing of	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
		information from Ngā Hau e Whā. Guy asked for feedback on how Ngā Hau e Whā could improve. **Action:** MoH to ensure better sharing of Ngā Hau e Whā reports through MoH and to DHBs. Derek agreed to look into connecting us with the various people throughout the MoH who review our reports **Value of Ngā Hau e Whā's work** ▪ Ngā Hau e Whā's December report contained much useful information including the following areas: o Fit for the future feedback o Sector engagement workshops feeding into refresh of mental health and addiction strategy. o Participation in suicide mortality review pilot. o MoH commented that report was an early intelligence source as it had information on trends that they only heard about officially later. o Generally a source of independent advice, which the MoH finds valuable **How is information from Ngā Hau e Whā used?** ▪ **Feedback loop**: A member said that Ngā Hau e Whā is trying to create a feedback loop to bring information to MoH which is in a unique position to do this. Questions from consumers are around safety and why should they give information to MoH and what good does it do? Also what does MoH want more of? ▪ ▪ **Ongoing dialogue:** Kevin said that his interest is in an ongoing dialogue with consumers so MoH is not just being reliant on a single piece of work. He wants the ability to look ahead and be prepared for opportunities and have a strong equity focus. He led work on the Outcome Framework. The aim is to have a conversation with service users which is people-centred and creates a unified understanding. Information can be used to further develop communication in both directions.		

No.	Topic	Discussion Points	Planned Action	By/Who
		▪ **Provision of expertise:** the Chair said that members draw on their networks, who are incredibly knowledgeable and enthusiastic people, for information to go into reports. So if specific information is needed we can go out to networks and consult. ▪ **Strength in the depth of the Ngā Hau e Whā report:** MoH noted the structure is of value with an overview and then region by region information which includes both "bouquets and brickbats". ▪ ▪ **Dialogue at meetings:** now Ngā Hau e Whā is meeting in the MoH meeting rooms there can be the opportunity to have a discussion around the report as well as MoH staff reading it ▪ **Ngā Hau e Whā Regional connection**: the MoH team can connect with regional representatives and regional meetings. ▪ **Addiction** sector meet regularly ▪ **Other items** ▪ Christchurch rep advised there was research of how much consumers knew about HoNOS. ▪ Rep on behalf of Tairawhiti thanked MoH for confidence show in the community by funding initiatives. ▪ Rep advised that members are broadening reach of Ngā Hau e Whā with contracts outside MoH being developed. ▪ **MoH Mental health –** the following areas are directly involved in mental health o Service Commissioning – DHB and other areas… o For mental health Addictions framework. o Health Promotion activities		

No.	Topic	Discussion Points	Planned Action	By/Who
		○ Office of Director General of Mental Health – overview and implementation, legislative standards, rights and protections. ○ Chief Advisor Māori Health ○ Chief Advisor Pacific Health ○ Client insights and analytics ○ Health Workforce NZ – action plan ▪ Suicide Prevention consultation meetings had varied in attendance numbers. ▪ Kevin said we don't have to wait for documents to have discussions and he wants to work collectively to make a difference. He challenges himself to consider equity and inclusiveness. ▪ Rep acknowledged the cross sector collaboration for input on funding in Christchurch. ▪ Rep asked about the Fees Framework for Crown Agencies which was applicable and whether we be using the MoH framework. ▪ **Action:** send questions to Kevin and he will check with appropriate person ▪ **Engagement**: MoH want to engage, and be open and acknowledge they can use information more effectively. ▪ **Advised:** The Chair advised that Ngā Hau e Whā is about to work on a project in partnership where one of the processes is strengthening and growing networks so service user voice is heard. ▪ Rep said that there is a need for a face- to -face conversation with rural communities ▪ Rep saw a widening of MOH's engagement from just with DHBs to engaging with communities. ▪ Tui Taurua Peihopa is Chair of a national tangata whaiora group (Te Huarahi o te Pounamu (Māori National Tangata Whaiora Roopu) which links with iwi leaders. It is challenging view of mental health and wellbeing by taking a Māori warrior perspective. She would be interested to continue dialogue particularly with the MoH Principal Advisor for Māori. Another area of concern is veterans with PTSD.		

No.	Topic	Discussion Points	Planned Action	By/Who
		▪ **Office of the Auditor General** will be presenting to Parliament next week on a piece of work in the mental health sector. ▪ The Social Investment Unit approach is a more' joined up' response. The day before the meeting the Government had presented a budget which included money for mental health in a range of areas. **Authorised:** Derek advised that there would be continuation of the Ngā Hau e Whā contract A member raised the Fees Framework that outlines fees to be paid to organisations that contract to a crown agency. Derek agreed to find out whether the ministry has its own fees document and requested the document we have be sent to him. The Chair , on behalf of Ngā Hau e Whā, thanked him Derek, Amanda and Kevin were thanked and left the meeting at 11.35 am. Later in the meeting Hingatu Thompson, Group Manager, Māori Health Service Improvement Group Service Commissioning, MoH, who had attended the last Ngā Hau e Whā meeting, joined the meeting for an informal discussion. He noted that feedback from severely disabled people had changed his view. Suicide prevention work goes further than service users as 63% suicides are not in contact with services.		
2.4	**Esther Woodbury , Ph D, Disabled Persons Assembly**	• **Dr Esther Woodbury** was welcomed to the meeting at 11.45 am. The Chair and Jak have been meeting regularly with DPA s Esther (Policy and Relationships Manager) to discuss disability issues. • Members introduced themselves and Esther introduced herself and outlined her work at DPA. She identifies as having a psychosocial disability. • **DPO Coalition membership** • DPO Coalition currently has six members; DPA, Blind Citizens NZ, Deaf Aotearoa, Balance NZ, People First and Kāpo Māori. Membership is dependent on having certain attributes so Ngā Hau e Whā and another group left as they were not considered to have all the thirteen attributes. • The Coalition has governance over the disability action plan and works closely with	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
		the Office for Disability issues. The current Action Plan runs until next year. Review of the Mental Health Act against UN CRPD was one of the actions. • The Convention Coalition structure is under review with the aim of greater collaboration with the DPO Coalition. • **Rights-based approach for right to work advocated** • A member who is on a DPA employment working group gave feedback including that the approach should be a rights-based approach to work or right not to work rather than a needs-based approach or a coercive approach as has been adopted in the group. • There is incredible pressure from WINZ to work but the structure people have to have to fit into doesn't suit everyone. Examples were given of people struggling, burnt out and consequently taking time off. This, in turn, has impacted on colleagues of the person who has to take time off. In another case an MSD employee suggested a disabled person could go to the dairy and bag up sweets because the employee knew the dairy owner. Meaningful work and contribution to society may take other forms than paid work, particularly stressful and/or menial paid work. • In 2013 a Principal Medical Advisor was quoted by the Herald's Simon Collins as saying that welfare benefits were "an addictive, debilitating drug with significant adverse effects to both the patient and their family (whānau) - not dissimilar to smoking". • The lack of case management means that it is hard for people who are in difficult situations, including abuse survivors, to get appropriate support and develop trust. Some members considered this lack of case management a deliberate strategy to discourage consideration of assistance of needs as 'having compassion is a conflict of interest'. • Discretionary power is now at a managerial level and would probably need the services of an advocate to be accessed. **WINZ issues** • A member raised the case of WINZ Gisborne now having restricted services due to		

No.	Topic	Discussion Points	Planned Action	By/Who
		staff reductions so it takes 4-5 days for an appointment which doesn't serve the needs of people who have an immediate need. In Wellington area it takes two weeks to get an appointment • The Southland/Otago rep had suggested that WINZ staff should have training in de-escalation. At some WINZ offices security guards will only permit access if someone has ID. • WINZ won't pay for internet access but require online access by those seeking assistance. **DPA advocacy** • Can we expect that DPA embeds CRPD in every work stream? In response Esther said that is her aim and one of her interests is to look at housing, education, employment, justice areas in order to advocate strongly. • **Action** -Esther will look at putting us in contact with the relevant people> so Ngā Hau e Whā can progress re-applying for the government approved DPO status. • Community Services Card threshold has not increased in line with minimum wage. • Members discussed the variation support in their respective regions. In some areas there are free consultations for physical health issues while in others there is free bus travel. Doctors do not always provide information on initiatives such as Green Prescriptions or Brief intervention counselling unless specifically asked. It vague) **What would Ngā Hau e Whā like?** o Increase disability allowance, standardised access, internet access a necessity, and access to a cell phone. Esther offered to help Ngā Hau e Whā in any way she could and was then thanked and left the meeting		

No.	Topic	Discussion Points	Planned Action	By/Who
2.5	**Resourcing of Ngā Hau e Whā**	**Resources for Ngā Hau e Whā's work** ▪ It was pointed out that the Ngā Hau e Whā Chair needs to be better resourced to be able to deal with the increasing amount and complexity of work, particularly as Ngā Hau e Whā doesn't have a physical base. **Resources proposed last meeting** Quotes have been provided for ▪ Laptop including IT set-up and servicing. ▪ Quality Phone with high usage account for both telecommunications and internet Insurance, tech set up, ongoing tech support, new phone every year ▪ **Hours for Chair** Grant suggested we commence a payment to the Chair of up to 10 hours a week until the next meeting when it is re-evaluated and members agreed on this. Currently the Chair is paid for 40 hours a year. The Chair said that number of hours she does varies and when she is preparing the MOH Report the workload is heavy. • An hours tracker app was agreed could be installed on the Chairs cell phone **Assessment and accountability** ▪ Quotes had been obtained and members discussed the different options and issues arising from these. **Motion** That members accept the quote for the laptop and IT services ($1,841) and iPhone package (up to $2,000 per annum) as set out in meeting papers, in order that the Chair can be better resourced to do Ngā Hau e Whā's work. Moved: Grant Cooper Seconded: Tui Taurua **Carried**	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
2.6	**Regional Reports**	**Members discussed their regional reports and items arising from them which included:** Members were reminded to anonymise details in reports to avoid privacy issues. ▪ **Tairawhiti** ▪ The member for the region said that his regional meeting had been the day before Ngā Hau e Whā meeting so he hasn't compiled a report but will send it when complete. ▪ There will be a second Ngā Hau e Whā representative from Midlands at the next meeting and the Chair will advise Guy of admin details. ▪ The member elaborated on the creation story of Papatūānuku and Ranginui, linking the family dynamics displayed with modern issues of crowding, separation of families and alliances being formed to deal with issues. This was an example of Mahi-a-Atua in action but also to reinforce the whakapapa of the name Nga Hau E Wha to members. ▪ The members presentation was videoed as a record	▪	
2.7	**Finances**	Finance report is to be circulated **Action**: Chair	▪	
2.8	**Regional reports**	**Suicide strategy consultation** Response to consultation on suicide strategy – members noted it was a priority to feedback on this. **Christchurch:** ▪ Funding from Creative NZ for Mad Poets society is continuing. ▪ Concern that seclusion appears to be rising in some areas ▪ Cross-government initiatives - concern agencies opt out but take the money. ▪ Crisis Café project in Christchurch has funding for development. **Central North**	▪	

No.	Topic	Discussion Points	Planned Action	By/Who
		▪ There was an issue of massive amount of medication being provided on discharge which presents risk of misuse including suicide. The person was not under community treatment order but had to give two days' notice when moving from respite to partner's address. ▪ Depo Provera – given without proper consent process. Issue of concern which needs to be looked at more closely. ▪ Bedroom used as seclusion area – not measured ▪ Post-natal depression – difficult to get access quickly to brief intervention ▪ . Misdiagnosis – thyroid problem misdiagnosed as bi-polar due to a blood test ▪ **Southern** ▪ Real time feedback – questioned extent of this and validity of responses. ▪ Youth line doing face to face counselling in Dunedin ▪ Situation where a person was not able to see a DI within 5 days when under the Act. Not able to see DI within 5 days when under Act - Member to follow up. ▪ Not many Health and Disability complaints upheld. Process time and energy to continue a complaint make it very difficult for people to make a complaint. ▪ Example of a person feeling pressured to have injection rather tablet medication not because of non-compliance but because it seemed convenient for staff not because of non-compliance but because it is convenient for staff ▪ There is still a lack of progress with having phone conversations to psychiatric emergency services recorded. ▪ Collaborative note writing is still hardly used however Southland DHB Mental Health Services are considering a pilot..		
3.0	**Meeting Concluded**	▪ **3.45 pm**	▪	
3.1	**Next Meeting**	▪ **Date of next meeting** ▪ **August 24/25 2017**		

No.	Topic	Discussion Points	Planned Action	By/Who
		Agenda Items & Actions for next meeting:		

1	Protocol for observers at Ngā Hau e Whā meetings – Grant to write policy.	Grant
2	New logo Guy	Guy
3	Co-Chair discussion next meeting	All
4	ToR will be circulated by email for response.	Chair
5	New constitution. Need for it to be reviewed from a legal perspective. Grant was asked to check with his contacts for their recommendations.	Grant
6	**'Nothing about us without us.'** Guy Baker to consult on translation	Guy
7	▪ It was agreed to use external expertise to develop Kieran's Comms Plan. ▪ The Chair will get costings for work and consult members before going ahead.	Chair/Kieran
8	Send questions on correct meeting rate to Derek and he will check with appropriate person	Chair/Deputy Chair
9	Finance report is to be circulated	Chair
10	MoH to ensure better sharing of Ngā Hau e Whā reports through MoH and to DHBs.	Derek Thompson to inform the chair

REGIONAL REPORTS

Nga Hau E Wha
"Champion many voices"

Representative: **Jak Wild**
Central (North) Region: **MidCentral DHB / Hawkes Bay DHB / Whanganui DHB**
Meeting date: **25th / 26th May 2017**
Quarter: **Second quarter report**

Networking update

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

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

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

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

1. Issues/challenges identified by people in your region

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 of 21-year old Chelsea Brunt, who died after going missing from Palmerston North Hospital's Ward 21 after she 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-days notice for her medication to be delivered to her partner's address rather than her own address.

Seclusion concerns

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

Key findings include:

- a high use of seclusion and restraint in New Zealand and an overrepresentation of ethnic minority groups, in particular Mäori
- Some of the forms of mechanical restraint used were inherently degrading to the individual. Of particular concern was the use of restraint or tie-down beds in prisons and the use of restraint chairs in police custody.
- Stark physical environments and impoverished regimes in seclusion, secure care and segregation units, and in a number of cases no access to basic fixtures such as a call-bell to alert staff, a toilet or fresh running drinking water.
- Access to basic entitlements including daily access to a shower and an hour long exercise in the fresh air were not always guaranteed.
- The physical design and material conditions in the so-called 'At Risk units' in prisons, where vulnerable prisoners were housed, were mostly identical to those in other solitary confinement units. These units may be contrary to international standards which prohibit the placement of prisoners with physical or mental disabilities in solitary confinement.
- Children and young people in Care and Protection residences could be held in separation from their peers in 'Secure Care' units

which were identical to prison segregation units. These were inappropriate.

- The deprivation of social interaction which is inherent in all solitary confinement practices was often made worse by the deprivation of other provisions which could have helped to mitigate the harmful effects of seclusion. These included restrictions on family visits and in-room provisions such as books, hobby and craft materials or a TV set.
- A small but persistent number of people in health and disability facilities were subjected to 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. Shalev

<u>Seclusion concerns continued</u>

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”

s 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 s 9(2) said all incidents should be treated seriously, as if they were an actual suicide. s 9(2) 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.” s 9(2) 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 Mary Ellen Copland 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 Māori 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/whānau 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 programs which are set to be rolled out this year in Whanganui and over the next two years nationally.

Tikanga Ririki Māori Parenting Programs

Mana o te tangata provide Tikanga Ririki Māori Parenting Programs in both their Levin and Palmerston 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. Māori services

New Māori 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 Māori owned lands (whenua / ahikaa). Kāinga Whenua supports ahikaa and haukainga to help address whānau papakainga housing aspirations and can be used to build, buy, renovate or relocate a house on to whenua Māori. Kāinga Whenua provides 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 Sir Mason Durie 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.

Ngā Hau E Wha
"Champion many voices"

Representative: Grant Cooper
Region: Otago/Southland
Meeting: 25/26 May 2017

Challenges and issues faced by people using services

A Service User perspective:

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

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

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

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

The provision of peer led services is suffering from a lack of a coherent national strategy, and consequently is developing in an ad hoc manner. There is inherent danger in this in terms of both accessibility to and the appropriateness of such services.
The Mental Health Commission need to be reconvened/or something akin to it put in place.

From Taiohi/youth co-existing service in Otepoti from Peer support perspective:
Specifically for our taiohi one of the challenges is within our justice system. Lack of consistency with education and understanding from some judges around co existing issues when youth present in court. Keeping young people out of prison and giving them access to AOD and mental health services.
- We now have a waiting list of approximately 8 weeks for youth and their whānau to access our service due to the high demand and lack of other youth services in the area dealing with Co-existing issues.
-Affordable and suitable accommodation for youth is an ongoing issue in our area due to financial constraints of taiohi I work with and also the availability of accommodation in our area.

From Otago Mental Health Support Trust peers:
- Concerns about gaining independent 2nd opinion from a psychiatrist. Pragmatically very difficult in the Otago Southland region.
Mental Health Act and Human Rights Submission was difficult to find for example not on Ministry of Health website and could have been a lot easier to fill in if an online survey form was developed.
Person reported problem accessing District Inspector. For example not being able to see a District Inspector within first 5 days of being under the Mental Health Act
Why are mental Health Act court hearings not recorded? Feedback is that if they were, they could be used to help build a case through a person's lawyer.
There seems to be very few Health and Disability Commission complaints upheld especially those relating to mental health services.
People are saying that they are at times feeling pressured to take an injection instead of oral medication. Some feedback is that the movement to injection is not because of noncompliance to oral medication but rather convenience for the mental health service.

A newspaper article in the Otago Daily Times on 5th May (see attached) talked about a scare experience by FearNZ in Dunedin where "As thrill seekers make their way to the psychiatric ward, past the cells crammed with clowns, the masked patients await the visit" Otago Mental Health Support Trust made a complaint to the ODT as to its coverage and also to Fear NZ. FearNZ has

to date not responded to the complaint and the ODT has stating that they reject the complaint but do apologise for any distress however unintended. Otago Mental Health Support Trust (OMHST) will consider going to the Press Council and the Advertising Standards Authority. The person who runs FearNZ is Rory Foley who in a Stuff article on June 6th 2016 described himself as "…someone who dresses as a psychotic clown and chases people with a chainsaw." The article related to him gaining the Queens Service Medal.

Service development in the Mental Health and Addictions Sector

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:
Would love to see more peer led services specifically for Co-existing (Addiction and mental health) in Te Wai Pounamu/South Island.

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

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:
Lack of opportunities for peer support training in the Te Wai o Pounamu/ South island.
Lack of peer led services specifically for Coexisting (Addiction and mental health) in Te Wai Pounamu for youth.
Isolated from Peer networks and not aware of developments, changes to peer support. Need to make more time to develop my network especially in Te Wai Pounamu.
Ongoing community liaison to keep building relationships with community organisations who support youth, specifically in our area – Artsenta, Otago Youth Wellness Trust, Corstorphine Baptist Community Trust, Otago Mental Health Trust, WINZ – Youth link, The Hub, community groups offering activities.
A Peer Support service in the Southern region has been given a 1% increase in funding from SDHB.

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

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:
Lack of services specifically for Co-existing

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

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

Best practice as defined by service users

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:
Te Whare Tapa Wha based values cards(Whai Tikanga) resource to build values and strengths

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

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

Resources to support creating healthy routines and structure

New initiatives and developments in the regions

From Taiohi/youth co-existing service in Otepoti from Peer support perspective:
Collaborating with a community service who provide art opportunities for people with mental health. Facilitated a 4 week screen printing workshop for taiohi at my service with one of their workers. It created a scaffolded experience and exposure to a service in the community for our young people. Will run another one later in the year.

Developing another workshop/group for young people to learn how to cook healthy meals on a budget utilising community gardens.

From Oamaru:

Youth line Otago are filling the gap in Palmerston with the removal of Brief Intervention Services from that region and the removal of the group that operated through the training scheme.

Highlight the great work being done by Judy Walker (SDHB) and the Mental Health and Addictions Network operating out of Oamaru. We meet every six weeks around the loose connection of SDHB Raising Hope

Addictions services issues and development

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:
Lack of funding
Ongoing networking with local services working with youth and breaking down barriers for our young people to access support.

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Issues for whānau and family

From Taiohi/youth co-existing service in Ōtepoti from Peer support perspective:
Lots of our parents are exhausted and highly stressed from dealing with difficult behaviours.

Their ongoing issues with addiction and mental health impacting on young people we see (COPMIA- children of parents with mental health and addiction)

Intergenerational issues with addiction and mental health issues and lack of community organisations to provide support.

Nga Hau E Wha
"Champion many voices"

Member: Tui Taurua-Peihopa
Region: Northland
Meeting 24 & 25 May 2017

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

- Meeting Māori Mental Health Network Model of Care Update Meeting
- (15 May 2017)
    - Issues identified
        - High compulsory Treatment orders
        - High seclusion rates
        - High numbers of youth suicide
        - High numbers of homelessness
        - High drug usage
        - Gangs
    - The hui raised a lot of issues for me.
    - A) Having only two whaiora voices involved in the development of a Model of Care. Not good enough.
    - B) What is Northland DHB perception culturally centred and cultural diversity mean?
    - C) I felt that GM moved the golf post in that meeting while discussing the development of a Model of Care.

- D) The community challenged the DHB from a cultural perspective as well. They talked about culturally centred services versus cultural competency. Is culturally centred a watered-down version to competencies?

Best Practice according people in your region.

We need to develop a Peer Support Service using Māori Models of Practice.
The running of twelve step recovery workshops – Whangarei

New initiatives / developments in your region.

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

- Māori Christchurch visit
  - Attended the Senior CDHB Consumer Group
- Outcomes – Veteran and Māori Whaiora attendance

- Ta Mark Solomon – Invited to Mana Whenua (Māori Leaders of Ngai Tahu Tribe: South Island)
- Refugees asking for help from Tangata Whenua
- Radio Interview (LIKE MINDS LIKEMINE)
- Te Kahu Korako: Toitu Hauora Māori Health Leadership Summit 2017 (8-10 May 2017)
  - Presentation by Te Huarahi o te kete Pounamu (Rangatira Model with Mental Health and Addictions experience)

Staff Recruitment "I AM WE NOT I AM I"

Recruitment for the Ngā Hau e Whā Māori Caucus

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

Distribution List

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

Northland Issues pending –

1. Prisoners and Mental Health: Nga Wha Prison

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

Definition of a Warrior

- Strong and powerful
- Confident
- A Leader
- Providing protection / worth fighting for
- Mana
- Stamina
- Teacher

- "Negative Language / Get over it;" 9 March 2017 (2nd Week)

- Don't panic
- Got help?
- Wise
- Listen to inner self
- Power
- Strength
- Openness and ask for help
- Mind over matter
- Knowledge; knowing what you're doing
- Knows what they want out of life
- Identify how to overcome challenges
- "Let it Go"
- Loyal / Trust / Faith
- Is determined
- Ability to do things
- Purposeful
- To stand in own truth
- Fearless
- Confident
- Fighter / Family protector
- An example
- Kind / soft
- Organised and alert
- Good observation skills

- Turn negative into positive
- Spiritual faith
- Human Warrior – Fight, fight, fight
- Learning to overcome grief – life shift way of thinking
- Providing support
- Overcoming life death situations
- Strength to deter
- Bringing it out; did something for self
- Perseverance
- Looking through the eyes of another
- Defending those who cannot defend themselves
- Nurturing
- Stand up for one's belief
- Emotionally strong
- A Leader

Relationship Building Expectations

- Te Rau Matatini (Priority hui 8 June 2017)
- Te Huarahi o te Pounamu (Māori National Tangata Whaiora Roopu)
- Te Hau Awhiowhio o Otangarei Trust, Whangarei
- Christchurch Consumer Networks
- Te Tai Tokerau Kaimahi Māori working within the mental health and addictions Sector
    - Māori Mental Health Network (Proposed Model of Care Hui)

- Māori Mental Health & Addiction Network
- NGO Governance Group, Northland
- Ngapuhi Kaumatua, Northland
- Other Māori Networks
- THRIVE – Rangatahi Tuatahi Steering Committee Hui, Auckland

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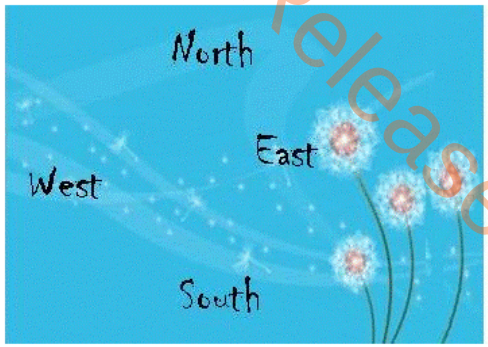

Nga Hau E Wha

"Champion many voices"

Representative: Victoria Roberts
Region: Central South
Meeting: 25/26th May 2017

Issues or Challenges as identified by people in your region

Emerge Aotearoa: Shaun McNeill

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

- Few or no support groups neither for - bereavement through suicide; nor for those with bipolar; anxiety; depression.
- Huge demand on rental accommodation in Kapiti due to workers on the Transmission Gully & Peka Peka bypass, plus home buyers moving out from Wellington.
- Lack of emergency housing provision in Porirua or Kapiti apart from the motels.
- No recovery house for those coming out of Te Whare O Matairangi as if they're lucky they'll get a couple of nights in respite then have to go home where they often have little or no support.
- No women's centre in Porirua; the one in Lower Hutt is down to only a couple of days per week due to funding cuts.
- Some difficulty accessing respite/crisis beds, provided by NGOs in the community, despite knowing they are available.
- Service users having to be actively suicidal in order to receive support from DHB services, meaning a severe lack of suicide prevention measures across the Wellington Region.
- Lack of supported accommodation for those people unable to sustain their own tenancy with community support, including those people with a forensic history.
- Barriers to employment for those people with a forensic history who are forced to disclose their offences.

Oasis Network

Te Whare Ahuru

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

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

Work:

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

Stigma and discrimination:

Oasis Network

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

Emerge Aotearoa: Shaun McNeill

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

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

Housing

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

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

Best Practice as identified by people in your region

Emerge Aotearoa: Shaun McNeill

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

Housing

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

Oasis Network

- "Oasis services are GOOD."

Work:

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

Other supports:

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

Lower Hutt Community Team

- Service users report a big shift in the new look community team.

- There have been personnel changes and they are listening better.

Upper Hutt Community Team

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

Inner City Mental Health Liaison Group

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

New initiatives / developments in your region

Emerge Aotearoa: Shaun McNeill

- In Kapiti, Mayor Guru and Councillor David Scott have set up a housing committee to focus on the immediate and long term needs of providing a range of housing inc. emergency & social; adapted for disabled; single – families.
- In Kapiti, community involvement in long term health plan

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

Addictions

Emerge Aotearoa: Shaun McNeill

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

Oasis Network

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

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

Emerge Aotearoa: Shaun McNeill

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

Services for Māori

Emerge Aotearoa: Shaun McNeill

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

Services for Pacifica People

Pacific news from Monique Faleafa - Chief Executive Le Va

Hi Victoria

I'm on leave at the moment and just getting on a plane - we have had a flurry of media activity about pacific mental health... and we'll pop it in our newsletter this week. I have pasted some of it below.
Ok, thanks and can be in touch with further info too.
Monique

A project we are working on that might be of interest is our leadership seminars:
https://www.leva.co.nz/our-work/gps-conference-2017

Pacific mental health leaders put this survey together propositioning what's important for them, including pacific service users, to upskill further in. The topics are really interesting.
https://www.surveymonkey.com/r/Q7JKS6S

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

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

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

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

https://youtu.be/Ij4Hclkfc14

Aotearoa: Shaun McNeil

NGOs

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

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

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

More money required to meet demand for youth in Canterbury Post earthquakes.

Dr Sue Bagshaw said they were given referrals from schools and hospitals but simply did not have the resources to cope. Dr Bagshaw said those children with PTSD- were now becoming teenagers. "We're sitting on a time bomb. I've been talking to the Ministry of Health over and over about the fact that we need to do something now to prepare for this coming through. "Because it is obvious nothing is being done for them. We need to have psychiatrists and psychologists in primary care right now, ready for these kids," Dr Bagshaw said.

According to Canterbury DHB figures, demand for child and youth mental health services has risen by 73 percent since the earthquakes. Truancy rates have also increased by 80%. A senior figure in mental health at the DHB, speaking on condition of anonymity, told Checkpoint it was not even a secret that they could not cope with demand.

University of Canterbury associate professor Kathleen Liberty has been running a longitudinal study of children in post-earthquake Christchurch. She said in some eastern and southern suburbs, children were experiencing many symptoms of post- traumatic stress disorder (PTSD). "We have now around 320 families and we've been following the families since late 2012 and early 2013 and then we've picked up more families each year." Symptoms include anger, volatility, bed wetting, but Prof Liberty said there were children who were even self-harming and feeling suicidal. "Even children as young as nine talking about suicide."

She said at its most severe, the level of post-quake PTSD was on par with children in homes where there was domestic violence, or where a parent has died unexpectedly. "When you have a child who's had a terrible home experience, a death in their family ... there's a number of community resources that can come around and help support the family. However, whole communities in Christchurch were struck by disaster and there were not enough resources to help everyone, she said

Concerns about gaining independent 2nd opinion from a psychiatrist.
Pragmatically very difficult in the Canterbury Region and people sometimes have to travel to another region as they feel the process will be tainted by all psychiatrists knowing each other. Very few people bother to see this through, and the process should be more streamlined.

Children in Welfare Homes Many people with mental health and addiction issues are reaching for support to achieve a class action against CYFS after being abused in welfare homes.

Variations in Peer Services throughout the South island with different services offered.

Security guards and paperless communication at Work and Income (WINZ)

Many people with mental health issues are finding that security at WINZ offices is escalating their anxiety and it is a common issue that people find extremely annoying and anxiety provoking.

No paper forms at WINZ and MY MSD. Many people with Mental Health issues have no email address, computer or money to have on going cell phone costs so being told they must do their applications electronically is a barrier and can add extra time to having income coming in.

Best Practice according people in your region.

Changing practices with clinicians
Many clinicians in community mental health and the Crisis Assessment and Treatment (CAT) team are using more cooperative, open and communicative styles when working with people using the service and the support people who are attending.

Free Brief Intervention counselling:
Many people have found this extremely valuable in Canterbury when struggling with an addiction or mental health issue.

New initiatives / developments in your region.

Hepatitis C Community Clinic, Canterbury Update:
Prime Study is a comparative randomised study, comparing Hepatitis C (hep c) care and treatment in a primary health setting with a tertiary hospital.
A new drug Zepatier is being presented to Pharmac for funding. It deals with genotype 1, and is only1 tablet a day. and virtually no drug to drug interactions.
Fibro scan clinic- clinic every Monday in Christchurch, and monthly in Ashburton, Greymouth and Westport. Being able to travel with the fibro scan increases access to this procedure for those reluctant/unable to travel.

Step Up
Step up is anew initiative/pilot programme involving Pegasus, Canterbury DHB (CDHB) and Ministry of Social Development (MSD) aimed at improving health and social outcomes for people on long term benefit, through being engaged in work. Initially this is based in four Pegasus General practices in Canterbury (Eastcare Health, Linwood Ave Medical Centre, New Brighton Health Care and Piki Te Ora) and involving two WINZ offices (New Brighton and Linwood) and eligible people were identified at general practice.

The new Oranga Mahi programme involves health and social agencies working closely together – putting the person at the centre and co-ordinating services to improve their employment opportunities. In Canterbury more than 2500 people aged between 18 and 50 are on Benefit for between 3 and 36 months.

Eligiblity for *Step Up* based on age (18 – 49) and there must also be some motivation on the part of the individual to get back to work.

Initial target groups for *Step Up* include young people aged 18 to 24 and people with mental health conditions with a target of 17% return to work/training etc.

Once eligibility is established, clients will work with a GP based health navigator for up to 12 months (3 months intensively) to develop an individualised plan covering existing supports, what's working, what's not working, what wrap around services can be put in place by whom.

Supports will aim to be sustainable e.g. inclusive/involving family etc. and holistic e.g. include physical health goals as well as employment/social goals. Supports will be multifactoral and may include telehealth services as well as general practice based services and social services.

Expected impact/outcomes include: increased support to GP's, increased health/wellbeing/quality of life for individuals and wider families, reduced benefit costs and potentially health co

It was queried how many people *Step Up* is expected to target: health navigators will work with up to 20 individuals at any time. Initially 2 health navigators in the pilot.

It was noted that a number of previous initiatives aimed at getting people back into work haven't been very succesful, although it was acknowledged that whereas previous initiatives have been MSD driven *Step Up* is more focussed on individual needs / health driven, which should hopefully increase success / effectiven

Addiction

The new Substance Abuse Compulsory Assessment and Treatment legislation requires a refresh of the South Island model of care. 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 implementation. It was mentioned that there have been some issues / confusion re transitioning clients to Substance Abuse Compulsory Assessment and Treatment Act (SACAT) from the Alcoholism and Drug Addiction Act 1966 and it was agreed that the workstream keep a watching brief on this. Some judges are reluctant to use the old act. It was also commented (as in previous meetings) that timescales for transition to SACAT may be unrealistic.

Family and Whānau

Families in Christchurch have been concerned about a cluster of suicides of youths, in Christchurch. The cited that at/after the funeral is a time that young people struggle with substances, alcohol and that more should be done to support them at this time.

Families in Nelson have been concerned about the amount of methamphetamine in Nelson. A family organisation in Nelson said that they were concerned about the ages, citing 2 14 year old youths have been identified as having treatment for meth substance addiction.

A Christchurch family has removed their brother and son from a mental health clinic, as they were disgusted at the old fashioned conditions. The Seager Clinic is an inpatient facility at the city's Princess Margaret Hospital, and is awaiting a plan to move it as Princess Margaret hospital is closing in the next two years. Speaking publically in the media, Ms Lunam said conditions at the clinic were terrible. "It is completely desolate, this is a shocking place to put a very vulnerable person who is suffering acute psychosis and imagining terrifying thoughts, that people are out to kill him or that he is evil. He was in this room that has no windows, no air conditioning, crumbling ceilings and cracks in the walls. It would give anyone nightmares let alone someone having a psychotic episode." She said conditions in the kitchen were unhygienic and the whole building was dark and filthy with cracks, and appeared to be in an advanced state of disrepair.

Lots of parents are exhausted and highly stressed from dealing with difficult behaviours. Their seems a lack of children services between 7 and 12 apart from counselling.

Their ongoing issues with addiction and mental health impacting on young people we see (COPMIA- children of parents with mental health and addiction)
Intergenerational issues with addiction and mental health issues and lack of community organisations to provide support.

Canterbury Action on Mental Health and Addictions

Minutes of the Awareness Monthly Meeting

Monday the 8th May 2017, 1.00pm- 2.30pm

MHAPS Community Wellbeing Centre

Exec election timeline:
The exec has decided to open nominations for the exec committee earlier this year, so we are now open for people to nominate themselves to join the exec committee which will lead Awareness from the ACM (annual celebratory meeting) on 12th June, through to the following ACM in June 2018. Nominations will close in May, with information about exec applicants sent to the email list on May 26th to allow for a couple of weeks of voting by email

Creative Communities Funding announcement: We had great news of being successful in our applicatio to Creative Communities for funding to continue Mad Poets Society projects! Kelly gave some background around how this project has been funded in the past, first through Awareness funds, then with the MSD Think Differently fund, and in the last year with another Creative Communities fund. Because we received the Creative Communities funding last year for four writers workshops, we applied for a slightly different project this year – to cover the costs of running six poetry open mic nights, and to establish a monthly writers group where people can come and share their writing and get feedback.

Suicide Prevention Consultation:

Some people from Awareness attended the Suicide Prevention Consultation meeting this morning which was held by the Ministry of Health. Keryn and Carol fed back about how this went. The Ministry of Health presented the draft document and the intentions behind it, then got people working in their tables to identify what was good and not good about different sections of the plan, particularly the vision, focus and actions. Feedback was that this felt like an open discussion and empowering to take part in, and that it felt like feedback was genuinely received. Along with the consultation meeting, there is a chance to submit a written submission to the guidelines, with a deadline of 12th June. Kelly will send the information out to the network and an invitation to join a project group. So far 6 people are keen to meet as a project group to discuss this more as well. The meeting will take place in the next couple of weeks, with the aim to start forming a submission. It was suggested that some structure for the meeting be adopted, e.g. something similar to the MoH consultation meeting to structure discussion.

Questions for Toni Gutschlag:

Toni is the general manager of specialist mental health services at the CDHB. Awareness has bi-monthly meetings with Toni to ask questions and raise concerns. We talked about how this could be a good option for people who do not want to make a complaint or raise a concern, but who would like to see things improve for others. The following questions and comments were developed:
What is happening to the Mental Health Services based in Princess Margaret Hospital?
Who has funded the establishment of the fence at Hillmorton Hospital? Are there reasons this money couldn't have gone into other needs for the mental health community?
How is seclusion use trending across services? Can Awareness have updates about the seclusion stats, not just for Te Awakura but also forensics, and other units/services that access seclusion?
People in prison with mental health issues – If you have a mental health issue and have had ongoing support with this through SMHS, then are imprisoned, does your existing mental health support follow you into jail or do you have to use prison services, if so what does this look like for people?
Has the issue of bed shortages resolved? We have heard that people are being moved to Burwood and respite services to stay? Are peoples subjective experiences of bed shortages enquired about and recorded anywhere when this is an issue?
Our community have been seeing a lot of media coverage of underfunding of mental health services, especially in Canterbury. What is the real picture around this? Are services under-resourced at the moment?

Consultation around Kiwi Able:
A person had planned to attend this Awareness meeting to present on a proposed social enterprise project a number of Mental health NGO organisations are collaborating around to provide Kiwi Able cards instead of the Christchurch City Council who presently hold this role. The plan had been to open up a discussion with Awareness meeting attendees to gather feedback as a focus group to inform this project, however as he could not attend the meeting another colleague mentioned that there is a written survey being sent around by email also gathering people's feedback and that this could be sent to the network. Kiwi able card gives discounts to people with a disability to connect to the gyms and other activities in Christchurch.

Discussion was sparked around what Kiwi Able Cards are and how they presently work, what they entitle card holders to, etc. Some feedback came out of this discussion: The current list of activities were felt to be somewhat bland – could there be other options added, e.g. theatre, other engagement with the arts, rock concerts, sports – rugby games, etc. Family activities - places where people can take their families – it was felt that Kiwi Able activities are individual and don't take into account that people have families they want to do things with.

Significantly discounted public transport is a major area for development - Support the whole experience – not just the event/activity. It's important to have the means of getting to the event, have support during it etc.

Have staff looking out for specific events rather than just established activities to provide discounts to
A barrier to getting it is having to have a passport photo taken to have on the card – getting passport photos are not always accessible to people
Develop a Facebook page for Kiwi-able card holders – reminders, one off events, etc. create a sense of community
Phone app as well as a physical card to allow people to use their phone to scan in/prove eligibility instead of having to take their card with them everywhere

Make it feel like a loyalty card or rewards card
People asked about, in the event of this service changing to be run as a social enterprise, will there be any costs passed on to the user? This would be totally unacceptable, as people who utilise Kiwi-able cards already have financial barriers in their lives. That using the card remains free would have to be communicated to people if the changeover was noticeable to them in some way.

Outcomes Information
An Awareness colleague talked about her recent involvement in outcomes and information projects, and a conference that is coming up around this. A workshop is being run about outcomes information, and she is working on getting peoples personal experiences represented. There was discussion about HONOS, an outcomes measure that mental health services use to document how people are doing with their clinical symptoms. No one at the meeting had heard of HONOS before. There was discussion about how HONOS is supposed to be used with anyone who goes to a specialist mental health service, that clinicians or case managers are supposed to fill this out every three months that a person is using the service as well as when they start and finish at the service. There was discussion about how people are supposed to be included in the HONOS ratings, but that this doesn't happen often. While HONOS questions are quite negative and clinically focussed, they can be helpful for

people to know about and have access to as it is a good way to talk to the mental health staff we see about what makes a difference for us, e.g. being able to say “every time I go on that medication, my anxiety gets worse” and point to the HONOS ratings. For the conference workshop, Kelly wants to film people responding to the question “have you been involved in your outcomes information like HONOS?” the aim is to get a lot of people saying “no” “never heard of it” to show the clinicians at the workshop that it isn’t being used with people and needs to be.

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- Our community have been seeing a lot of media coverage of underfunding of mental health services, especially in Canterbury. What is the real picture around this? Are services under-resourced at the moment?

Funding issues
There was discussion about the funding issues reported in mental health, and a question about if Awareness is doing something about this at all. There was discussion about what the options might be to tackle this issue. A question was put on the Toni G meeting agenda to explore how the DHB mental health services perceive funding. The group also talked about the Yes We Care campaign which is run by the Public Service Association (PSA)– the union for community health and support workers which is running a political campaign in the lead up to the election around health funding, with a focus on mental health funding in Canterbury. Other options could include writing letters about the issue to government.

Peoples Review of Mental Health

There was brief discussion about the Peoples Review of Mental Health system, with note that the government has increased some funding for mental health following this.

Sent by: servicedirector@mhaps.org.nz

19/01/2018 07:05 p.m.

To: <Danilo_xxxxxxx@xxx.xxxx.xx>,
cc: <amanda_luckman@moh.govt.nz>, "'Victoria Roberts'" <s 9(2)(a)>,
bcc:

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

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

Warm regards,
Fiona.

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

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

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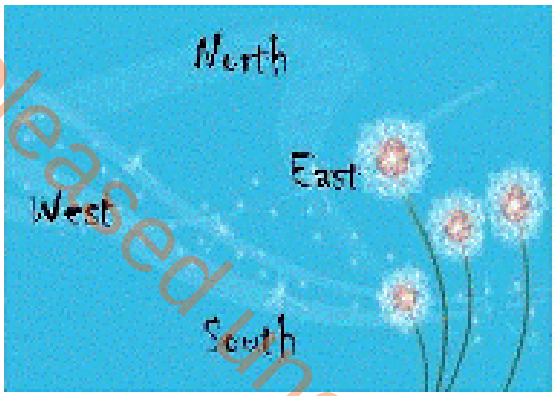
2017_12_ MOH Report July-Dec 2017 NHEW Final Jan.docx

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



Nga Hau E Wha

"Champion many voices"

Ngā Hau e Whā

July 2017 to December 2017

Report to Ministry of Health

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

1. Meetings Held During Reporting Period

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

24/25 August Present 2017	Victoria Roberts (Central) (Chair)	Julie Whitla (Deputy Chair) (Southern)	2017_24 _25 August 2017.docx
	Tui Taurua (Northern)	Kieran Moorhead (Northern) By phone	
	Grant Cooper (Southern)	Guy Baker (Midland)	
	Jak Wild (Central)	Vacancy Midland)	
Present 22/23 November 2017	Te Huia Bill Hamilton (Facilitator)	Victoria Roberts (Central) (Chair)	FINAL November 2017.docx
	Kieran Moorhead (Auckland) (Deputy)	Tui Taurua (Northern)	
	Guy Baker (Midland)	Julie Whitla (Southern)	
	Jak Wild (Central)	Magdel Hammond (Auckland)	
	Vacancy (Midland)	Vacancies (Southern)	
Present SGM 19 October 2017	Te Huia Bill Hamilton (Facilitator)	Victoria Roberts (Chair Central)	Record of Extraordinary meetinç
	Kieran Moorhead (Deputy Auckland)	Tui Taurua Peihopa (Northland)	
	Guy Baker (Tairawhiti)	Julie Whitla (Southern)	
	Jak Wild (Central)		

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

- Dr John Crawshaw - Director of Mental Health – Ministry of Health
- Kevin Allan – Mental Health Commissioner
- Derek Thompson – Group Manager Mental Health Improvement
- Amanda Luckman MOH
- Suzy Stevens
- Taimi Allan (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
- Kevin Allan Mental Health Commissioner
- Derek Thompson – Group Manager Mental Health Improvement
- Kevin Harper Senior Advisor MOH
- Suzy Stevens

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.

Strategic Plan 2017-2020 Final.pdf

3. Ngā Hau e Whā Strategic Plan 2016-2020

In October 2016 Ngā Hau e Whā undertook a complete revamp of our Strategic Plan. This was the first rewrite of the Plan since the original one was completed in 2013. During that time the Ngā Hau e Whā Strategic Plan document had been updated with appropriate language as per the strategic plan goals. A Strategic Planning meeting was planned for November 2015. This was to update the Strategic Plan as per the schedule. Because of uncertainty regarding the funding for Ngā Hau e Whā this was delayed and the Strategic Plan rolled over to late 2016.
In October 2016 Ngā Hau e Whā contracted with Suzy Stevens of Partnership Works Ltd to revise the plan to include the variations which we have added to our portfolio.
Our Strategic Plan continues to expand and grow as extra work has been contracted for. We have received money from the Frozen Funds award round and our application described that we would

us the $10,000 award for networking in some barely reached areas of the country such as Northland, Tairawhiti, Palmerston North and Greymouth. This growth was foreseen as improving and expanding our regional coverage.

In addition to the Strategic Plan and as an adjunct to it, we are now working on a Communications Plan which we hope will be available early in the New Year

4. Compliance

People

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

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

Performance

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

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

Strategies

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

5. Terms of Reference

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

Service Specification Deliverables

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

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

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

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

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

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

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

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

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

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

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?

Ten Simple Things
We Can Do Immediat

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

Te Ara Korowai
Embracing The Path

intentional peerSUPPORT

kites

Intentional Peer Support Aotearoa New Zealand (IPSANZ)

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

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

Where things are up to

- Intentional Peer Support (IPS) has been known and used in New Zealand for several years.
- Since January this year IPS has developed significantly in NZ with support from Te Ara Korowai and Kites (via an MOU with IPS Central). Suzy Stevens 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 Clive Bensemann.

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.

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:	Roz Sorensen

Maori Issues

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

Background

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

Why have a Maori caucus?

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

What will it achieve?

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

Who will be members?

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

Who might it be accountable to?

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

What are the representation issues?

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

What are the key issues for the caucus?

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

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

Resources

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: Fiona Perry 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 Chris Lilly 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.

Fiona Perry

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

See embedded minutes beside meeting dates Page 3

Sent by: Kevin Harper/MOH

28/07/2017 02:21 p.m.

To: Amanda Luckman/MOH@MOH,
cc:
bcc:

Subject: Fw: Ngā Hau E Wha Six monthly reports

FYI and for us to discuss / consider when planning the August session on Monday...

Kev

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

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

----- Forwarded by Kevin Harper/MOH on 28/07/2017 02:20 p.m. -----

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

Ngā mihi mahana ki a korua,

Hoping this finds you well during this particularly wet winter.

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

With all best wishes,

Nāku, nā

Sue

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

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