



Sent by: Marie Farquhar/MOH

20/07/2018 12:29 p.m.

To: Mental Health & Addiction Contracts/MOH@MOH,
cc:
bcc:

Subject: Reports and Invoice

Nikki

Received the reports and required info from MHAPS, give me a bit of time to review but happy for you to release payment if they have invoiced. Would you please file the reports for me?

Nga mihi, Marie

Marie Farquhar | Senior Contracts Advisor | Operational Excellence | Maori Development |
DDI: 04 496 4451 | CELL: s 9(2)(a) | <http://www.moh.govt.nz> |
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----- Forwarded by Marie Farquhar/MOH on 20/07/2018 12:27 p.m. -----

From: "Fiona Howard" <servicedirector@mhaps.org.nz>
To: <Marie_Farquhar@moh.govt.nz>
Cc: "Karen " <admin@mhaps.org.nz>, "Victoria Roberts" s 9(2)(a)
Date: 19/07/2018 10:06 p.m.
Subject: RE: Letter re: Contract 256272-01

Nga mihi Marie,

Thank you for your email, and the kind words from yourself and Derek.

I attach the final report from the group members, for the period January to June 2018. Please note that the contract number we have on file for this is 356272-00 but that dates from the 2016-17 period, so I will leave this detail to your end to sort out!

The minutes for the March and May meetings of the group in this quarter will be sent through in a separate email. They were originally embedded in the 6-month report but the overall file size was too large to send.

We have some final details to wrap up at the MHAPS' end, including a GST reconciliation before we can send through our completed financial report. There will also be some handover matters to attend to, in the form of a narrative report from myself including the asset register (for phone and computer that are held by the group's chair), and my observations and thoughts regarding the contract, as previously discussed with Derek.

Meanwhile, we are moving premises starting tomorrow morning and finishing on Monday evening (and continuing service delivery over the weekend) so I hope you can bear with me for the last of these matters above, to be attended to as soon as we are practicably able to do so.

Warm regards,
Fiona

Email cc-ed to Karen Stevens (MHAPS' Finance Manager) and Victoria Stevens (Chair, Nga Hau e Wha).

Fiona Clapham Howard

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

826 Colombo Street, Christchurch, 8013 – until 22nd July 2018
357 Madras Street, Christchurch, 8013 – from 23rd July 2018

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From: Marie_@xx [mailto:Marie_@xx]
Sent: Thursday, 19 July 2018 10:37 a.m.
To: @xx
Subject: Letter re: Contract 256272-01

Morena Fiona

I would like to follow up on MHAPS verbal notification of non renewal of your existing contract. Please find attached our response letter confirming non renewal. Any last reports should be sent to me so that I am able to release your final payment. I would like to thank you all for your professionalism during the term of contract.

Nga mihi, Marie

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2018_06 MOH Report Jan-June 2018 NHEW final.docx

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Cc: "Karen" <admin@mhaps.org.nz>, "Victoria Roberts" [REDACTED] s 9(2)(a)
Date: 19/07/2018 10:07 p.m.
Subject: RE: Letter re: Contract 256272-01- Minutes of meetings to accompany 6-month report, as per previous email

Hi again Marie,

As per my previous email, please find attached the minutes for the March and May meetings of Nga Hau e Wha, to accompany the 6-month report.

Warm regards,
Fiona

Email cc-ed to Karen Stevens (MHAPS' Finance Manager) and Victoria Roberts (Chair, Nga Hau e Wha).

Fiona Clapham Howard

Te Kaihautū / Service Director

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1803 Nga Hau e Wha March meeting minutes Final.docx 1805 Nga Hau e Wha May meeting minutes Final.docx

Released under the Official Information Act 1982



Championing Many Voices

Ngā Hau e Whā

January 2018 to June 2018
Report to Ministry of Health

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Regional Reports from members are embedded at the end of this document, page 31

Preface: The story of our new logo and Mauri



Championing Many Voices

Since we last reported we have adopted a new logo and now have our own Mauri.

This purakau begins with **Ranginui** (Sky father) and **Papatuanuku** (Earth mother) who are connected to each other in a tight and loving embrace. Between them, in the darkness, lived their 70 children but as time went on the children begin to become unsettled and with growing frustration towards their restrictive space they began to discuss ways of how they could free themselves and make things better for them.

One of the brothers, Uepoto, saw a speckle of light beneath Papatuanuku's armpit and he wanted to find out what it was. Afraid to go by himself he managed to gain support from two of his other brothers, Pekatua and Te Mamaru, to go with him to investigate this speckle of light where they found the Hinetore (glow worm). Tane then came up with the idea that to distinguish this light you had to flood it with daylight but to do this they had to find a way to separate their parents. This idea gained momentum amongst some of his brothers who saw Tane as being intelligent, a thinker and a strategist.

Tangaroa initially agreed to separate his parents but he swayed back and forth during the discussion and finally decided that he wanted to leave things as they were. Tawhirimatea on the other hand was happy to live in the dark, just like any blind person does. He also cared about his parents and realised the hurt they would endure if separated and so was against the idea. Te Ihurangi was another who wanted to leave things as they were. Whiro too was happy to live in the dark as he could foster all sorts of fear. Alliances were beginning to be formed – to separate the parents or to leave things as they were. On the extreme, Tumatauenga's solution to free themselves was to simply kill their parents but none of his brothers were prepared to go that far.

Still, despite Whiro's attempts to put fear into his younger brothers to gain their support, Tane began accumulating critical mass amongst his brothers to the extent that apart from Whiro and 7

others, he now had the numbers to “whakanoa” (free) their situation and to separate their parents.

Tane tried unsuccessfully a couple of times to separate his parents as their embrace was so intense. It wasn't until he lay on his back and began pushing Ranginui with his feet that he succeeded.

However, Ranginui was continuing to fight to hold on to his beloved Papatuanuku and Tane was finding it hard to keep his parents apart so he sought help. There was no sense in asking Tawhirimatea because he was against the separation so Tane said to Paia and Uruao, “Go forth and obtain four poles with which to prop up our father. Let one be for the head, one for each arm and one for the legs”. He told them to seek out Tawhirimatea's mother-in-law Hurutearangi to see if she could help. (Hurutearangi is the daughter of Ranginui's brother, Tapuikura. Her own daughter, Paraweranui, is the daughter that married Tawhirimatea).

She told Tane that she would give to him 2 of her other daughters, **Tokohurunuku** (under the left arm – north wind) and **Tokohurumawake** (under the head – east wind), and 2 of her sons **Tokohururangi** (under the right arm – south wind) and **Tokohuruatea** (under the legs – west wind) who became the pou that propped up Ranginui (they are different kinds of winds to the children of Tawhirimatea and Paraweranui) and this is how Ranginui and Papatuanuku were separated bringing light into the world.

HURU-TE-ARANGI



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

1. Meetings Held During Reporting Period

March 1/2 March 2018

March 1/2 March 2018			
Present March 1/2 2018	Te Huia Bill Hamilton (Facilitator)	Victoria Roberts (Central) (Chair)	Minutes provided in separate document due to file size limitations
	Tui Taurua (Northern)	Magdel Hammond (Auckland)	
	Sheree Gutsell (Southern)	Guy Baker (Midland)	
	Jak Wild (Central)	Donna Starling (Midland)	
	Julie Whitla (Southern)		
May 24/25 2018			
Present May 24/25 2018	Te Huia Bill Hamilton (Facilitator)	Victoria Roberts (Central) (Chair)	Minutes provided in separate document due to file size limitations
	Guy Baker (Midland)	Julie Whitla (Southern)	
	Jak Wild (Central)	Magdel Hammond (Auckland)	
	Donna Starling (Midland)	Sheree Gutsell (Southern)	
	Fiona Howard (MHAPS)		

In the six months from January 2018 Ngā Hau e Whā has hosted the following guests:

- Dr John Crawshaw - Director of Mental Health – Ministry of Health
- Kevin Allan – Mental Health Commissioner Deputy Health and Disability Commissioner
- Derek Thompson – Group Manager Mental Health Improvement MoH
- Kevin Harper – Mental Health Improvement MoH
- Suzy Stevens – Partnership Works Ltd

See the embedded minutes for the March and May 2018 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; Deputy Health and Disability Commissioner
- Derek Thompson – Group Manager Mental Health Improvement
- Kevin Harper – Senior Advisor, Ministry of Health

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

January 2018 to June 2018

- All regions now have a full complement of members – 8 in total.
- The Midlands/Waikato region had had one vacancy for a long time and we were pleased when this was filled by Donna Starling (Rotorua).
- There is another vacancy we have filled since last report – Southland. Sheree Gutsell (Invercargill) is the new member for that region. She takes the place of Grant Cooper who resigned in August last year.
- The Auckland region now has Magdel Hammond as its member after the resignation of Kieran Moorhead following the November meeting.
- All other positions are also currently filled.

Some members of Ngā Hau e Whā are in paid employment and their work is often done with the support and at the discretion of their employers. It is to their credit those members are still able to do the work and produce the reports that they do. Some members are not in paid employment and there has arisen for these members some difficulties with accessing the means and the resources needed to complete the tasks associated with being a member of the group.

3. Ngā Hau e Whā Strategic Plan 2016-2020



Strategic Plan
2017-2020 Final.pdf

In October 2016 Ngā Hau e Whā undertook a complete revamp of our Strategic Plan.

Our Strategic Plan and follow on Work Plan continues to expand and grow. We have received money from the Frozen Funds award 2017 and our application described that we would use the \$10,000 award for networking in some barely reached areas of the country such as Northland, Tairāwhiti, 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 have now approved a Communications Plan.

4. Compliance

People

No.	Objective	Indicator
1.	<i>Increase and strengthen local, regional and National relationships</i>	<p>Nga Hau e Wha is working collaboratively with individuals who are receiving services and other groups locally, regionally and nationally</p> <ul style="list-style-type: none"> ▪ 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 (through our e-distribution list) with the networks any useful information in regard to issues that affect people with lived experience. The group is pleased to be of assistance to our peers and colleagues. ▪ Requests continue to come in from organisations who would like to have time at Ngā Hau e Whā meetings. ▪ Regular meetings are held with MoH officials. ▪ 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 new additions to our distribution list at the Service Academia Conference.
2.	<i>Be a recognised and respected conduit for the people's voice</i>	<p>There is an increase in the level and quality of feedback on issues for people receiving mental health services.</p> <ul style="list-style-type: none"> ▪ Current members have 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; ▪ 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. ▪ Members sit on external bodies: Multi Agency Group (HPA); Health and Disability Commission Consumer Advisory Group;
3.	<i>Champion the use</i>	Newly written documents contain appropriate language.

No.	Objective	Indicator
	<i>of appropriate language in all major documents.</i>	<ul style="list-style-type: none"> 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.
4.	<i>Initiate projects and promote leadership forums.</i>	<p>There is an increase in leadership and initiatives.</p> <ul style="list-style-type: none"> Ngā Hau e Whā has also been working within the Mental Health and Addiction Workforce Planning producing written feedback and workshop attendance. Nga Hau e Wha is represented on the Multi Agency Group LMLM HPA A member is externally a member of the HDC CAG.

Performance

No.	Objective	Indicator
1.	<i>Fulfill contractual obligations to the Ministry of Health and be in a strong position to negotiate for the future.</i>	<p>The Ministry of Health demonstrates that it values Ngā Hau e Whā, and funding is increased.</p> <ul style="list-style-type: none"> 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.
2.	<i>Connect with the grass-roots and collate issues and common themes.</i>	<p>Ngā Hau e Whā has increased the mechanisms for providing and receiving information.</p> <ul style="list-style-type: none"> Due to Ngā Hau e Whā now having a 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. New members have come with their existing networks and a new network has begun in Auckland called CLAN. This is a city wide network that has taken over the appointing function that was with Changing Minds.
3.	<i>Be a useful and</i>	Reports and submissions are timely and well-received.

No.	Objective	Indicator
	<i>valued commentator on mental health and addiction service issues.</i>	<ul style="list-style-type: none"> ▪ Informed and comprehensive reports by members in regard to their region are received quarterly. ▪ Ministry of Health reports are delivered on time biannually. ▪ Ngā Hau e Whā provides feedback from a number of organisations.
4.	<i>Have strong and effective representation in NHEW from the four regions.</i>	<p>Ngā Hau e Whā is well-known in each of the four regions and representatives are well-supported.</p> <ul style="list-style-type: none"> ▪ We do not have any vacancy with regard to our membership. In the past reporting period we have appointed Sheree Gutsell to the Southern region (Invercargill) and Donna Starling to the Midlands region (Rotorua). ▪ Midland Region is supported by He Tipuana Nga Kakano (Midland Region Consumer Network). ▪ Northern Region is supported by CLAN. ▪ Southern is supported by Incite and Awareness. ▪ Central is supported by the Oasis Network Hutt Valley and Wairarapa, Te Mana o te Tangata Palmerston North ▪ Positive feedback from members of the networks has been received.
5.	<i>Improve communication processes.</i>	<p>Ngā Hau e Whā produces a regular bulletin, has a website and Facebook page.</p> <ul style="list-style-type: none"> ▪ Our www.nhew.org.nz is still under construction and we are waiting for expertise to update it. ▪ It includes various ways for people to make comment and to connect with their local representatives and networks. ▪ The email network is continually expanding and the website will help drive this expansion further. ▪ It is intended that a Facebook page will be set up 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 has been finalised and was ratified at the May 2018 meeting.

Strategies

No.	Objective	Indicator
1.	<i>Become familiar with service user demographics in our regions and identify where we need to in-crease our visibility.</i>	<p>Ngā Hau e Whā has undertaken some market research and applied the findings.</p> <ul style="list-style-type: none"> ▪ We have identified areas of greatest need where we are planning four separate Hui for the 2018 year. These regions are Northland, Tairāwhiti, Palmerston North and Greymouth. We have funding for this from a Frozen Funds Award.
2.	<i>Maintain the</i>	Business processes are working well. A financial report is provided

No.	Objective	Indicator
	<i>budget and administrative support to ensure our business processes are efficient.</i>	regularly. <ul style="list-style-type: none"> ▪ 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 Englebretsen for her admin support.
3.	<i>Review our strategic plan and objectives regularly.</i>	Strategic objectives are addressed and plans in place for the next strategic plan (2016 - 2020) <ul style="list-style-type: none"> ▪ 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 are still being updated to coincide with our Strategic Plan and will be completed and distributed after the August 2018 meeting.

Contract Service Specification Deliverables

Below are the categories for the January to June 2018 Report:

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

Community Driven Approach – Julie Whitla (Christchurch)

People are asking for more community engagement and community empowerment that allow communities to determine what works best for them. What we learned from the earthquake was we had to be kind, help others and think outside the box. This caused a drop in people accessing mental health services initially.

Demand for access to mental health and addiction services is up across the country and a more regional approach in the community is required. What was apparent is that we cannot take one approach developed at the national level and then try and force it to fit into communities that are dealing with a range of different psych social circumstances. Social isolation is huge and many people with mental health and addiction issues have limited to no access to technologies (such as mobile phones and the internet), lack of housing and job opportunities for people who are long term beneficiaries.

In Otago smaller community organisations are being forced to join large groups or compete for small local contracts leading to many disappearing. Joining a national agency leads to national boards which sometimes

leads to inconsistencies in the services provided. The small community is losing its flavour, and it needs resourcing financially.

Human Response

Understanding the person as a whole, and the factors contributing to what they are going through, is not a simple task. People and communities are complex. When a history of colonization, intergenerational trauma, high rates of suicide, and high rates of chronic disease are a part of your every-day life, it means that unless these factors are addressed and confronted, the 'solutions' offered by government will just be a patching up of problems. We have obligations under the treaty not just things written on plans.

The words that stuck with me were from a worker talking about what they do every day – *Services do more than what is required. They feed people, provide clothes, whatever is needed. It is a human response.* This must form the basis of any policy or approach that is developed in mental health. We have to work with communities to develop approaches that suit them, otherwise we will keep repeating what has happened before and it will fail.

In Canterbury a wider cross-agency positive campaign approach is being considered to promote resilience in mental health and addiction with aspirational goals could be set. For example:

Zero homelessness

A zero suicide rate

A city with a happy, healthy workforce

A city that maximizes the potential of children and young persons

A city that is free of any stigma and discrimination

I recently attended the Cutting Edge 2017 Conference and a Psychiatrist from Philadelphia explained how this long term cross-agency community approach worked to reduce homelessness and reduce AOD/mental health impact in the city of Philadelphia. It takes time and an inclusive approach. Co-design comes to mind or pieces where consumers of services lead the design with what they think is important.

Example of a community driven approach in Dunedin *Our City our Climate*

A community-driven initiative in South Dunedin is getting rolling on climate adaptation. "Our City, Our Climate," led by the Blue skin Resilient Communities Trust and supported by the Deep South Challenge, is calling in the big guns – key climate scientists, local and central government decision makers, iwi with cultural and financial assets at stake, and property and business owners with livelihoods on the line, to find ways to break through the red tape that currently hinders progress on climate adaptation. The event aims to bring climate science to the general public and to local decision-makers, to enable a more coordinated, participatory approach to tackling the challenge of climate change in the city of Dunedin.

“This isn’t just about hard materials, or about managed retreat,” Scott says. “It’s about how we think, what our processes look like. It’s about being more open to change, and about becoming more resilient.”

Given all the news lately on the importance of climate adaptation and the fact that New Zealand, like the rest of the world, is lagging well behind where we need to be, the event might open up some ways forward for different communities facing various climate adaptation challenges.

“The real challenge,” Scott continues, “is that we move so damn slowly, or we can’t actually find ways to move. People have got to feel that they have the ability to be more creative, to find different pathways to change and adapt.” The event, being staged as three workshops over February and March, will bring together climate and engagement researchers, city and regional councillors and senior staff, the Otago Chamber of Commerce, the University of Otago, Otago Polytechnic, the Southern District Health Board, local NGOs and residents.

So this event is about decision-making at the local and regional level – where most climate adaptation decisions need to be made. “I don’t know the answer,” he says, “but I’m intimate with the questions. The process of developing district plans – the documents that control what we can do in the environment – is slow and cumbersome. It’s not suited to rapidly evolving climate science and the increased pace of climate change. We need a simpler, more flexible process. So how can we adapt our decision making process to our up-to-date science? How can we make local government friendly for decision-making on climate action? How can the community participate in decision making and action more effectively? We need to work through these questions and challenges together.”

The event has been in the pipeline for a long time, but resourcing from the Deep South Challenge, and the support of the challenge to provide climate and social science expertise, has finally made it possible. For more information check out <http://climatesafehouse.nz/event/our-city-our-climate/>. Check out our website: www.deepsouthchallenge.co.nz

My recommendations are:

1. Flexi funding pool is needed further down the food chain to the community to assist people in crisis, or with emergency social issues, or for people on health waiting lists. Social funding around the situation not around the health issue.
2. Trauma informed policies across government departments eg hcnz policy of no drug use in houses or your out, amnesty on old drug related charges to assist people back to work
3. Anti-Loneliness health campaign promoting re-connection to what your passionate about.

The Mental Health Act 1992 - Victoria Roberts (Wellington)

Mental Health Act:

There needs to be a radical and urgent change to the Mental Health Act. It is now 38 years old and in the time treatment modalities, staff qualifications and human rights breaches have combined to make it out of date and harmful to many people who are detained under it. It needs to be totally rewritten with a real world, person centred, relational perspective that values human rights.

The increase in population numbers, which includes refugees and migrants has meant that services are now called on to do more with little extra resources. The increase in the number of suicide deaths also demonstrates an increasing need for more services for more people.

The Mental Health Act breaches the UNCRPD and results in significant human rights violations. The Mental Health Act also breaches the UN Declaration on the Rights of Indigenous Peoples (UNDRIP).

The rights of most significance relate to the following:

1. Right to information about human rights during MH Act application process, while subject to MH Act including treatment and review

Recommendations:

1. DHBs and their agents need to provide people, and their supporters, with comprehensive written information, in an accessible format, about key human rights during the MH Act application process and during each key legal change under the MH Act
2. DHBs and their agents also need to verbally inform people, and their supporters, of these rights as routine practice (irrespective of staff judgements about 'capacity').
3. Information about rights needs to be provided at multiple key points during the MH Act application process, while under the MH Act, during decisions about treatment and review, and while detained - as long recommended in NZ research
4. The drafting and publication of a national set of standardised rights information documents, for use by all DHBs and their agents, that affirm people's human rights while in contact with the MH Act

2. Right to be free from arbitrary detention and coercion

Recommendations

- 1 The MH Act needs to be significantly amended to ensure that it is only used in exceptional circumstances of so that it is not as part of routine practice
- 2 The MH Act needs to be specific about what constitutes danger to self or others and to provide practice and policy standards to this effect
- 3 The MH Act needs to align with other legislation about what constitutes danger to self or others

4 National benchmarks need to be established to reduce the use of the MH Act and to achieve a new norm of practice

5. Where benchmarks are not achieved, and the use of the MH Act remains high or where it increases, DHBs need to be held to account by the Ministry of Health and sanctioned accordingly

6. Mental health services need to be available to meet the increase in demand for services so that practitioners no longer have to use the MH Act as a mechanism to ensure access to treatment

3. Right to treatment information

Recommendations

Information about treatment, treatment options, and rights in relation to treatment, are:

1. visible
2. accessible
3. promoted to people and their supporters
4. promoted in communities
5. promoted in places of detention

4. Right to information about District Inspectors

Recommendations:

Information about the purpose, availability, person specification and contact details of District Inspectors is poorly provided for.

- 4.1. Information about District Inspectors is promoted and accessible in all places of detention
- 4.2. Right to utilise District Inspectors is effectively implemented

5. Right to independent psychiatric evaluation

Recommendations

1. Implement a system of independent assessment by a practitioner who is not working in the mental health service where a person is receiving treatment
2. Establish an independent assessment body (such as the Independent Police Conduct Authority)

6. Treatment options

Recommendations

1. Meaningful treatment options are provided as routine practice
2. Non-medication treatment options are provided as routine practice consistent with a burgeoning body of international research and as occurs in Scandinavian countries.
3. Kaupapa Maori services are established to the extent that all who need them have access.

4. Social and psychological approaches are provided as routine practice

Footnote: Nga Hau E Whā's position on the Mental Health Act is documented in the submission. Here is the link to that paper on the Nga Hau e Whā website:

<http://www.nhew.org.nz/uploads/2/8/2/3/28235189/mental_health_and_human_rights_nhew_submission_redacted_version.pdf>

Presentation to Mental Health Inquiry Panel – outcomes from a Hui – Guy Baker (Tairawhiti)

There is a strong call from Tairawhiti Consumers for change but importantly their wish to only be listened to as they feel this has not been accorded to them in the past or if it has then their voice has been diminished by the issues facing larger centres. Many issues they express are unique to Tairawhiti that sets them apart from the rest of the country. Tairawhiti is an area that has a higher ratio of Maori per head of population, is isolated and is a region disadvantaged by a funding model that does not recognise the many challenges of the region.

At a recent meeting held in conjunction with Nga Hau e Wha the following recommendations were identified:

Recommendation 1 – That cultural forms of healing and holistic practices be acknowledged, supported and integrated into the mental health system as models of care and wellbeing.

- Previous governments have spent millions and millions of dollars, particularly within mental health, on “fixing” health care, services and delivery however instead of seeing improvements, the situation has only worsened. This continually sees Maori prejudiced by a system that is failing them and therefore, statistically, unfairly portrays them negatively.
- Research and advocacy from a growing group of world-wide critical psychiatrists e.g. Patrick Bracken prove that cultural healing and practices impacts positively on one's wellbeing and can lead to less medication being prescribed.
- Tairawhiti has embarked on new initiatives which are underpinned by Maori cultural healing and practices that shows encouraging influences within the community. It is believed that more support towards such initiatives needs to be given for potential to be realised.
- People have said – *“Connect us back to nature”, “Use Maori healings like rongoa”, “Hearing the Maori god stories makes me look at myself in a different but better way”*

Recommendation 2 – That ending seclusion become a primary target to be achieved as soon as possible and that staff be given the necessary tools and resources for alternative practices to be put in place.

- Seclusion has long been regarded by consumers as a “barbaric practice”.
- It has also been perceived as a form of control rather than one of wellbeing.
- Staff training and support to staff needs to be given as attitudes and mind-sets need to change.

- Consumers shared that – *“Seclusion is a hell hole”, “no-one listened to me. All I wanted was a f*%^ smoke but they wouldn’t let me”, “The Police cells are 10x better than this shit place”, “I felt alone and scared”, “It hinders our journey to become well”.*

Recommendation 3 – That the Ministry of Health Funding model be revised to include provision for whanau inclusiveness in well-being as well as acknowledge geographical challenges rather than be based on an individual patient per region.

- There has been a long-held belief within Tairāwhiti that whānau are an essential part of their loved one’s recovery journey yet there is little, or no assistance provided to them to help promote wellbeing.
- Furthermore, there is a lack of facilities in Tairāwhiti e.g. long term supported accommodation, youth respite, rehab etc that sees consumers being sent out of the district and away from their main support – whānau. Sometimes left to travel alone to the centres with little assistance given for whānau to follow and support their loved one. On occasion, consumers abscond from these facilities, as the environment is foreign to them, and return home to their community without undergoing the care they need.
- In addition, it has been frustrating for consumers to be seen by locum psychiatrists rather than a permanent doctor as relationships are brief compromising doctor/ patient trust.
- Korero included – *“Let my whānau help. They know me better than doctors and nurses”. “I got sent to Rotorua because there was nothing here in Gisborne but my whānau couldn’t afford to be with me”. “Be good if my brother could have stayed with me for a couple of nights at the ward”. “There are too many overseas doctors who only come for a short time and change my medication. I’m not a guinea pig”.*

Recommendation 4 – That investment be made in workforce development that not only sees better trained staff who can listen and understand us but also one that increases the number of Peer Support workers.

- It was identified that Tairāwhiti has a growing mental health and addictions problem and whilst this is on the rise, the number of workers is not keeping pace and they are becoming over worked, stressed and being forced to consider other career pathways.
- There was a call for more Maori workers to work with Maori especially with an emphasis towards holistic practices.
- Though it was recognised that the current workforce needs reviewing it was stated that more services and workers should be instilled or transferred into the community rather than within the DHB.
- Comments – *“Not enough Maori staff”. “It sucks having to walk into community mental health. Wish I could walk onto a marae instead”. “P is huge here. It’s far easier and cheaper to get than dope. Don’t how the support workers are gonna cope”*

Recommendation 5 – That government and community collaboration is required for social determinants need to be addressed.

- Tairawhiti is a region where incomes are mainly medium to low on the socio-economic scale which is consistent with a high rate of unemployment. It has been said that there is some correlation between this and psycho-social disabilities and addictions.
Affordable housing, emergency and social housing is low where demand is very high. Stigma is rife when mental health history becomes known thereby discriminating one from accessing the basic necessities of life e.g. shelter.
- Incentives should be provided to encourage better living standards through collaboration in the community.
- Consumers say – *“I’ve been waiting almost two years for a house from Housing NZ but still nothing. The street is my home”. “I don’t know if I’m getting my full entitlement because its always a hassle going to see WINZ because they are just control freaks”. “I rang a motel for some temporary accommodation, but they told me they don’t take mental health patients”.*

Recommendation 6 – That the government undertake a review the Mental Health Act.

- In 2015 CAG began advocating for mental health hearings to be held on a marae however the Crown Law Office supported an interpretation of Principal Family Court Judge, Laurence J Ryan that under sections 16(2) and 18(2) of the Mental Health Act this was not provided for.
- Tairawhiti case was centred on the fact that hearings are conducted either at the Family/District Court or at the in-patient ward. These venues were deemed inappropriate because (a) mental health is not a crime; and (b) being held at the courthouse only promoted stigma and discrimination simply by being seen there. In addition, the room at the ward, where hearings are held, has an adjoining wall to the seclusion area and during some hearings screaming and banging on walls etc can easily be heard. Not forgetting that a marae is more culturally and fitting place for these to be conducted given the model of Te Kooti Rangatahi that is operating within Tairawhiti.
- In February 2018 the Substance Abuse (Compulsory Assessment Treatment) Act was enacted and became the first parliamentary Act to include a “Mana Enhancing” clause. Consumers say that this should also be adopted into the Mental Health Act.
- Amend provisions within the Act to make Compulsory Treatment Orders (CTO) less restrictive. One consumer said that *“It is very easy for them to put me under a CTO, but they make it damn hard for me to get off”.* This was met with overwhelming agreement with another saying that *“rather than using it as a tool for my wellness it is being used as a tool of control instead”.*

Guy Baker
Midlands Region
Representative from Tairawhiti Consumer Advisory Group

Networking and promotion of Ngā Hau E Whā – Jak Wild Central Region member

There are various measures that Ngā Hau E Whā use to administer, develop and promote its networks. The networks are not solely made up of people with lived experience but also include other individual and service based stakeholders, who work in or alongside the mental health sector.

Distribution list

Ngā Hau E Whā has since its inception operated a distribution list. People sign up to 'the listing' via individual reps or via the chair. There is capacity for people to sign up via the website but this is currently not functioning effectively. The listing has to date been administered mainly by the chair or deputy chair.

A typical month sees up to 5 or 6 notifications go out via the listing. The majority of these are mental health sector notifications relevant to people with lived experience. Often postings duplicate other lived experience network postings. Only a small fraction of what is of interest to lived experience networks ends up going out via the listing due to the sheer scale of available and relevant information and communications.

The number of signatories on the listing has remained largely static over the years with currently just over 100 people on it, many of which are service based. The reason it has not increased in number is largely due to the lack of dedicated resource and expertise that is required to fund, administer, develop and promote the listing.

Frozen Funds hui

Ngā Hau E Whā has recently received a \$10,000 grant from Frozen Funds to hold a series of 'Expo' hui to take place in four of the eight Ngā Hau e Whā regions nationally. The hui's aim to engage service users and their networks, and to promote the work of Ngā Hau e Whā in the regions. The first hui took place in February during Waitangi day celebrations in Northland, and the second took place in Gisborne in Tairāwhiti in May. (See separate reports). Further hui are planned in Nelson and in Levin in the coming months. The hui are extending our reach and presence in the respective regions.

Website

The dedicated Ngā Hau E Whā website has been in operation for two years. Prior to this Ngā Hau E Whā had a dedicated web page on the Midcentral DHB website (the previous fundholder). The new website was set up pro-bono by one of the members and has relied on this member's goodwill to fund the ongoing costs of hosting the site.

Like the distribution list the current website has not developed its capacity to increase Ngā Hau E Whā's network capacity via the contacts page and blog page due to the lack of dedicated resource and expertise required to fund, administer, develop and promote the website. There has been little dedicated promotion of the website since its inception.

Ngā Hau E Whā has recently adopted a new Māori logo branding which is different in style, colour and font than the previous branding. The website will require a complete re-design based on the new Māori branding as well as business cards and promotional material (which we have yet to be produced and are subject to available funding).

Members networks

Each Ngā Hau E Whā member relies on their own networks, as well as those that were passed on by previous members. They are tasked with developing the regions Ngā Hau E Whā network as part of the MOH contract.

Networks have been based largely around employment roles but also include connections that have been made within community settings and members own personal networks.

Over the years almost half of the Ngā Hau E WHā representatives (currently 3 of 8) do not have logistical employment support from within a mental health service. Therefore, compared to members that do have such logistical support, they undertake much of their Ngā Hau e Whā role (including report writing, networking, communications, travel etc) pro-bono and without the logistical support that is provided to members who are supported by their employers.

There is a benefit in having some members supported within employment roles and a benefit having some that are not.

Members that do not have logistical employment support are likely more effective at promoting Ngā Hau E Whā to service users independently of a service perspective. They present themselves to their networks first and foremost as a Ngā Hau E Whā member (both face to face and over email etc) rather than presenting solely in terms of their employment role.

Members that have logistical support from an employer are well connected within the mental health system, and are able to complement what is required with both their roles.

Regional Consumer Networks

Northern Region

When Ngā Hau E Whā started in 2008 there was the Northern Regional Network, which was administered by the Auckland Regional Consumer Network. Out of this came Changing Minds and more recently the Auckland CLAN who now mandate the recently appointed Auckland region member, Magdel Hammond.

Tui Taurua-Peihopa was elected in 2013 by the previous Auckland Regional Consumer Network to be the member for the north of the Northern Region (Te Tai Tokerau). Tui has recently been elected to represent tangata whaiora by her Iwi, Ngā Puhi within Te Tai Tokerau.

Midland Region

A Midland Consumer Network has never been formally constituted. Since 2001 He Tipuana Nga Kakano has actively represented the region, meeting regularly, and being well supported by the Midland Regional Mental Health and Addictions Network. He Tipuana Nga Kakano continue to mandate the Midland Regions Ngā Hau e Whā members with Donna Starling recently being appointed to the Midland West role and Guy Baker being appointed in 2017 to the Midland East role

Central Region

A Central Region Consumer Network was in operation for a number of years but was also never formally constituted. Central Potential Te Rito Maia was well-established for many years and effective as a Central Region Network until its demise in 2008 due to DHB funding being withdrawn.

As there has been no Central regional consumer network in recent years, the Central Regions Ngā Hau e Whā members in the North, are recruited via local networks with selection agreed on by the existing Ngā Hau e Whā members. They are currently Jak Wild in the north, appointed in 2016 and Victoria Roberts appointed in 2013.

Southern Region

The 'Southern Regional Network' previously provided an effective consumer network forming a trust in early 2004, and for many years mandating Ngā Hau e Whā members, up until it dissolved in mid-2009, also due to funding being withdrawn.

In recent years "Awareness – Canterbury" the Consumer Network Action on Mental Health and Addictions has mandated the Southern Region (North) Ngā Hau e Whā member with Julie Whitla elected to the role in 2012.

Similarly, in recent years the 'Otago Mental Health Support Trust' has mandated the Southern Region (South) Ngā Hau e Whā member. Sheree Gutsell has recently been appointed to the Southern south role.

Online databases

Work is required to better promote Ngā Hau E Whā on health and community sector online databases with Ngā Hau E Whā often not being included. Even on many of the Ministry of Health online databases Ngā Hau E Whā is not included.

RECOMMENDATIONS:

A comprehensive review in the relationship between the Ministry of Health and tangata whaiora and their networks, groups, and services.

Including:

- A strategic development approach to national and regional tangata whaiora networking groups
- A robust long-term funding model to support such networking groups, including:
 - o Capacity for national and regional networking groups to undertake significant grass roots engagement between tangata whaiora
 - o Appropriate professional development opportunities for tangata whaiora in leadership positions
 - o An audit of MOH online and offline resources to ensure that national and regional networks, groups and services are well promoted, up to date and accurate
 - o A review of MOH communication procedures and protocols, to ensure:
 - transparency in any process taken when tangata whaiora are sought, considered, and selected to MOH funded roles and initiatives
 - equal opportunities for those within our networks to apply for such roles and initiatives
 - equity for Māori and marginalised population groups when tangata whaiora are

- sought for any representative position
- that tangata whaiora national networks and regional groups be charged with electing their own representatives (ie; Nothing About Us Without Us) to MOH roles and initiatives (rather than is common at present - shoulder tapped by MOH officials)

Project Mauri Ora - Lakes DHB new model of care - Donna Starling (Rotorua)

This is an exciting time for our new LinkPeople Consumer Advisory Group. Four consumer members from two Consumer Advisory Groups (MH & AoD) sit on the Mauri Ora working group. Fourteen members have been busy providing workshops and presentations to capture our whaiora voice.

Model of Care Principles

The eight enabling approaches and systems:

	Family/Whanau		Seamless provision of service (Integration, continuum of care)
	Accessibility to service		'Engaged' engagement
	Person/family as expert		Workforce
	Kaupapa oriented service		Earliest intervention

Themes are already emerging that align with these key principles.

Whaiora are seeking warmth and kindness when engaging with services. Knowing where to go, who provides what? Easy quick immediate access BEFORE a crisis. Being listened to and offered choices of care. Consumers, Family / whanau and caregivers want education / information / advocacy and reassurance. Whanau want to be informed and included in their loved one's care. Peer Support and Support groups. Community hubs.

Early intervention, ease in and out of services, walk-in when in distress, continuity of service once a relationship is formed, less medication, more talking therapy. Kaupapa Maori Services as well as clinical.

There are many gems that our Consumer Advisory Group members are keen to pursue.

Poverty (getting to see a GP, medical bills, transport), housing (warm and safe), unemployment, parenting, domestic violence, intergenerational trauma, incarceration are key.

Our draft model of care is about to be finalised and go out to consultation. It is shaping up to be innovative and holistic.

Wellbeing, Healing and Recovery for mind, body and spiritual health

The term mental health and addictions basically refers the way we think, feel, and act (our behaviours).

We all need good mental health, and freedom from harmful effects of addictive behaviour.

- What happens to us in our lives can positively and or negatively affect us in different ways, particularly how we feel, think and act.
- Whether we live with now or have had the experience of illness, trauma, bullying, poverty, injustice, loss, too much stress, or series of life events occurring close together, how we personally respond, when we seek help, and what help, support and treatment for healing and recovery is available, can make a big difference to what happens in our life and the lives of people close to us.

We will all experience various degrees of poor mental health, poor wellbeing and unhealthy behavioural habits, at some point in our life at least once, sometimes more. We may feel distressed but not have any particular affect; or, it could impact us in a limited way for a couple hours or days. It's a part of being human, and how our brain works.

For many of us however, it will impact us, or someone close to us, at some point in our life for longer periods of time and in more significant and potentially life limiting ways.

- This could be weeks or several months, or sometimes on and off for several years.
- Often, but not always, the experience is one of periods of good health and wellbeing, and doing quite well in our lives, but also periods of time where we may relapse for a period of time and need some extra help, support or time out.

For a few, between 3-5% of the population it will possibly have life changing impacts, for extended periods of time if help, support, appropriate and effective treatment is not available, accessed and engagement with that support and treatment not sustained.

Positive health, wellbeing, and opportunities for healing and recovery from illness, disease and injury, whatever the cause, are a basic human right.

We are seeking a model of care that helps us achieve that equitably for all who live in Lakes district.



Mauri Ora – Wellbeing, Healing, and Recovery

Tangata – he mana ki te tangata, he mana ki te whanau.

Acknowledges that all persons have mana, that all persons have a valued status and that all families have a valued status in the wellness of a whanau member's life force.

Taiao – toku ao, toku ohooho. Acknowledges that a person's environment, where they live and participate, supports the wellness of their life force.

Tikanga – ata whakarongo, ata whakaaro, ata haere. Acknowledges the privileges of relationships, that it is important that we take the time to listen carefully, think about the information that has been shared and go gently about our work.

World Health Organisation (WHO) <http://www.who.int/mediacentre/factsheets/fs220/en/>

- Mental health is more than the absence of mental disorders.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is determined by a range of socioeconomic, biological and environmental factors.

Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

Determinants of mental health

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, violence and persistent socio-economic pressures are recognised risks to mental health. The clearest evidence is associated with sexual violence.

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.

There are specific psychological and personality factors that make people vulnerable to mental health problems. Biological risks include genetic factors.

Recommendations from our whaiora:

1. Attending to what matters most to the person and Whanau
2. Kaupapa services delivered hand in hand with clinical services
3. More residential and respite facilities. Invest in bricks and mortar
4. A comprehensive assessment, for all whaiora, that is outcome based
5. Transparency between services. Services working together for whaiora wellbeing.
6. Knowing where to go / navigation: making accessing help easier and quicker and reducing what gets in the way of that.
7. Peer support, advocacy, information and education for whaiora & whanau.
8. Less medication more talking therapies.

Consumer engagement - Sheree Gutsell (Invercargill)

Consumer Engagement was the topic of my presentation to the Inquiry Panel as it seems to be happening rarely or only on a superficial level in the Southern (South) region. This is happening both at a Consumer Advisor level and at a client level where often clients are left out of decisions involving their care. Indeed the first timetable issued for the Inquiry Team panel visit to Invercargill had no room for consumers but DHB contracted providers had a whole day of presentations and there was a public forum in the evening where consumers could attend but would have to share the time with the general public and non-contracted service providers. The issue was resolved and consumers were given an hour long slot with the Inquiry Team however it is immensely troubling that consumers were left out of the conversation originally. The professional development of me as a consumer advisor of a NGO is not clearly defined with NAMHSCA not accepting members from NGO's only DHB Consumer Advisors. It can be incredibly draining turning up to work each day commenting on how the services being provided by my employing organisation are not entirely up to scratch whilst maintaining good working relationships so that they can listen to my ideas.

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

Rising to the Challenge drew attention to the particular interests and needs of Maori who use mental health and addictions services disproportionately. Nga Hau e Wha has made a decision that issues of importance for our Maori caucus should be relayed to the Ministry:

Maori Issues

Nga Hau e Wha - MAORI CAUCUS

In our Strategic Plan (2016/7) we set forth aims and goals with regard to our obligations and responsibilities under Te Tiriti o Waitangi. The creation of a Maori caucus in 2016 has been an ongoing project and is a commitment by Nga Hau e Wha. Since the engagement of Te Huia Bill Hamilton to assist the group the Maori caucus has doubled in size and their guidance for the rest of group has been invaluable. The caucus meet by teleconference and there have been 2 meetings since the last report:

Maori Caucus

Teleconference meeting held 17 January 2018

Present: Tui Taurua, Guy Baker, Te Huia Bill Hamilton

1. Karakia/mihimihi:
Guy led our Karakia

2. Review of report to Trustees (date):
After some discussion the following decisions were made.

- That the establishment of co-chairs be proposed to the Trustees
- That Nga Hau E Wha use the Treaty framework to monitor our performance
- That the new logo be finalised
-

3. Regional workshops:

Tui: The workshop in Waitangi is progressing well. It will be held in the Tipuna whare from 4 -6 February. Jak is giving great support.

Guy: To be held on 9 March from 9 – 3. A programme will be submitted to the March Trustees hui.

4. Work programme priorities:

The work programme will be developed around the following priorities:

- Suicide prevention amongst Maori
- Cultural competencies that will strengthen service provision to Tangata Whaiora
- Addressing colonisation and racism in the Tangata Whaiora workforce

A work programme that aims to provide advocacy of good practice, strengthening networks, promoting Maori voices and improving communication will be drafted for discussion at the May meeting

5. National Maori Strategy for Addressing Suicide:

Bill to send the strategy around to all Trustees

6. Recruitment to Nga Hau E Wha

Guy reported that the process is underway to recruit from his rohe.

Maori Caucus

Teleconference meeting held 1.00pm Monday 21st of May 2018

Members: Guy Baker, Tui Taurua-Peihopa, Sheree Gutsell, Donna Starling and Te-Huia Bill Hamilton

Present: Sheree Gutsell, Donna Starling and Te-Huia Bill Hamilton

Apologies: Guy Baker and Tui Taurua-Peihopa

Matua Bill opened the teleconference with a karakia

1. What is happening in your rohe? What are the priority issues?

Donna (Rotorua spoke about the Lakes DHB Mauri Ora Project. A consumer advisory group of seven members has been formed to gather our strong local whaiora voice to develop a model of care based on Wellbeing, Healing and Recovering for mind, body and spiritual health.

Sheree (Invercargill) spoke about her outcomes forum where inequities for Maori are being looked at. Not using tools well. Kaupapa Maori Unit currently is in disarray due to vacancies. Nurses are travelling with Kaumatua.

Matua Bill has been approached to implement a pilot project imbedding Whanau Ora and disabilities in Palmerston / Dannevirke areas. He has requested that tangata whaiora be included. The next meeting is June.

2. Report on Guy's workshop: Guy (Tairawhiti) will present this to us at our Nga Hau E Wha meeting (Thursday 24th / Friday 25th).
3. Work programme (Action plan):

	Promote Good practice	Strengthen Networks	Advocacy for Maori solutions	Communication Key messages
Suicide prevention				
Cultural competencies				
Colonisation and racism				
Mana enhancing				

The focus will be on deciding "actions" and "key messages.

Possible priorities for work programme:

Strengthen networks; relationship approach, communications.

Who are the people we, Nga Hau E Wha Maori Caucus, need to have relationships with?

- ⇒ Strengthen networks
- ⇒ Unified
- ⇒ Better advocates
- ⇒ Relationships
- ⇒ Capability / capacity

Information: Provide information that will contribute to change. Be competent advocates (key messages).

Bring information to our table that will bring about change.

Relationships: Be solid in providing advocacy for Tangata Whenua and benefits to hapori (Training eg. IPS Intentional Peer Support, tikanga)

Suzy Stevens & Magdel Hammond are currently providing this training. There is a possibility that Sheree can attend this training in Dunedin if eight participants attend.

4. Co-chair from Maori Caucus

Guy Baker selected by Donna, Sheree & Bill to be co-chair.

Treaty framework to monitor NHEW performance.

We agreed with draft framework below.

5. Mental Health Inquiry

Donna spoke about their recent meeting with the inquiry panel on 1st of May 2018 in Rotorua.

They, consumer advisory & support members had prepared well. It is *essential* to go prepared as 30 minutes goes quickly.

A great experience and opportunity to be heard and acknowledged. A very respectful process.

Would encourage everyone to attend the Public Meeting to hear a wider view.

6. Other?

Focus of strengthening our Iwi forums.

We need a list of all groups, networks, committees (nationwide).

7. Treaty Monitoring Framework: (Draft)

Partnership: Provide examples where decision-making is shared and tikanga Maori is included in decisions.

Protection: Provide examples where there are pieces of work that protect, revitalise or develop taonga Maori (reo, matauranga, Tangata, etc.)

Kaupapa Maori Services, advocacy that drives equality for Maori, Tikanga Maori based solutions.

Participation: Provide examples where there is advocacy for equality for whanau Maori. Promote with providers in our area(s).

What changes do you want?

Facilitate culturally, *mana enhancing*, and clinically safe practices through effective community/whanau development, hope-building and leadership development.

*Added *mana enhancing*.*

Enable and support hope-building for Tangata whaiora. For example, include safe practices such as storytelling, whakawhitiwhiti korero, korero tahu; use of purakau, and ta moko for cultural and whakapapa reconnection and healing.

Implement and adequately resource Maori healing practices that are culturally valued and effective. *Offer as a choice.*

Require providers to provide services based on Tangata Whenua priorities (partnership), practices (protection of Rangatiratanga) and outcomes (full participation, rite tahi).

Matua Bill closed the meeting with a karakia at 1.55pm.

Reports from Other Groups and Organisations

Family/whanau - Supporting Families: National Coordinator: Fiona Perry

We have been busy consulting with our members to draft a submission to the mental health and addictions inquiry that has taken some time to pull everyone's ideas together. No doubt you have faced the same issues around your own submissions.

I am also in the process of pulling together our report for the MOH due in July and am undertaking a review of our past reports to see if there have been any changes. A time consuming but interesting process.

Overall I can say that the issues faced by our whanau are around lack of access, and lack of engagement with services - clinical staff are often unwilling to engage with whanau, and are often unwilling to listen. While they may not be able to share information where there is an expectation that whanau will provide support, we believe that they should have knowledge training and support to do so.

Le Va – Pacific Peoples: Monique Faleafa

Preventing Suicide for Pasifika peoples- top 5 tactics

Preventing Suicide for Pasifika - top 5 tactics lists Le Va's top five tactics for helping to prevent Pasifika suicide, based on research, evidence and best practice.

Ki te kotahi te kākaho ka whati, ki te kāpuia, e kore e whati.

If there is but one toetoe stem it will break, but if they are together in a bundle they will never break.

Connect with people

Relationships are vital to our wellbeing. Relationships help us during tough times. Traditionally, for Māori and Pasifika cultures, good health and wellbeing cannot be separated from connection through relationships – relationships are sacred, characterised by Pasifika values of 'ofa, alofa, aro'a, aloha, aroha or love. Loving relationships make us feel connected, valued and give us a sense of self-worth and help with self-esteem.

Pay it forward – share a smile, a hug and hang out

When you're feeling bad it's tempting to pull the covers over your head and shut out the world. But it doesn't actually help. It's really important to stay connected to friends, whānau, school, work, nature and the world around you. It's a fact that people who are connected, are more likely to be happy!

You don't need masses of friends to be happy - it's the quality of relationships that matters, not how many friends you have on Facebook or followers on Twitter.

Connect with your emotions through music, art, and those with diverse experiences

If we have negative thoughts about ourselves, others or our future, it's time to gather those we love around us. That's when we really need our relationships and supportive people to connect with us. They can help remind us that those negative thoughts and messages are not true. They can boost our confidence and make sure we feel accepted and supported. Doing fun stuff with caring mates and family makes us feel better!

Connect with nature

Don't forget to go outside into the sun and connect with nature too. Spending time outside gives you much more than just a good change of scenery. It can help you relax and see things differently. Plus, you'll get a good dose of fresh air and vitamin D (if the sun's shining), and a better night's sleep.

When you're experiencing nature, it can take your mind off the things going on in your life because you're absorbed in catching the next wave, enjoying the sun on your face or taking notice of the beauty that surrounds you. This is called mindfulness which is a really helpful tool for combating worrying thoughts.

8. 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 continue for Ngā Hau e Whā to send out information through the Distribution List 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 webpage 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 it's 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



Guy Baker and
Donna Starling Regional



Regional reports



Victoria Roberts



Tui Taurua



Sheree Gutsell
Regional report May 2017



Jak Wild Regional
reports Central Region



Tui Taurua-Peihopa
Waitangi Report.pdf



Guy - NHEW Hui
Report Final (1).pdf



DATE: 1st March 2018

VENUE: MOH 133 Molesworth St Wellington

Minutes prepared by: Jane Norman

Facilitator: Te Huia Bill Hamilton

Attendees	Te Huia Bill Hamilton (Facilitator); Victoria Roberts (Chair) (Central); Magdel Hammond (Northern) Tui Taurua (Northern), Jak Wild (Central), Julie Whitla (Southern), Sheree Gutsell (Southern) (first meeting), Guy Baker (Midland), and Donna Starling (Midlands) (first meeting)
Apologies	None

1. Whakatau / Welcome / Mauri

- The meeting opened at 9.30 am with a welcome to members by Matua Bill, and a reminder that the kaupapa was to ensure voices of their community were heard. Members gave updates, and new member, Sheree Gutsell, introduced herself and was welcomed by Victoria, in her role as the Chair of Ngā Hau E Whā.
- Dean Rangihuna, a member of the Government Inquiry into Mental Health and Addiction, joined the meeting briefly and introduced himself, outlining his extensive background in the sector which informs his work as a Forensic Māori consumer adviser. He concluded with a waiata. Matua Bill, in response, said that Ngā Hau E Whā support him, and would like to meet the other Inquiry members. Ngā Hau E Whā's focus is to help ensure that Māori voices are articulated. Dean was thanked, invited to meet again with Ngā Hau E Whā and left the meeting.

Purpose of Ngā Hau E Whā:

- To provide the Ministry of Health with sector intelligence and feedback that highlights measures of success and processes and that need to improve; required changes and adaptations to services as new priority areas come up. The group also has a role in coordinating, sharing, collaborating and encouraging development activity.

Purpose of this meeting

<ul style="list-style-type: none"> To update and approve the work plan to June 2018 To develop a program that will strengthen performance To receive reports <p>Donna Starling and Guy Baker joined the meeting. Guy welcomed the new members, Donna and Sheree, and Donna introduced herself. Guy then explained the meaning of the Mauri.</p> <p>1. Resolution: to move vote of thanks to Guy Baker for explanation of the essence of the Mauri Moved: Sheree Gutsell; Seconded: Donna Starling The motion is agreed.</p>	
Person Responsible	
	Guy

2.1 Standing items	Presenter: Matua Bill	
<p>1. Resolution that the status of internal documents be clarified as confidential to members of the Board or available for wide distribution Moved: Julie Whitla; Seconded; Jak Wild The motion is agreed</p> <p>2. Resolution: to approve minutes of November 2017 meeting Moved: Julie Whitla; Seconded; Victoria Roberts. The motion is agreed</p> <p>The meeting adjourned for lunch from 11.45 am to 12.15 pm when Matua Bill re-opened the meeting with a karakia.</p>		
Action Items	Person Responsible	Deadline

3.0 Regional reports	Presenter: Matua Bill	
<p>Northern - Tui Taurua</p> <ul style="list-style-type: none"> Tui spoke to her report. Resilience and recovery stories were shared at a hui with kaumātua and kuia from around NZ attending. Issues raised included the ability to use the services of tohunga and the long-term effect of war service. Various resolutions were passed as a result of the hui. A database is being developed. <p>1. Resolution that Northern Regional report from Tui Taurua be received. Moved: Julie Whitla; Seconded: Magdel Hammond. The motion is agreed</p> <ul style="list-style-type: none"> Tui indicated she will build a work programme around issues raised. Ngā Hau E Whā noted recommendations from the hui. Magdel agreed to work with Tui on a work programme for Northern. <p>2. Resolution that the report from Northern hui go to Grant Cooper, whose organisation is the fund holder for Frozen Funds money, which funded the hui, and be put on Ngā Hau E Whā Website. Moved: Tui Taurua; Seconded: Jak Wild. The motion is agreed</p>		

Northern – Magdel Hammond

- Magdel spoke to her report, with issues in her area including requests for peer support in ED and in-patient units. It is hoped that the elimination approach to seclusion by HQSC will assist in removing inconsistencies in implementation of six core strategies.

3. Resolution that Northern Regional report from Magdel Hammond be received.

Moved: Sheree Gutsell; Seconded: Victoria Roberts. The motion is agreed

- Dean re-joined the meeting. In his role as an Inquiry member, he will be emphasizing the need for peer support in inpatient units. The Inquiry want to hear from everyone and will be travelling around the country in June/July and it welcomes invitations to events. They particularly want to hear from those whose voices are not currently being heard. The Department of Internal Affairs is managing the Inquiry as MoH is being scrutinized. Submissions are welcomed and can be anonymous and from individuals.
- Victoria advised Dean that she hadn't received an email advising that he wanted to attend this Ngā Hau E Whā meeting until after he had arrived.
- Dean was invited to meet Ngā Hau E Whā again and the Inquiry would be invited to attend regional arranged by Ngā Hau E Whā. Members will copy Dean into any communication to the Inquiry Secretariat. Jak suggested a panui, and an open invitation to attend Ngā Hau E Whā meetings, and Matua Bill asked Jak to design a panui. Dean was thanked and left the meeting.

Midlands Report – Guy and Donna.

- Guy spoke to his report, noting that whānau and tangata whaiora groups are being combined, and advising his membership of Tairāwhiti DHB governance groups.
- Donna said that Lakes DHB is looking at model of care before a rebuild. There are a lack of ongoing support groups and evening support groups for those working.

4. Resolution that Midlands Regional report from Guy Baker and Donna Starling be received.

Moved: Julie Whitla; Seconded Tui Taurua. The motion is agreed

5. Resolution that there is an agenda item, of around 15 minutes, to discuss whether building redesign or model of care should come first.

Moved: Donna Starling; Seconded: Julie Whitla. The motion is agreed

Guy asked if the whānau advisory group could be on the distribution list.

Members noted that they were vigilant in observing privacy when managing databases.

Central Report - Jak Wild

Jak spoke to his report and there is a proposed hui in Levin.

6. Resolution that the Central Report by Jak Wild be received

Moved: Julie Whitla; Seconded Tui Taurua the motion is agreed

Central Report – Victoria Roberts

Victoria spoke to her report, noting the value of access to a community network which was very informative

7. Resolution that the Central Report by Victoria Roberts be received

Moved: Magdel Hammond Seconded Julie Whitla. The motion is agreed

Southern Region report Julie Whitla

Julie spoke to her report. A November forum looked at what was working or not working.

8. Resolution that the Southern Report by Julie Whitla be received

Moved: Victoria Roberts Seconded Donna Starling. The motion is agreed

Southern Region report - Sheree Gutsell

Sheree spoke to her report, advising that the inpatient unit is overcrowded, and there is a lack of both peer support and rural crisis services.

9. Resolution that the Southern Report by Sheree Gutsell be received

Moved: Victoria Roberts; Seconded Magdel Hammond. The motion is agreed

Members were requested to provide Regional Reports to the Chair around 10 days before the quarterly meetings.

4.00 Work Plan

Presenter Victoria

Action Items	Person Responsible	Deadline
<ul style="list-style-type: none"> Work Plan 2018-19 Northern to be developed Report from Northern hui go to Grant Cooper, whose organisation is the fund holder for Frozen Funds money, which funded the hui, and be put on Ngā Hau E Whā website Invite Government Inquiry into Mental Health and Addiction members to May meeting Invite Inquiry to regions Copy to Dean of any communication to inquiry secretariat. Panui to be designed Agenda item (15 minutes) whether redesign or model of care comes first 	<p>Tui/Magdel</p> <p>Victoria</p> <p>Victoria to coordinate Victoria</p> <p>Jak Victoria</p>	

4.1 Terms of Reference

Presenter Victoria

Discussion on terms of Reference

- Jak said the interrelationship and integration of this with constitution and legal requirements needed to be considered, particularly in the context of the DPO status which was being worked towards and spoke to his paper on this. Matua Bill noted that the paper is useful.
- Members agreed on some changes for the Terms of Reference for the first part of the document. They will send proposed changes to Victoria, (with copies to other members) for her to compile and then Jak will do a track changes document for circulation to all members.

Action Items	Person Responsible	Deadline
Proposed changes to ToR to be sent to Victoria, for compilation and then Jak will do track changes.	All/Victoria/Jak	

Action Items	Person Responsible	Deadline

5.0 Māori caucus update	Presenter Māori caucus				
<p>Resolution that the Māori caucus report be received</p> <ul style="list-style-type: none"> Moved: Tui Taurua; Seconded Guy Baker. The motion is agreed <p>1. Resolution that the recommendations of the Māori Caucus be received:</p> <ul style="list-style-type: none"> Co-Chair, selected by the Māori caucus, be proposed to the Ngā Hau E Whā members Ngā Hau E Whā– Treaty framework to monitor performance, presented at last meeting, to be complete by July New logo I finalised <p>Moved: Tui Taurua; Seconded Guy Baker. The motion is agreed.</p> <p>Issues</p> <ul style="list-style-type: none"> Suicide prevention – Māori Cultural competencies – strengthen service provision Addressing colonisation and racism in tangata whaiora workforce Lack of Marae-based hearings Teleconference - budget for around an hour, 					
<table border="1"> <thead> <tr> <th data-bbox="177 1003 911 1055">Action Items</th> <th data-bbox="911 1003 1198 1055">Person Responsible</th> <th data-bbox="1198 1003 1385 1055">Deadline</th> </tr> </thead> </table>			Action Items	Person Responsible	Deadline
Action Items	Person Responsible	Deadline			
6.00 Contract Administrator	Presenter Fiona Clapham Howard				
<p>Financials</p> <ul style="list-style-type: none"> Matua Bill led a discussion of the financials and members identified areas for discussion with MHAPS, which is the fund holder for NGĀ HAU E WHĀ. A draft budget, with a work programme focusing on ensuring that the voices of those with lived experience are clearly heard, is to be prepared. <p>1. Resolution that the financial report be received</p> <p>Moved: Victoria Roberts; Seconded: Magdel Hammond. The motion is agreed</p> <ul style="list-style-type: none"> Fiona, from MHAPs, was welcomed to the meeting and noted her commitment to the voice of tangata whaiora being heard. It was noted that the amount budgeted for member meeting fees had been shown incorrectly and was actually \$180 per day for members not supported by their employer. Fiona suggested, that, possibly prior budgeting by MoH had been based on the assumption that members would always be supported by their employer, that is, their time at meetings is considered part of their salaried activities. Therefore, the meeting fee was seen as a koha, in addition to their salary, and also such support would have included access to free printing and stationery using their employer’s resources. She suggested that MoH be asked for their assumptions around budgeting and acknowledged that there was a heavy workload for the group, outside the meeting times. A possible solution could be a paid position for a secretariat role, leaving members free to focus on their representative roles but there were a range of options, including geographical location for support. The budget for accommodation will need to be revised with the increase to the full eight members of Ngā Hau E Whā. Also, with audio conferencing, there are new ways of working. 					

MHAPs are to be advised formally that audio conferencing is to be continued and there will be a budget line for audio conferencing. Matua Bill said that members should let the Chair know beforehand that there is going to be use of audio conferencing facility so she can let MHAPs know.

- Matua Bill asked members for their agreement on work on the draft budget to be done before the May meeting. Members agreed to this.
- Matua Bill thanked Fiona for her work and Fiona left the meeting.
- Members noted their appreciation of Fiona’s work.

2. Resolution that there is a Working Group to prepare a draft budget for work programme for next financial year comprising Magdel Hammond, Victoria Roberts and Sheree Gutsell, assisted by Matua Bill

Moved: Victoria Roberts and Guy Baker That the motion is agreed

The meeting adjourned for the day at 5.00 pm

Action Items	Person Responsible	Deadline
<ul style="list-style-type: none"> • Working group to prepare budget • Confirm to MHAPS that the audio conferencing facility is needed on an ongoing basis; • budget item for audio conferencing to be added to the draft budget. • Members to advise Chair prior to use of audio conferencing and Chair to advise MHAPS 		



Championing Many Voices

DATE: 2nd March 2018

VENUE: MOH 133 Molesworth St Wellington

Minutes prepared by: Jane Norman

Facilitator: Te Huia Bill Hamilton

Attendees	Te Huia Bill Hamilton (Facilitator); Victoria Roberts (Chair) (Central); Magdel Hammond (Northern) Tui Taurua (Northern), Jak Wild (Central), Julie Whitla (Southern), Sheree Gutsell (Southern) (first meeting), Guy Baker (Midland), and Donna Starling (Midlands) (first meeting)
Apologies	None

Welcome / Whanaunatanga

2.1

Matua Bill opened the meeting at 9.00 am with a karakia, outlined the agenda items, and the meeting prepared for meetings with guests.

Action Items	Person Responsible	Deadline
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1.0 Dr John Crawshaw, Director of Mental Health and Addiction

Dr John Crawshaw was welcomed to the meeting at 9.40 am and gave an update.

Government Inquiry into Mental Health and Addiction

- The inquiry will look at inequity and John said that as it is independent, and set up under the Inquiries Act, people who speak to it are protected. He saw no reason why prisoners should not make submissions and is expecting the Department of Corrections to make a submission. John was advised that Ngā Hau E Whā members will be hosting hui in their areas for the Inquiry.

Current inequity

- John considered that the requirement for mana-enhancement could be a mechanism to bring about improvement. While there are kaupapa Māori services there is still a considerable lack of equity. He supports the Health Quality and Safety Commission's approach, and noted that, as it is about improving practice of front line staff, he can't impose regulations. Tairāwhiti DHB have an unconscious bias project looking at cultural assessment prior to a Compulsory Treatment Order.

Interim actions

- While the Inquiry is underway John will be providing advice to the Minister on an interim basis. There is clear pressure on users of services and the workforce. As a review of the Mental Health Act, which is risk rather than capacity-based, would take some time short term actions, which don't need legislative change are being considered. MoH have limited directional levers but can encourage and part of the solution is including peer support in the action plan.

Substance Addiction (Compulsory Assessment and Treatment) Act

- This is a significant change as it is the first piece of legislation to mention mana-enhancing practice, which provides a lever, and Te Rau Matatini have developed practitioner guidelines for this. The guidelines refer to Mana Atua, Mana Tipuna, Mana Whenua and Mana Tangata. Mana-enhancing practice is a way of engaging with others that cares for the spiritual, emotional, physical, and intellectual dimensions of a person and is not just for Māori. Link to guidelines:

<http://teraumatatini.com/news/mana-enhancing-mana-protecting-practice>

- There is currently one treatment centre, Nova Star, and there are Addiction Area Directors. The treatment model is based on restoring cognitive capacity, and those providing care have the responsibility to restore capacity. As previously noted it is expected around 200 people a year will come under this Act.

Nurses in Schools

- In response to a query about nurses in schools John said that, as he is working on Budget 18, he can only talk about what the Minister has publicly announced. This scheme has been implemented in Christchurch.

Marae- based hearings

- This issue was raised again. Under the Act a marae could only be used for hearings if it was either the place of residence or where the person concerned was undergoing treatment. There is lobbying for change. John said that Section 18 requiring examination in person, is problematic as it doesn't offer the flexibility of video conferencing to avoid someone travelling long distances.

Seclusion

- In response to a query about ending seclusion by 2020 John said that there is increasing evidence that services are functioning without use of seclusion which is not therapeutic and is traumatising.

Elimination is an aspirational goal and, In the short time, he does not do not want to see it replaced by chemical restraint, prosecution by the Police or by mechanical restraints. So unintentional consequences need to be managed if the goal is zero seclusion.

Restraint

- A member raised an issue that, in their area, there is a mindset among staff that coercion is acceptable, even for those not under the Act. John said that consistent and coherent reporting on restraint is needed but there are definitional problems and he wants guidelines with reporting to him. He has just published guidelines for night safety orders but building redesign is needed in some areas to avoid possible patient on patient assaults.

Ngā Hau E Whā role?

- John, in response to a query, said Ngā Hau E Whā’s role was to provide an understanding of how consumers see services. He had been in service change mode most of his professional life and never effected change without support from the consumer voice.
- John, in response to a query about lack of information about Ngā Hau E Whā Report distribution, said he wants the advisers for each region to receive the Ngā Hau E Whā report and outlined who they were and their areas of expertise. He encouraged contact if there are urgent issues and no traction.

Mauri

- The background to the Mauri was outlined, and John was advised that there is a new logo which will be sent to MoH.

Conclusion

- Matua Bill summed up the discussion by saying it was open honest and frank and wished John well.

Action Items	Person Responsible	Deadline
<ul style="list-style-type: none"> • Copy of new Ngā Hau E Whā logo to be sent to John. 		

2.0 Kevin Allen, Mental Health Commissioner, HDC	
<ul style="list-style-type: none"> • Keith Allen was welcomed to the meeting at 11.00 am and noted that he appreciated Ngā Hau E Whā’s support. The purpose of the MHC’s recently released Report was to provide an independent view and included recommendations, and the Minister appears receptive to the recommendations. Kevin, in response to a comment that Māori were not specifically mentioned in recommendations, said that they are included but not in the snapshot. He would welcome the reestablishment of MHC as part of overall development of leadership but it would not be the sole solution. • Mental Health Act Any review of the Mental Health Act needs to consider if it is fit for the purpose and alignment with the UN Convention, as well as a focus on better supported decision making for those under the Act rather than someone else making decisions for them. A member raised the issue of it being applied inconsistently across regions. • Mental Health and Addiction Inquiry Kevin, in response to a query about a mail drop to HDC complainants s over the last five years informing them of the Inquiry, suggested approaching the Inquiry directly about this and noted there would be privacy issues • Prisons MHC collaborates with the Ombudsman in looking at the at-risk units as o oversight is particularly important for the most vulnerable. • Other <ul style="list-style-type: none"> • Extent of medication in in patient units needs to be assessed so there is a baseline. • Compulsory Treatment Orders and seclusion rates are higher for Māori than non-Māori • Seclusion reduction - concern this doesn’t just mean a move to chemical restraint 	

- Ngā Hau E Whā advised Kevin of their capacity- building work to ensure Māori voices are heard. This includes a Māori caucus, and a Mauri to keep us focused. Guy explained the meaning of the name Ngā Hau E Whā.
- Copy of new Ngā Hau E Whā logo to be sent to Kevin.

Kevin thanked Ngā Hau E Whā for the invitation to meet with them, noting the Ngā Hau E Whā is important and reports are helpful. He is keen to maintain the relationship.

Action Items	Person Responsible	Deadline
<ul style="list-style-type: none"> • Copy of new Ngā Hau E Whā logo to be sent to Kevin. 		

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3.0 Kevin Harper, MoH	
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- Kevin Harper joined the meeting and outlined the relationship of the different parts of MoH which deal with mental health, which include statutory, advisory, performance and improvement and service commissioning. For some mental health is only part of their work. He wants to develop access to consumer views.
- Members pointed out to him the disparity in the provision of peer support across the country, including its lack in Emergency Departments and inpatient units. The lack of peer support significantly hinders the provision of services which are focussed on the needs of those with lived experience. If there is no infrastructure or supervision for the peer support area people revert to outdated ways of working which damages the reputation of peer support.
- Members also pointed out that MoH had failed to address social problems which include housing, and unemployment. These issues, together with poor coordination of what services were provided, had been a constant theme in Ngā Hau E Whā reports.

Comments by Kevin

- Wellbeing is contributed to by many areas with health system being only part of this. Lack of mental health is seen as the problem but it is not recognised that this is can be an understandable reaction to stressful events. He tangata tried to join up areas.
- DHBs decide on their response to local needs and are funded on a population basis.
- The new government has a strong equity focus.
- A national employment and mental health group are being established.
- There will be more multi-disciplinary teams in services.
In Ngā Hau E Whā Regional Reports he wants to know a summary of what matters to people and identify the themes and cannot respond on an individual level. If access, for example, is identified as a problem he may then want an in-depth discussion about determinants. His job is to question. Themes need to be backed up with evidence. Reports may determine where a pilot is held and what the components are.
- Kevin was thanked, and members noted their valued his accessibility. In turn Kevin thanked Ngā Hau E Whā and noted the issue is how to make sure people are at the centre of services. Ngā Hau E Whā information brings people to the centre, so it is really valuable and important He is happy to be involved in networks if needed.

Action Items	Person Responsible	Deadline

4.0 Updating Work Plan	Presenter Matua Bill	
<p>Members discussed the status of items relating to the Work Plan with updates shown in bold.</p> <ul style="list-style-type: none"> • Reports to Chair by 10 May – Confirmed members can do this. • Budget -all to submit items. Working group to do draft budget by 31 March • Strategic Plan -Agenda item next meeting • DPO Process • Comms Plan – Not discussed this meeting as Suzy Stevens unable to attend. • Policy and Procedure - Work in Progress • Ground rules for conduct – Done; new members to sign it. • Templates – Done • Submissions group – process for Inquiry - More work to be done • Tui coordinating Māori caucus for Mary O’Hagan’s Wellbeing Manifesto • New members pack • National and regional appointments – policy and procedures to be developed so there is greater clarity. • Conflict of Interest Register – also need Interests register – Sheree to maintain. • Fundraising – policy and procedures to be developed. Magdel asked for clarification around fund holder involvement. Victoria assisted by Magdel. • Stakeholder update – all to advise Victoria of changes <p>3. Resolution that the Amended Work Plan be adopted Moved: Donna Starling; Seconded: Tui Taurua That the motion is agreed.</p>		
Action Items	Person Responsible	Deadline
As above		

5.00 Project reports	Presenter Tui and Jak	
<p>1. Resolution that the Shadow Report be received Moved: Magdel Hammond; Seconded: Sheree Gutsell. The motion is agreed</p> <p>Discussion re Shadow report Jak outlined to the new members the background to the Shadow Report and invited members to look thoroughly at the information relating to this. He will send a shared link to all members for this. After this a two-page update will be put out to networks including on BINZ. A researcher is being sought to continue this work. Matua Bill would like project timeframes and that focus would be recommendations on legislative reform. Members were encouraged to promote this project and the Māori caucus will be key in promoting this. Jak was thanked for his report.</p> <p>Frozen Funds Project This is funding for networking in remote areas. Feedback from Service User Academia conference is still awaited. Jak suggested completing three hui before considering a fourth. Tui said the Waitangi hui ran over three days and was done at an opportune time. Matua Bill said that regional workshops are valuable to assist Ngā Hau E Whā’s work in empowering voices.</p> <ul style="list-style-type: none"> • Guy outlined plans for a Gisborne one day hui on Friday 13 April. It was suggested that MoH could 		

be invited to send a te reo speaker to the workshop as an observer.

2. Resolution that Guy Baker's report on the proposed Gisborne workshop be received.

Moved: Victoria Roberts; seconded: Tui Taurua That the motion is agreed.
Matua Bill, Sheree and Julie to discuss South Island workshop.

• **Chair's report**

New initiative which lists activity between meeting. The Chair is paid for 40 hour's work a year.

3. Resolution that the Chair's Report be received.

Moved: Magdel Hammond; Seconded: Tui Taurua That the motion is agreed

Action Items	Person Responsible	Deadline
Jak will send a shared link to all members for Shadow report timelines, comms plan, clarify recommendations on legislative reform.	Jak Jak Tui Julie	
South Island hui	Julie, Sheree and Matua Bill	

6.00 Wrap up comments	Presenter Te Huia Bill Hamilton	
<ul style="list-style-type: none"> Victoria: Great to have full complement of Ngā Hau E Whā members and have new wisdom. She thanked new members for accepting positions. Other members echoed those sentiments. Jak Impressed with regional reports. Julie: really enjoyed it and thanked everyone, looks forward to meetings, Sheree: enjoyable, Magdel: acknowledged members for their work. Donna: lovely to meet members and guests – particularly Dean dean. Guy: pleased to bring Donna to this meeting as second Midlands representative Matua Bill: acknowledged members, noting their individual contributions. This included the way they supported people they represent and stay true to their representation. They also needed to consider any changes they wish to make to how meetings are run. He encouraged them to be active in ensuring voices were heard and closed the meeting with a karakia. 		
Action Items	Person Responsible	Deadline

The meeting closed at 2.30 pm

This is a true and accurate record of this meeting.

Signed: Date:

3.1 Date of next meeting:

Agenda and Action Items		
1	<ul style="list-style-type: none"> • Work Plan 2018-19 Northern to be developed • Report from Northern hui go to Grant Cooper, whose organisation is the fund holder for Frozen Funds money, which funded the hui, and be put on Ngā Hau E Whā website • Invite Government Inquiry into Mental Health and Addiction members to May meeting • Invite Inquiry to regions • Copy to Dean of any communication to inquiry secretariat. • Panui to be designed • Agenda item (15 minutes) whether redesign or model of care comes first 	<p>Tui/Magdel Victoria</p> <p>Victoria to co-ordinate/All Jak Victoria A</p>
2	Proposed changes to ToR to be sent to Victoria, for compilation and then Jak will do track changes	All/Victoria/Jak
3	<p>Finances</p> <ul style="list-style-type: none"> • All to advise budget bids to working group • Working group to prepare draft budget • Confirm to MHAPS that the audio conferencing facility is needed on an ongoing basis; • Budget item for audio conferencing to be added to the draft budget. • Use of audio conferencing to be advised to Chair prior to use, and Chair to advise MHAPS 	
3	<ul style="list-style-type: none"> • Copy of new logo to be sent to MHC and MOH 	
4	<p>Work plan</p> <ul style="list-style-type: none"> • Reports by 10 June – confirmed members can do this. • Budget -all to submit items. Working group to do draft budget by 31 March • Strategic Plan Agenda item next meeting • Comms Plan • Policy and Procedure - Work in Progress • Ground rules for conduct –new members to sign it. • Submissions group – process for Inquiry - more work to be done • Tui coordinating Māori caucus for Mary O’Hagan’s Wellbeing Manifesto • National and regional appointments – policy and procedures to be developed so there is greater clarity. • Conflict of Interest Register – also need Interests register – Sheree to maintain. • Fundraising – policy and procedures to be developed. Magdel asked for clarification around fund holder involvement. Victoria assisted by Magdel. • Stakeholder update – all to advise Victoria of changes 	
5.	Jak will send a shared link to all members for Shadow report timelines, comms plan, clarity recommendations on legislative reform.	Jak Tui Julie
6	South Island hui	Julie, Sheree and Matua Bill



Championing Many Voices

Report for Nga Hau E Wha

Region: Northern Region

Meeting: March 2018

Member: Magdel Hammond

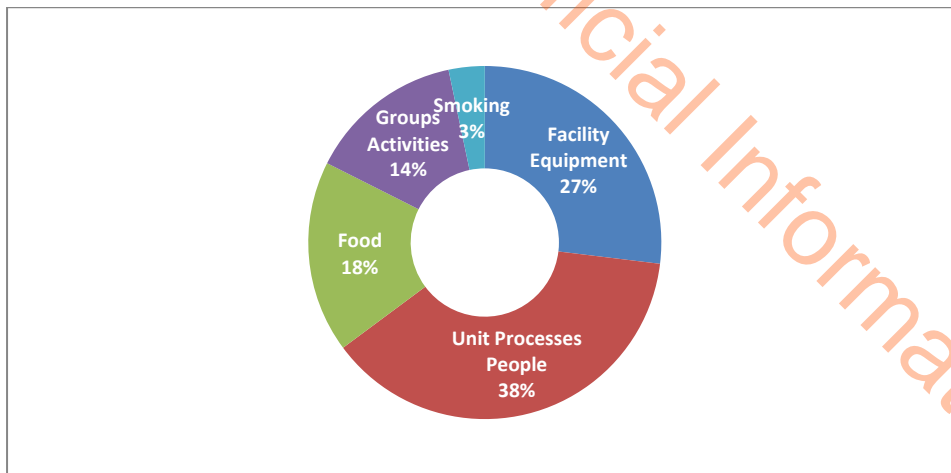
Introduction

This report was prepared in collaboration and with input from a range of people working in leadership and advisory roles in the Northern Region.

Issues or challenges in the sector as identified by people accessing services in our region

Inpatient treatment:

Themes from a nine month analysis of one WDH B IPU community/feedback meetings (approx. 80 individual people) showed key things that impact peoples experience are:



Counties Manukau Health further identified that the Smoke free policy environment causes more upset and distress than anything else.

Additional key themes that have been identified over the past quarter are:

- The need for more alternatives to inpatient treatment and care with a range of both peer and non-peer alternatives.
- Objection to and questioning the practices of closed/locked wards and equating it to being in prison. The question of healing environments come up and are regularly raised and how closed wards are in fact negatively impacting on moving towards healing environments.
- Low stimulation and options for activities in inpatient setting, particularly in the evenings. Some people have described it as just being present on the ward and aimlessly watching time go by.
- The use of CCTV in certain areas of inpatient facilities is not actually in accordance with the Mental Health Act, which states that people need to give consent when being recorded.

- Discharge processes from inpatient to community are not done well and lack collaboration with other stakeholders and partners. Someone might go on weekends leave and return only to find they have been discharge due to a demand on beds.
- A request for peer support in inpatient units and even emergency departments
- A sharp decline in recruitment that cannot arrest the departure of skilled staff from key areas such as nursing in inpatient units and not enough allied health staff within IPUs. This is also tied to an inability to retain new graduate nurses due to the disparities between their training (strongly recovery focused) and a common culture within some IPUs that lacks a recovery focus.
- Inconsistence in the implementation of the six core strategies in IPU to eliminate seclusion, particularly around the debriefing practice post-seclusion.

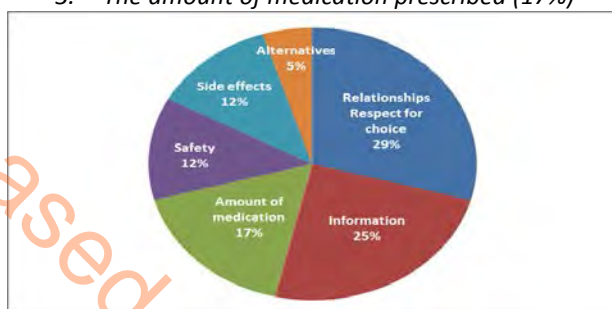
Recovery oriented systems of care

- The lack of a focus on addressing the underlying issues that hinder recovery namely poverty, unemployment, sub-standard or no housing, physical health issues, as a result of a predominant medical focus across the system. We need a more holistic health care focus. " Issues with access to GPs due to financial stressors has been raised and is seen as of concern alongside housing affordability and homelessness in Auckland.
- The need for more non-medical interventions including talking therapies, peer support. The stepped care process helps, but waiting times are still significant and not enough is being done to address the barriers to talking therapies or options such as peer support and peer support groups. There is a marked lack of peer support in many areas of the region, considering the availability of community support.
- Issues that people are experiencing with continuity of care ; i.e. challenges (with communication/information) about being handed from one part of the services to another, and experiencing the "bouncing ball" effect particularly between mental health and addiction services, in spite of the supposed "every door is the right door" approach. Continuity of care post discharge is also raised as an issue – people might be contacted but the quality if not always what people think are useful and there is not enough detail handed over at time of discharge, nor do we have key stakeholders involved in discharge planning. This includes poor triage processes between PHO and DHB specialist services.
- Shifting priorities and lack of resource in mental health that has seen a gradual decline in the services offered to people or in what is available.
- Generally people who access services do not know what a good service could or should look like. They have "made do" with what is on offer for a long time and struggle to imagine what "better" looks like.
- A number of responses quoted feedback from people experiencing issues around being treated with dignity and respect. - "They treat us like cattle"; Treatment in Emergency Departments for people who present at ED with mental health issues is of ongoing concern and peoples' experiences are what they describe as disrespectful and stigmatising.
- Lack of communication and information for both consumers and family/whanau and consumers/family/whanau struggling with health literacy and understanding the information provided. Staff do not support people and their family/whanau to develop their health literacy either.
- Lack of collaboration in developing collaborative plans and not feeling actively involved in treatment and Mental health services staff not always understanding aspects such as
 - what inclusive (collaborative) practice actually is
 - hope and recovery based verses pathology and 'maintenance' service delivery
 - creating dependence vs community integration and supporting/encouraging citizenship
- Several mentions were made around the challenges with family/whanau inclusion in practice and People using services (still) say it's the basics they really appreciate; i.e. friendly staff, taking time to listen, commitment to having a 'real' connection etc.

Medication Safety:

Themes from 'medication safety week' at WDHB resulted in direct consumer feedback (approx. 30 people across two community sites) where we learnt that the things on top for people were:

1. Relationships that will respect people choice (29%)
2. More access to information (25%)
3. The amount of medication prescribed (17%)



Best practice according to people accessing service

- The importance of peer support throughout all DHBs (not only within NGO services) is seen as of high importance and a practice to be encouraged e.g. the Pregnancy and Parental team at CADS in Auckland have two peer support workers within and as part of their team and receives very positive feedback. Counties Manukau Health has peer support workers working across their mental health services with great feedback and outcomes.
- Further refinement of collaborative approaches to treatment and care are needed seemingly across the board.
- People are increasingly asking for education opportunities to increase health literacy – knowing one's treatment options, advanced directives, knowing one's rights, citizenship, medication information and side effects. Suggestions included forums to discuss or be educated with regards to this would be valued
- Development of technological innovations to address issues e.g. RTF and use of technology to remind people of meetings.
- In Northland the Early Intervention in Psychosis is identified as exemplary, with their engagement of whanau, emphasis on exercise and socialisation along with education regarding what is going on and forming alliances with consumers and whanau.
- Numerous people stated that what is most important and achieves the best outcomes are RELATIONSHIPS which are compassionate, respectful and based on trust; when staff will take the time to listen and other small kindnesses make a world of difference.
- Youth asked for As many sessions as they can have with a practitioner and Face-to-face versus apps, text and internet
- The use of experience based design and production was highlighted as best practice and ensuring people have input into what services could look like in future.
- Counties Manukau Health is pleased to now have two out of three open wards in the current Adult mental health inpatient unit, whilst the high care area remains a secure environment. People say that this is making a difference as they can now have more autonomy over when they choose to leave and return to the wards.
- Participating in experiential based/co-design processes where these processes are honoured and its efficacy is upheld.

New initiatives/developments in our region

- Establishment of a Youth Advisory group to the Waitemata Stakeholder Network and will be used across DHB youth services for input into planning
- Implementation of SPEC training within all the DHBs in Auckland
- Development of a Collaborative Discharge summary at WDHB (using a co-design process) is currently underway and have received positive feedback from consumers and family/whanau
- Northland is at a stage of describing of a Model of Care, including staff feedback, but little consumer input at this stage

- Waitemata DHB is planning the review of their Multi-Disciplinary Team and using a co-design approach. The first steps towards accessing consumer input has commenced with using their “what matters to you” boards and feedback boxes to gather initial consumer and family/whanau feedback.
- WDHB has initiated quarterly, themed “what matters to you” feedback initiatives. It has thus far included themes around medication safety and the current question about access to adult services.
- Rākau Roroa, a national lived-experience leadership programme as part of the Like Minds, Like Mine and National Depression Initiative programmes, is nearing the completion of a co-design process. This has been a steep learning curve that has seen an incredible level of community engagement (over 700 people across the country).
- Counties Manukau has the first half of their new acute inpatient unit growing rapidly and it is heartening to see the realisation of all the features that services users and whanau asked for or raised as important during the co-design process.
- Through training and on-going support, Rākau Roroa will create and maintain a network of recognised leaders or, Tall Trees, who have personal lived experience of mental distress and recovery and are confident to publicly champion positive messages around the value of these experiences. Currently applications for facilitators and mentors are closed. However, participants (Tall Trees) can still apply up to March 20th. The community outreach survey was part of the co-design process to create Rākau Roroa training, recruitment and support frameworks.
- Implementation of the NGO/Primary care integration has started in WDHB with peer support included as part of the initiative. This is in line with the Our Health in Mind five year strategic plan with a specific focus on the development of primary and population mental health approaches. Peer support and other support hours include support with housing, employment, social needs, complex co-morbidities and other brief interventions.
- Project on post-seclusion debriefing in Mason clinic has commenced and will be rolled out more widely.
- Roll out of DBT in schools pilot for youth
- Primary/Secondary interface in Child and Adolescent services with joint MDT screening new referrals, direct referrals between services and clinicians meeting regularly and working together.
- The *Recovery College* initiative in Counties Manukau now sits with DRIVE Consumer Direction, the Counties Manukau Consumer Network. The *Recovery College* are continuing engagement days with service users, eg. In March 2018 the second ‘Recovery Capital’ workshop is planned. Recovery Capital is about the collection of community and natural supports that are available to us to enhance our wellbeing. These are different for every individual. The workshop aims to support participants to identify their own Recovery Capital and plan how to grow and maintain it. These workshops are open to all and are an excellent way for people with lived experience, their whānau and support staff to come together and learn from each other.
- Counties Manukau is building a *stories kete* called ‘Our Stories – Our Voices.’ Their Consumer Engagement Advisors facilitate story-writing workshops to assist people with shaping their personal stories and to find their voice in a way that is meaningful for the person and inspiring for others. The workshop offers guidance on the writing process itself and how to shape a story for an audience. People tell us that they just love the opportunity to come together, share stories and learn from each other.
- The Integrated Localities Model of Care [ILoC] development in Counties Manukau, which sees specialist mental health and addictions staff working closely with Primary Care teams.

Addictions – specific issues that are having an impact and needs consideration

- The treatment of young males in inpatient care who have issues to do with both AoD and mental health (drug induced psychosis) and people withdrawing from “p” within Mental Health IPU, and staff do not have adequate CEP knowledge or skills.
- Roll out of SACAT with limited resources
- In Northland Te Ara Oranga, a combined MHAS AoD and police action to reduce the demand for Methamphetamine has resulted in greater cooperation between police, NGO’s the PHO’s and DHB. In action it is used to identify community needs for Meth users whanau support, Police identifying Meth users & referral for interventions, preferring not to convict users in favour of diverting them for

treatment (while apprehending dealers). Development of a suite of brief, medium term, effective interventions using experienced Meth users recovery experience to base the interventions on.

Family / whanau input and feedback about services, challenges, best practice etc

- Need more health information and access to information and support for families
- Contacts are immediate and timely, meaningful and connected.
- Points of contact are updated and available
- Families are supported and educated in terms of treatment and assisted to do so clearly
- Need more recognition of the important role family/whanau has in the person's life and where possible are included in the whole process, including any decision-making and future planning
- More recognition and support for the strain experienced by family/whanau and more opportunities to give confidential feedback.
- Talking Minds is a website co-designed with young New Zealanders who have experienced psychosis and their families/whānau.
Website designed by the DHW Lab
<http://talkingminds.webflow.io/>
- Planning is well underway for a Family Whānau event in the East Manukau community. This follows on from an excellent event held in Central Manukau during June of 2017. The purpose of these events is to bring family members together for support, to learn new skills and to provide information. The agenda for each of these events is determined by consultation with our locality-based family whānau support/education groups.

Services for /and by Maori – any specific feedback that the MOH needs to hear.

- The importance of pursuing local and specialised approaches to dealing with issues of restrictive practise is essential, considering the ongoing issues experienced by Maori in terms of CTO, seclusion and restraint.
- Need a stronger move towards connecting whanau whaiora (the person and their supports) with all the points of contact that aid with their wellbeing.
- Need to see Kaupapa a iwi as the driver of care – that local tribes have a voice in the treatment of care – kaitiakitanga or guardianship – of all mataawaka – those from outside – that reside in their rohe (tribal area)
- Important to be connecting with mana whenua (local tribe) and the value of collaboration and partnership with local authorities and iwi.
- Not enough acknowledgement of the importance of purakau (myths and legends) to describe healing and wellbeing – taking a Mahi Atua approach
- Need leadership driven by whanau whaiora as opposed to more contemporary models of leadership (such as that driven in a hierarchical DHB model)
- The importance of approaching issues in a true holistic sense that connects and reconnects people to kaupapa
- The Counties Manukau Primary Care Mental Health & Addictions Steering Group has been working since 2015 to improve access for Maori to the CCM Depression programme in Primary Care. To begin that process we interviewed participants from the programme and explored with them what was working well and areas for improvement. The feedback provided has been invaluable, recommendations included: involving whānau in the psychology appointments; having more 'options' available (not just 1:1 sessions with a psychologist); improving the communication interface between GP and psychologist; holding group therapy sessions closer to people's home communities; having better information about the programme and what people can expect from it. The Steering Group has been working on an improvement process and will be going back to the original interviewees during March 2018 to test the improvements and find out whether we are 'on the right track.' The Steering Group has three permanent consumer members - two from the community (one of whom works actively with the Te Rau Matatini, Reo motu mō te huringa: the national Maori voices for change consumer group) and one from the DHB consumer and family-whānau centred care team



Championing Many Voices

Member: Victoria Roberts

Region: Central

Meeting: 1st & 2nd March 2018

There have been three consultation hui in the region since the last report. There is continued commendation for the interest that Nga Hau e Wha shows to the networks in the smaller centres'. These are a valued source of consumer concerns and interactions.

The ongoing role as chair continues to require additional time and energy as the group has grown by three new members since the last report. The loss of the incumbent deputy chair at the last meeting has resulted in more responsibilities. This will again reduce once the co-chair role is introduced as proposed by the Maori caucus.

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

Key messages from people with lived experience

Housing

It appears that the majority of people in the Hutt Valley who need housing have been housed if they are "easy" tenants. Alternatively the people who are more challenging (have a criminal history/have more challenging mental health concern/have addictions) are not being housed.

The council housing in the region is dedicated to people 65 and over and WINZ appears not to be supporting people with their housing.

An example was given of a person who was just out of hospital after a suicide attempt. She was told to go live with her mother which was not a viable solution. Work and Income refused to pay for accommodation in a motel so she is currently sleeping in her van.

There are two people with intractable mental health issues who are known to be homeless and sleeping rough.

The housing team at Work and Income seem to be helpful and hit and miss in who gets to see them even if an appointment has been made for housing assistance. It is a good idea to find out the names of the specific case managers covering this area and make appointments only with them.

Work and Income (WINZ)

WINZ seems to be softening with regard to their dealings with people with lived experience as long as they have the support of an agency – and are connected with a mental health service. Others who are not connected to a service are still finding they do not receive adequate or sympathetic services from WINZ staff.

One of the key messages from people with lived experience is how difficult it is to go to WINZ. It creates anxiety and they feel actual fear. It is uncomfortable to be "barked at and treated like an object".

There is a concern among some people that the cut-off point when benefits are reduced for earnings i.e. \$80 or \$100, hasn't been changed in many years. It is a disincentive to working more hours for people on benefits.

Best practice according to people receiving services in your region

Key messages from people with lived experience

Men's group

A person with lived experience is now running a men's group at Oasis Network in the Hutt Valley. The group is proving very popular with clients. He researches his own topics for the weekly discussions. He has also presented a pilot program called The Heroes Journey. The title refers to the journey through ups and downs to wellness and recovery.

Te Haika

It was gratifying to hear from one person that they had a very affirming response from the Crisis line for Capital and Coast DHB (CCDHB) crisis line. This is not always the case for a lot of people. The person felt heard and appreciated the empathy and compassion.

Te Whare Ahuru (TWA) Inpatient unit at Hutt Valley DHB

There is a new social worker in the ward and this now ensures that the social work team now consists of a male and a female which brings some balance to what they can do. Because they are employing more non-medical staff the options available to clients are more holistic and recovery focussed.

The inpatient ward is also being refurbished. This is not a rebuild but a do over to improve the appearance of the ward.

Seclusion

Staff are hit and miss when implementing this "punishment". Some are very unapproachable and others are great. The concern is about inconsistency and unhelpful staff.

Groups

The staff at Oasis network are currently running several groups which are all spoken of highly by the members of the group. These are the responsibility of the Educator who works there.

- Men's group – consistently well attended
- Women's group- consistently well attended
- Arts/craft based groups
- Recovery group
- Self-advocacy group

New initiatives according to people receiving services in your region

Key messages from people with lived experience

Social Housing

The building that Oasis network is housed in is to be refurbished to become a new social housing venue. Each floor will be converted into apartments and the network will find other accommodation as each floor has a change of purpose. This will provide much need accommodation for people with lived experience.

Oasis network has received funding from MSD to pay a researcher to investigate the housing needs of people with lived experience. This is a six month contract.

Addiction services

AOD Leadership group

An AOD specialist advocate obtained a twelve month HPA grant to run and AOD Leadership group in the Hutt Valley for twelve months. In that time she was able to train a total of 33 trainees in 4 separate trainings.

The group was made up of Social Workers/ AOD counsellors/general counsellors/ navigators and people in peer roles. The goal was to add to their skills in dealing with AOD issues.

Social service workers did not feel that AOD issues were a part of their job so would routinely refer to secondary services. The training supported them to have the "too hard" conversations with their clients, like raising the issue of drug and alcohol use.

The overall goal of the approach was harm minimisation.

The HPA has indicated an interest in rerunning the training for another twelve month period.

Duly Authorised Officer SACAT

A DAO has been appointed to the role for the southern part of the region to administer the new SACAT. The person is a long term AOD counsellor/ social worker with a good knowledge of human rights as it relates to people with lived experience of mental distress and addictions.

The appointee has an empathetic and compassionate person who has been appointed for six months and expects to spend a considerable amount of time working with families.

Other information

Mental Health in Crisis seminar

This seminar was organised by Maria Bradshaw, a woman who had an only child who she lost to anti-depressant related suicide. The other participants were:

"Professor Peter Gotzsche from Denmark, Robert Whitaker from the US, and sociologist Bruce Cohen (editor of Mad in America) explain why our current approach to mental health produces such poor results and what needs to change in order for outcomes to improve."

<https://www.mentalhealthcrisis.co/>

"New Zealand data shows that while funding and access to mental health services have increased hugely in recent years, outcomes have worsened rather than improved." (Professor Roger Mulder)

"Other alternatives to diagnosis and medication that has proved successful include supportive humans, and psychotherapy. It is time to focus on known risk factors to mental illness including childhood trauma, alcohol, poverty and possibly poor diet."

Some of the myths that drive services in New Zealand:

The Story (the system promotes)

- 90% of those who die by suicide have a diagnosable mental illness
- Mental disorders are caused by chemical imbalances
- Antidepressants fix mental imbalances
- Increasing access to mental health services will reduce suicide rates

90% of suicide victims are mentally ill

"Psychological autopsy studies: is a tool to assign psychiatric diagnoses to dead people by interviewing proxies. PA studies are methodologically flawed. It is impossible to assign a reliable diagnosis to someone by interviewing someone else. PA studies can therefore not serve as an evidence base for the claim that most people who die by suicide are mentally ill."

Chemical imbalances

"Your body has chemicals in it that control your mood. Sometimes these chemicals get out of balance."

Antidepressants work by balancing the levels of neurotransmitter chemicals within your brain.

“By restoring the chemical imbalance in your brain antidepressants help to control your depression itself and many of the signs and symptoms of depression, including anxiety, agitation, exhaustion, insomnia and lack of concentration and appetite.”

Until very recently the text in this slide above appeared on The Lowdown explaining depression to people who may or may not have been diagnosed with it. The text has now been modified and reads: "Your mood is closely linked to your thoughts and ideas, and all the stuff that's happened to you and around you. On top of that, your body has chemicals in it that control your mood. Sometimes these chemicals get out of balance. As well as causing low mood, this imbalance can also be triggered by your own negative thinking. They both make things worse, which is why depression is said to 'feed on itself'. Different types of depression need different types of treatments.”

[Upcoming Pacifica event](#)

Facebook © 2018



APR 5

Human Rights Issues for Pasifika Communities (Porirua)

[New Zealand Human Rights Commission](#)

Thursday, April 5 at 6 PM - 9 PM

221 Bedford St, Cannons Creek, Wellington 5024, New Zealand



Championing Many Voices

Report March 2018

Southern Representative: Julie Whitla

Workshop Held November 2017 by Julie Whitla & Awareness Chair

Attendees 27

Alternatives compared to the medical model

What is going good at the moment?

- Every-day, informal peer support
- People taking things into their own hands – forming communities, ground-up, alternatives to “the system”, holistic healing options
- Peer support – peer led organisations and services that recognise that it isn’t about a quick fix or cure, it’s about recovery journeys and broadening our/society’s understanding of “normal”
- Increasing empathy/aroha/compassion/unconditional love in our every day relationships
- Equally Well initiative – physical and mental health – understanding the role of nutrition esp. for anxiety, empowering our community especially those who are less privileged to access and own our physical wellbeing
- Whanau Ora – helping people be well in the context of their whanau
- Other cultural supports
- Internet has democratised knowledge and opened up alternatives, also has provided a forum for sharing recovery stories



What isn’t going good at the moment?

- Long wait time for essential services e.g. counselling, psychology
- Narrow, clinical, psychiatric focus
- Focus on labels and diagnosis – related to funding
- Long-term psychiatric pill-taking that is bad for people physically and financially draining



Lobbying for national-level policy changes

What is going good at the moment?

- Re-establishment of the mental health commission and the mental health review
- Government investing in people and their wellbeing
- David Clark as new Minister of Health
- Public hui and forums that people can attend on mental health and addiction
- Whanau Ora – helping people be well in the context of their whanau
- Services thinking ahead and anticipating growth/change in service use, and thinking proactively about how to meet our needs
- Better GP support for mental health



What isn't going good at the moment?

- Lack of government consultation
- Lack of roles within the ministry of health (and other ministries) for mental health consumer advice
- Prisons serving as de facto mental health facilities
- City environment in Canterbury post-quake – anxiety provoking, depressing



What are the solutions?

- Awareness at a policy level
- Health promotion and community development – more funding for these
- Increase support for mental health beyond psychiatry e.g. housing, jobs
- Housing first policy
- Lobby DHBs to widen their ambit of mental health professionals so that consumers get exposure to a wider variety of therapeutic practises

What new services or initiatives would you like to see?

- Consumer consultation on a regular basis
- Accessible GP visits – some free for people with lived experience
- Individual needs assessments and individualised funding – not just ticking boxes
- Minister for mental health
- Less waiting time for emergency services e.g. CR at ED



- Introduce a mental health ombudsman
- More affordable and accessible social housing
- More opportunities for developing careers in the “peer world”

What should Awareness do in 2018?

- Campaign for lower doctors costs
- Support calls for social housing
- Address pharmacy charges and access to healthcare and GP
- Lobby for mental health funding to keep up with inflation
- Lobby DHBs to widen their ambit of mental health professionals so that consumers get to experience a wider variety of therapeutic practises
- Workforce development centres to create a less discriminatory climate for people with lived experience to train as mental health professionals and include consumers in the delivery of professional training



Access and Support – Especially During Crisis



What is going good at the moment?

- Improvements to Hillmorton
- “Staff were a lot better than they used to be”

What isn't going good at the moment?

- Accessing support – asking for help but being ignored
- Long wait times for essential services – especially counselling and psychology
- Pressure put on families
- Prisons used as de facto hospitals – as a place for people with mental health challenges to go
- Rise in mental illness rates in our society
- Police response in crisis – pickups by the police can be traumatic, there is a lack of trauma awareness for the police and for Crisis Resolution staff
- Crisis respite
- Discharge into the community – no process for easily linking back into support when needed



- Lack of follow up support for people who have completed the mindsight programme

- Parents who get unwell feel there is little practical support for looking after children – no carer support funding in this situation
- Inability to change case manager when this relationship breaks down or there are concerns about their conduct
- Inpatient service wellbeing programme is not being delivered

What are the solutions?

- 24 hour services, drop in services, drop in crisis support centre, evening supports
- More education and support for families
- Recovery houses
- Education for crisis staff
- Trauma alert on peoples crisis plan which can be shared with police and other professional first responders e.g. ambulance staff



What new services or initiatives would you like to see?

- Retreats for families where mental health issues are a challenge – meditating, biking, walking, music, led by a facilitator knowledgeable about mental health consumer journeys
- Outpatient wellness programme similar to the inpatient programme, regular activities and information – mindfulness, managing medication, physical and social wellness plans
- Education, especially on PTSD support and treatment
- Training to improve the culture around everyday social services – MSD, Police, Emergency Services, etc.
- Non-discriminatory care assistants
- Case managers aware of consumer needs
- Education for staff on non-judgemental care
- Less waiting time for emergency services e.g. CR at ED
- Communication between services in crisis situations e.g. from CR/ED to respite
- More privacy when speaking about mental health issues, or speaking with CR staff at ED
- Collaborative note writing
- Privacy
- Peer support at the needle exchange



Trauma Informed Care

What is going good at the moment?

- Increasing empathy/aroha/compassion/unconditional love in our everyday relationships

What isn't going good at the moment?

- Long wait-time for essential services e.g. counselling and psychology
- Prisons used as de facto hospitals – a place for people with mental health challenges to go
- Rise in mental illness rates
- Police involvement in crisis response, pick ups by police can be traumatic, lack of trauma awareness for police and crisis resolution staff
- Inability to change case manager when the relationship breaks down or there are issues with their conduct



What are the solutions?

- Recovery houses
- Open dialogue
- Education for crisis staff
- Trauma alert on crisis plans which can be shared with police and other professional first responders in a crisis

What new services or initiatives would you like to see?

- Education especially on PTSD support and treatment
- Case managers aware of consumer needs



Stigma and Discrimination

What is going good at the moment?

- Awareness on social media e.g. through the All Right? campaign – helps with lessening stigma and discrimination
- Celebrities sharing their recovery stories e.g. Mike King, John Kirwan
- Improvements to Hillmorton “staff were a lot better than they used to be”
- Increasing empathy/aroha/compassion/unconditional love in our every day relationships



What isn't going good at the moment?

- Stigma at a community level
- Drug tests for people to receive homes



What new services or initiatives would you like to see?

- More education about where addictions come from



What should Awareness do in 2018?

- Stigma education for employers, education providers, educate on illness
- Training programme for employers
- Create a less people with mental include professional



discriminatory climate for lived experience to train as health professionals and consumers in the delivery of training



Championing Many Voices

**Midlands Regional Quarterly Report
for February 2018
submitted by Guy Baker and Donna Starling**

Highlights and New Initiatives

In Common Regionally:

- He Tipuana Nga Kakano (Midlands Regional Consumer Leadership Forum) and Te Ao Whanau (Midlands Whanau Advisory Forum) looking to merge these forums as it was considered that whanau are very much a part of one's well-being and therefore there will be commonalities both in development and in issues. First combined hui held on 13 February 2018 to commence merger and given some individuality of the two groups draft protocols and Terms of Reference are to be considered.
- As far as representation on the national forum Nga Hau E Wha, Guy Baker and Donna Starling, both Consumer Leaders in their respective districts (Tairawhiti and Lakes) were elected as the two Midlands representatives.
- Consumer Advisory/ Consultant Groups well established in some districts and developing in others.
- Preparations regarding the implementation of SA(CAT) 2017 have been put in place across the region with workshops well attended and district initiatives evolving.
- Relationship building, and network connections with services and the community continue to be enhanced.
- An eagerness to contribute and anticipation across the region ahead of the governments review of Mental Health.

Tairawhiti:

- **Consumer meeting forums** remains strong and active. Engagement and continued connections with Consumer Advisory Group (CAG), Piki Te Ora (Adult Respite facility) and Te Whare Awhi Ora (Adult In-patient Unit).
- **Consumer engagement and representation** at senior level within DHB is increasing with the appointment of an additional Consumer Leader being appointed to Clinical Governance Committee. A further appointee is being sought to allow the initial representative to transition back to specific role.
- **Hauora Tairawhiti (DHB)** is undertaking its own review of their delivery of Mental Health services for the Tairawhiti district.
- **Ending Seclusion** – Progress continues with foreseen changes being initiated. The dedicated action group remains focused on meeting goals and deadlines as the target date of February 2020 nears.
- **Mahi-a-Atua:** Is now under the umbrella of Te Kurahuna and has a more permanent base. It continues to build critical mass within the community and is the philosophical foundation of new services Te Hiringa Matua and Te Kuwatawata. Te Kurahuna is becoming a center for local workforce development.
- **Te Hiringa Matua:** Striving to build relationships and connections within the community
- **Te Kuwatawata:** Is into its second stage of development with a drive for community involvement. To this end they have held a few successful public information evenings that have seen many non-government and government groups and agencies realizing the benefit of a collaborative community approach. The evaluation team has commenced its work and figures coming out so far are very encouraging.
- **Marae Based Mental Health Hearings:** Is a priority project to take these away from the Court venue and current unsuitable venue at Hauora Tairawhiti. It is also a deliberate intent to reconnect consumers (whanau) to marae, whakapapa and tikanga. Supported by the Northern region this has been placed on the Nga Hau E Wha Maori Caucus agenda and a subject of discussion for Te Huarahi o Te Kete Pounamu (National Maori Consumers of Lived Experience).

Lakes:

- **Mauri Ora Change Program** – Lakes DHB has initiated a transformational change process that focuses on a re-build of their inpatient unit and the development of a contemporary model of care, Mauri Ora – Wellness. Meeting and discussions have been undertaken where consumer and family/whanau voices are incorporated at each level of the project.

- **Consumer engagement** – 5 or 6 paid Consumer (with lived experience) positions to lead aspects of project work and to work alongside the wider community are to be established with initial consumer position descriptions having been prepared. An initiative to build consumer capacity and capability to support leadership development of whanau/consumers is being aided through the vast knowledge of Bay of Plenty's highly experienced Peer Support Worker, Arana Pearson.
- **Visitations** – The district was privy to recent visitations by Kevin Harper (Mental Health Foundation), John Crawshaw (Ministry of Health) and Kevin Allan (Mental Health Commission) that allowed various issues and discussions to take place.

Bay of Plenty:

- **Consumer Participation** – development of closer networking with other Peer initiatives in Whakatane, Kawerau, Tauranga, Opotiki and rural areas.
- **Respite project** – is now ready for RFP development. Peer lead contracting is being welcomed.
- **CTO release** - a collaborative effort alongside Community Mental Health saw a whanau released from a compulsory treatment order. This is a first with anticipation that more people will be supported for choice and partnership in care.
- **BoP DHB Consumer Consultant Group** - has been formed for Western Bay of Plenty that sees consumers participating in training & education sessions at BoP DHB, being a part of co-design training programmes and working with and alongside different staff/teams/services.
- **Peer lead delivery of training** - commenced last year and is now being embedded in clinical training program with Kaupapa Maori and NGO Peer participation.

Waikato:

- **Creating Our Futures (COF)** – The first of many community meetings was held in December in Taumarunui with over 100 in attendance where experiences within the services could be shared. DHB staff were present to listen to journeys and gaps within the current system. COF will feedback to the rural and urban communities along with the workforces working alongside them so that recognized changes can be implemented, and strategies put in place to address others.
- **Progress to Health** – 10 residential sites were feedback information regarding information received from tangata Whaiora. This was a much-needed perspective that highlighted needs.
- **Metabolic Screening** – Waikato DHB staff are in the process of launching work around physical screening for those on recognized medications that cause metabolic syndrome. This involves regular checks and assistance with physical exercise, nutrition, smoking cessation and wider supports towards addressing the side-effects

of these drugs. An opportunity exists to discuss alternative psychotropic medications and the challenges for those prescribing them.

Lowlights and Barriers

In Common Regionally:

- A lack of facilities to cater for those requiring long term care places pressure on funding packages of care.
- Emergency and social housing remains limited but is also at a crisis point.
- High suicide rates continue.

Tairawhiti:

- **Methamphetamine:** Continues to ravage the Gisborne and, in particular, East Coast communities.
- **Housing:** Though the summer months have provided some relief in terms of an ability to “freedom camp” this has only further highlighted the overall need for housing availability. Concern as some providers raise barriers and this be evermore so with the onset of the winter months.
- **Rehutai Facilitator:** Funding for this fixed term position has been incorporated into other projects posing reconsideration of the worth, value and co-ordination of this group of Support Workers.
- **Youth Respite RFP:** Has been placed on hold in lieu of the Hauora Tairawhiti review into the delivery of their mental health services.
- **Hauora Tairawhiti DHB:** labelled in December as the having the worst return of staff bullying which surely must impact on consumers.

Lakes:

- Systems gaps and barriers identified through engagement with the sector also highlight trends in terms of issues and challenges in the wider community. Single men with children are not considered an issue, lack of services to deal with hoarding and lack of housing options.
- More tangata whaiora presenting with straight forward issues that then open to become complex issues.
- Increase males requesting services.
- Lack of resources to cover the district.
- Lack of on-going support groups.
- Lack of youth in-patient facility causes risks due to alternative solutions being employed.

Y

Bay of Plenty:

- Existing MH&AS facilities are inadequate requiring maintenance/updating. Whakatane inpatient unit is an example of being dangerous with an antiquated design.
- Inadequate funding for consumer participation.
- Lack of commitment to accept and value genuine consumer participation and their experience.
- Need to develop a Maori workforce as Maori Whaiora are over represented.
- Lack of co-ordination and collaboration across different services.
- Addictive drug prescribing a feature of the BoP GP's. BoP DHB dispensed oxycodone at more than double the national average and more than 50% higher than any other DHB.

Waikato:

- **Housing** shortages mean longer stays in inpatient units or increased need for supported accommodation.
- **Creating Our Futures (COF)** – Some NGO's express concerns that this may take away from their core roles and therefore are not fully committed to the initiative.

Other

- Stigma and discrimination still huge issues within communities.
- Still uncertainty and questions regarding implementation of SA(CAT) 2017

Guy Baker and Donna Starling
Chairperson Representative

He Tipuana Nga Kakano (Midlands Consumer Leadership Forum)



Ngā Hau E Whā engagement hui

Region

Te Taitokerau Pilot (Northland Ngā Hau E Whā Region)

Venue

Te Tiriti o Waitangi National Marae, Waitangi

Dates

4th 5th and 6th February 2018 (During Waitangi celebrations)

Background

This hui was the pilot for the 1st of the 4 Frozen Funds assisted Ngā Hau E Whā hui.

\$10,000 funding was received in total from Frozen Funds with \$2,000 budgeted for this Te Taitokerau (Northland) hui

Remit of Frozen Funds assistance

The funding was provided to assist grass roots engagement hui. Two of which are to be rural (Te Taitokerau and South Island West Coast) and two of which are metropolitan areas (Gisborne and Palmerston North)

The aim of the four pilot hui were to evidence to our tangata whaiora networks, to the Ministry of Health funders and planners, and our wider stakeholders what is required to successfully engage tangata whaiora within our regions

Promotional Panui

A promotional panui of posters and flyers was designed and printed.

These were given out both by hand and email to tangata whaiora throughout Te Taitokerau (Appendix A)

Outcomes we had sought

- For tangata whaiora attending Te Tiriti o Waitangi celebrations to share ‘lived experience’ stories and to hear stories of resilience and recovery
- For Tui Taurua-Peihopa as the local Ngā Hau E Whā Northland regional representative (assisted by Jak Wild, Central Region North representative) to introduce the work of Ngā Hau E Whā to those attending celebrations on Te Tii Marae
- To develop a Ngā Puhi and Northland wide tangata whaiora data base to support the work of Ngā Hau E Whā
- To identify tangata whaiora leaders able to assist Tui’s Ngā Hau E Whā’s mahi, and to identify eventual succession leaders
- To engage Community Leaders, kaumatua and government Ministers, and to hand deliver to a prominent Minister the Ngā Hau E Whā Briefing to Ministe

4th February hui

Jak Wild was powhired on to the Marae in the afternoon by Tui TauruaPeihopa and her whanau, and then Jak gave a mihi to the Kaumatua present.



Peihopa at the entrance to Te Tii Marae with the Ngā Hau E Whā “Hurutearangi” (Mauri)

In the evening a debate was initiated on the side of whanau. Tui introduced her local Ngā Hau E Whā role, the groups national role, and shared her own lived experience of self-harm,

mental distress and recovery. Jak also introduced his regional Ngā Hau E Whā role, and shared his own lived experience and the impacts on this from his history of forced treatment and resulting disconnection from his family of origin.

Tangata whaiora responded with their own lived experiences as did whanau members with their own familial experience

5 February second day hui

Tui spoke more about her Ngā Hau E Whā role and what she would like to do on behalf of Ngā Puhi which created significant debate

More stories were shared and many questions asked.

A proposal was put to the meeting by Kaumatua that Tui Taurua Peihopa represent the voice of Tangata Whaiora for tangata whaiora, whanau, Hapu, and Iwi o Ngapuhi.

There was intense debate which was at times become emotional on the competing priorities between the mental health korero that had taken precedent and the wider issues of the governments new arrangements around attending only at the Upper ceremonial house and not as is usual at Te Tii Marae.

The Taumata asked for resolutions to be tabled the next day to give time for people to reflect on debate followed by karakia.



Kaumatua Kingi Taurua and Tui Taurua-Peihopa with some of the Rangatira who attended

6 February 2018 third day hui

Further debate in the morning agreed resolutions in support of Tui's mahi and mandate to work for and on behalf of Ngā Puhi.

- Resolution One (carried)
Te Tiriti o Waitangi Māori Committee 1962, appointed Tui Taurua Peihopa to a Health and Disability role as the Kaitiaki o te Hinengaro Hauora o Ngāpuhi
- Resolution Two (carried):
That Hapu representatives from various whanau be selected to support Tui's mahi
- Resolution Three (carried):
That a report of progress with Tui's new role for Ngā Puhi be given at the 2019 Waitangi celebrations.
- Resolution Four (carried):
That the government be informed of Ngā Puhi support of the Ngā Hau E Whā Briefing letter when it is handed to the Prime Minister on the Treaty Grounds
- Resolution Five (Carried)
For Tui to inform the PM of her appointment to the Ngā Puhi Health and Disability role and of the mahi to champion the many voices of Ngā Puhi Tangata Whaiora

Mental Health continued to be discussed throughout the Te Tii Marae grounds throughout the course of the day

Mental Health Issues debated

The Mental Health issues debated over the 3 days of hui included:

- The impact of colonization and breaches of Te Tiriti o Waitangi, particularly Article 2 on past and current mental health
- The trauma from both world wars and the loss of Te Taitokerau service men and how this was still having impacts on whanau
- The lack of progress in Te Taitokerau with recognition of the authority of Marae particularly around the use of the Mental Health Act
- The continuing impact of the Tohunga Suppression Act, in the way that its repeal has not eventuated into Tohunga and their practices being respected and accepted in the health and justice sectors
- The right to have access to rongoa and to reject western medication particularly on inpatient units
- The high than average use of community treatment orders, seclusion and the mental health act in Northland.
- Personal stories of Electric Shock Treatment

- Impact of child/youth facilities and prisons on peoples' mental health and failure to receive any apology
- The Briefing letter to Ministers from Ngā Hau E Whā and how to present this to the Prime Minister
- Gaining signatures from 60+ attendees supporting the Ngā Hau E Whā Briefing letter and Tui's mahi.
- An agreement for the signatures to become the start of a Ngā Puhi data base for Tui to undertake her mahi

Conclusion

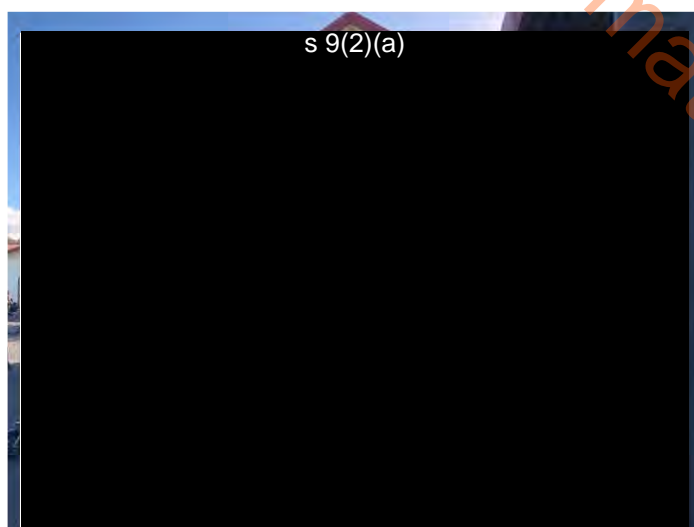
The hui inspired speeches inside the whare tupuna and outside amongst the many attendees present over the three days on the wider Te Tii Marae grounds.

Both tangata whaiora and whanau of tangata whaiora shared mental health stories openly talking about their experiences.

Tui was widely congratulated on her many years passion working to make a difference for Ngapuhi tangata both on the National and International stage. Tui's kaupapa was acknowledged - to bring about a brighter future for the mokopuna o Ngapuhi.

After the event a letter was drafted by Tui Taurua-Peihopa and sent to the Prime Minister requesting a one-on-one meeting to discuss the mahi being undertaken with Ngā Puhi tangata whaiora (Appendix B)

Thanks goes out to the generosity of Te Tii Marae in hosting the event, particularly Kaumatua Kingi Taurua and gratitude is given to all those that gave support to the hui and providing Tui the mandate for her mahi - to make a difference in Te Taitokerau



Some of the attendees at the end of the 3-day hui

Report prepared by:

Tui Taurua-Peihopa
Ngā Hau E Whā Northland Representative
Kaitiaki o te Hinengaro Hauora o Ngapuhi

*(Assistance from Jak Wild,
Ngā Hau E Whā Central Region {North} Representative)*

Thanks to Kaumatua Kingi Taurua and the Taumata, Te Tii Marae Trustees, and tangata whaiora, whanau, hapu and Iwi o Ngā Puhi for the assistance and support of the hui

Appendices

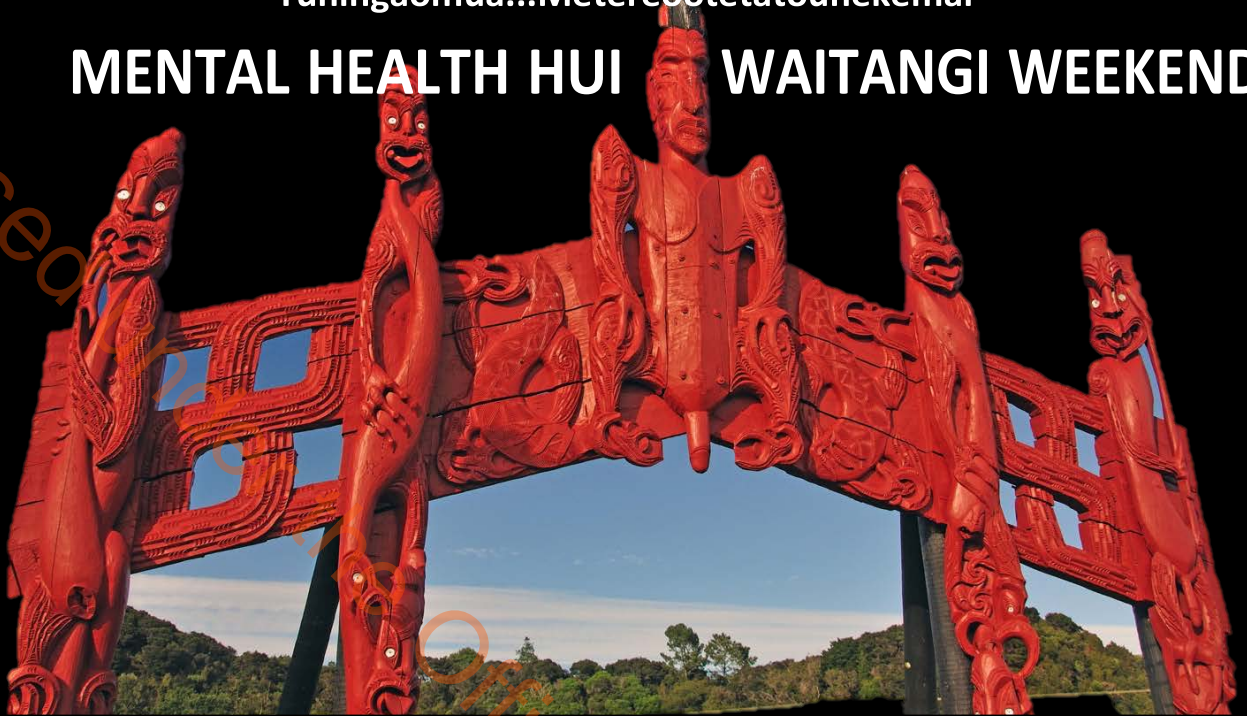
Appendix A:
Panui posters and flyers

Appendix B:
Letter from Tui Taurua-Peihopa to
Rt Honourable, Jacinda Adern, Prime Minister

Appendix C:
Reflections from tangata whaiora attendee Angela Piki

Weseektoactivatethemindtobeavoiceofthepast...andthevoiceofthefuture
 Erapanatatakitewhakahihikoltehinengaro,
 Tuhingaomua...Metereootetatouhekemai

MENTAL HEALTH HUI WAITANGI WEEKEND



An invitation to the Treaty Celebrations on the 4th, 5th & 6th February 2018 from

Te Tai Tokerau Ngapuhi Chief Kingi Taurua

*Kaumatua, Vietnam Veteran with lived experience of Post Traumatic Stress
 Te Huarahi o te Kete Pounamu (National Maori Mental Health and
 NZ Radio Awards 2010, Best Maori Language*

Te Tai Tokerau National Rep, Tui Taurua-Peihopa

*The Chair, Te i o te Kete Pounamu (National Mental Health and Addictions User Roopu)
 Te Tai Tokerau Regional E Wha (National Mental Health and Addictions*

Tobeheldat

Te Tii Marae, Waitangi Treaty Grounds



Te Huarahi o te Kete Pounamu



Ngā Hau e Wha Tohu

Aim of the hui is to share our mental health and recovery stories to identify our pathway and follow it

Brought to you by tangata whaiora

Assisted by funding for tangata whaiora



We seek to activate the mind, to be a voice of the past...and the voice of the future

E rapu ana tatou ki te whakahihiko I te hinengaro,
Tuhinga o mua...Me te reo o te tatou heke mai

MENTAL HEALTH HUI WAITANGI WEEKEND

Program details

Aim of the hui:

- To facilitate people with lived experience of mental health distress and addictions to attend and participate
- To hear the voice of Te Tai Tokerau Tangata Whaiora Maori communicate expressions of mental health experience
- To share our mental health recovery stories so as to develop pathways of encouragement for others to follow
- To further develop the National Te Tai Tokerau Tangata Whaiora database
- To feedback local and regional Mental Health issues to National reps
- To meet and engage with Māori elders and local community leaders
- To influence national leaders and engage the media
- To raise awareness and understanding of the needs of people with lived experience particularly Māori
- To influence Political, Iwi and Community Leaders
- To take part in Te Tiriti o Waitangi celebrations

Accommodation:

The Ngā Hau E Wha delegation will be residing at Te Tii Marae

Activities:

Formal address to individuals and groups

Informal korero and liaison

A Public Meeting on Te Tii o Waitangi Marae - Radio and print media interviews

Facilitators / Speakers:

Te Tai Tokerau Tangata Whaiora Māori

Kingi Taurua, Kaumatua

s 9(2)(a)

Te Huarahi o te Kete Pounamu

To:

Rt Hon, Jacinda Adern, Prime Minister
Freepost Parliament
Private Bag 18 888
Parliament Buildings
Wellington 6160
(Delivered by hand)

From:

Tui Taurua-Peihopa, Tangata Whaiora
13 Ngatirahiri Road,
Waitangi/Pahia
Far North, 0200
s 9(2)(a)

Thursday Feb 15th 2018

We seek to activate the mind
E rapu ana tatou ki Te whakahohe I Te Hinengaro

Be the voice of our past
Tuhinga o mua

And the voice of our
future Me te REO o
tatou heke mai

Ngā mihi nui ki a koe Te Rangatira o Aotearoa,
Ko ingoa ahau ko Tui Taurua-Peihopa o Waitangi te Iwi o Ngāpuhi.
My Mental Health journey began in 1977.
My Mental Health career began in 1995.
I returned to reside in Te Tai Tokerau in 2010.

Dear Prime Minister,

By way of introduction, I have a number of designated Mental Health roles that carry the voice of Maori Tangata Whaiora.

We, myself Tangata Whaiora Tui Taurua-Peihopa, Kaumatua Tangata Whaiora Kingi Taurua and Tangata Whaiora Jak Wild led a three day Te Tai Tokerau Mental Health hui on Te Tii Marae, Waitangi during the recent Waitangi celebrations.

The hui was a significant collaborative event, being hosted by Ngā Puhi, facilitated by Ngā Hau E Whā, with assistance from Frozen Funds Trust.

The attendees included numerous Kaumatua from across Aotearoa, and from local hapu and Ngā Puhi leaders.

The strong interest in the topic created robust debate, where people talked openly and honestly, sharing their own, and their whanau's lived experiences.

A number of resolutions were agreed on during the hui:

- 1) A mandate for Tui Taurua-Peihopa to be the Tangata Whaiora voice for Ngā Puhi
- 2) For Ngā Puhi to endorse the Ngā Hau E Whā drafted letter (you received by hand on 6th February), and to support my hand delivery of the letter to you whilst you attended Waitangi celebrations on the Treaty Grounds.

Unfortunately, I was unable to make direct contact with you on behalf of Ngā Puhi whilst you attended on the Treaty Grounds, but fortunately my colleague Jak Wild was able to hand deliver to you the Ngā Hau E Whā letter and register of the Waitangi hui attendees that endorsed the letter. Please note, the attendance registration sheets you received, had only 25 of the 60+ hui signatories that endorsed the Ngā Hau E Whā letter.

By way of a follow up to the Waitangi Mental Health event, I would like an opportunity to meet with you one-on-one, except for my official photographer, Sarah Cordery who I would like to also attend.

The purpose of this hui would be for:

- Maori Tangata Whaiora to have an opportunity to commend your Government's recent Mental Health initiatives.
- For you to hear directly the voice of the Maori Tangata Whaiora leadership, and acknowledge its importance to your Governments initiatives.
- To explore opportunities for closer collaboration and commitment between your Government and Tangata Whaiora representatives.

May I suggest we have a two-hour hui sometime within the next 6 weeks. I propose we meet confidentially, with a mutual agreement as to what is publically reported on as a result of our hui. That we identify a convenient and appropriate location and venue for our hui. My preference would be to meet privately at Te Tii Marae, Waitangi, but a location in Wellington may be logistically more convenient for you.

I have included here the Panui that was used to promote the three day Tangata Whaiora Hui at Waitangi, 4th,5th and 6th February 2018 and a copy of my profile from the "100 Maori Leader's" Website < <https://100maorileaders.com>>.

I look forward to your reply and am hopeful that a new dawn is on the horizon for my fellow Maori Tangata Whaiora and their whanau.

Ngā mihi nui,

Tui Taurua-Peihopa
Ngā Puhī

My Self Reflection of 2018 Waitangi Celebration.

Tui & Jak :

I would like to say thank you both for your hospitality and invitation to the 2018 Waitangi Celebration at Te Tii Marae.

It was disappointing to hear that Rt Hon. Jacinda Adern never attended Te Tii Marae for the 2018 Waitangi celebration.

You have shown me :

Ako by achieving to deliver your concerns by hand to Rt Hon. Jacinda Adern, ***Supportive signatories to exercise Rangatiratanga & Autonomy.***

Iti Kahurangi by engaging with myself, elders & guests
Live by traditional values such as : Tikanga, Aroha, Whakapapa, Mana, Manaaki, Whanaungatanga, Korero, Awhi.

Kotahitanga by embracing the young & elders,
Uphold the tapu and the mana of our people, act with integrity & be accountable.

Aroha by showing respect & confidence
Take responsibility for our Whanau & their Wellbeing. Support Whanau to the best that they can be and ensure our Tamariki & Mokopuna are nurtured & protected throughout their lives.

Hakinakina to Compete to Complete
I have the will to write & think my own mind. Writing keeps me alive & satisfied by giving me pleasure.

In your report does it mention a resolution?
There was a mention by one of the Matua's quote What happens to the tribes who never Signed Te Treaty of Waitangi in 1840 unquote?

Angela Piki
Te Waka Whaiora



Championing Many Voices

Representative Name: Jak Wild

Region: Central Region (North)

Meeting Date: 1st & 2nd March 2018

Introduction

NHEW Project Work and Governance development

The NHEW tasks the writer has undertaken over this last quarter has focussed less on regular tangata whaiora engagement hui (with only one hui organised in December) and more on NHEW project work and governance development on behalf of the team. This includes:

Project Lead. Shadow Report Award (See embedded 1st quarter Law Foundation Report in the minutes)

Project Lead. Frozen Funds project. Including the 1st of 4 Frozen Funds assisted regional NHEW engagement hui (See embedded Frozen Funds Report in the minutes on the 3 day NHEW Mental Health hui on Te Tii Marae, during Waitangi Day celebrations).

Also as part of NHEW's Frozen Funds grant facilitating our team Presentation and 'World Café' style workshop at the two-day Service User Academia Symposium. The Presentation was an introduction on the work of NHEW and the follow up Workshop was an opportunity for attendees to give feedback on NHEW activities and what people would like to see more of from NHEW in the future. We are awaiting for the Symposium committee to provide the documented feedback from the Workshop

Governance Development of the NHEW Constitution, pathway to becoming a Charity, Incorporated Society and Disabled Person's Organisation (see documents that will be in minutes).

1. Issues or Challenges in the sector as identified by people in your region

One challenge that some in our networks are keen to address is the limitations brought about by Mental Health funding being segregated from the rest of the disability sector. This results in significantly less access to workforce development initiatives and disabled people's initiatives for those with lived experience of psychosocial disability compared to other disability groups

This institutional segregation in the funding system is discriminatory towards people with lived experience of psychosocial disability, and results in a government failure to fully meet its UNCRPD obligations to people with lived experience of psychosocial disability

2. Best Practice according people in your region

Networking

Only one Tangata Whaiora meeting was attended in the last quarter, (December, Levin). The discussion focussed around plans for a Frozen Funds assisted engagement hui for Levin. The Levin Library meeting room will be requested with the hui set for April. Two members of the Levin Mana o te Tangata consumer group requested the writer attend a meeting with several local Anglican Ministers to discuss the two members plan to convene a public meeting for all the Levin Anglican churches and parishioners on Mental health and human rights. The meeting is planned for sometime in May.

Network connections are developing in the region with information collated from stakeholders as to what community programmes are currently available to mental health service users in their region

The following is a snap shot of programmes known to actively engage tangata whaiora in the Central Region (North)

Mana o te tangata (Palmerston North / Levin centres)

Recent activity groups include Swimming, Life Skills, City fitness gym, Gardening, Menz Shed, walking group, youth activities, peer support (individual and group), cooking/baking/food prep, Community Integration, Kaupapa Māori Activities, Zumba, weekly Guest Speaker (NHEW is a regular contributor)

Red Cross (Palmerston North)

Twice weekly, volunteers give support to refugees new to New Zealand by providing practical, hands-on support for a 3-6 month period.

Youth

Palmerston North Mana o te Tangata Youth Peer Support Kaimahi provide an identity and resilience programme at Ross Intermediate School.

Nature Based therapy

Fee for service Courses are offered in Nature Based Therapies by Counsellor and family violence therapist Kerry Coombs-Valeontis. A range of courses are offered to a wide variety of professionals and tangata whaiora from the mental health sector (<http://www.earthcreateheal.com/horticultural-therapy/>)

3. New initiatives / developments in your region

Services for Pasifika

A Central Pacific Network initiative 'Pacifica Proud' continues to be active in the region with a seminar in Napier, a website <<http://pasefikaproud.co.nz>>, and news letter which includes a series of Migration and Legacy stories featuring Pacific mothers. The series is a follow up to stories in 2017 of Pacific fathers.

The latest Central Pasifika Network seminar was in Napier. It provides a platform where Pacific Service Providers, and Non Pacific Service Providers within the Central Region, but outside of the Wellington region can have a discussion, share information, make connections, renew working relationships and build new ones. The aim is to know what services are offered in the regions, where they are located, who is offering what, what are the challenges/issues that service providers face, and what might be some of the, solutions,

and how the regions service providers and networks might be a part of that solution.

Human Rights Education

Externally contracted consultation was provided by the writer to support the development of this year's Kia Noho Rangatira Ai Tatou UNCRPD Human Rights Education programme. Workshops are expected to commence by May/June subject to a confirmation of what is hoped will be extended funding to increase the number of workshops and increased target audience

Ombudsman 'Expert with Experience'

A review in March will be undertaken into the last year of inspections of psychiatric detention facilities as part of the Ombudsman obligation to the Convention Against Torture (CAT). The inspections are accompanied by 'Experts with Experience' alongside the Ombudsman's CAT team. It is hoped the one-year UN funding for the Experts with Experience will continue

Co-production, Co-design and Collaboration

A range of co-production, co-design and collaboration resources and initiatives have been received through our networks.

Of note is an excellent new Australian resource 'Co-Production. Putting Principles into Practice in Mental Health Contexts'. The Co-production approach that is presented is one that sees consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently.

The New Zealand workforce development organisation Te Pou in partnership with Platform Trust also have a range of new resources available with their focus being on 'Collaboration' that strengthens the way in which the workforce works collectively to bring about change across the mental health and addiction system..

<https://www.tepou.co.nz/initiatives/collaboration/217>

The Te Pou resources have a greater focus on the workforce being the powerbrokers, compared to the Victorian Governments resource focusing on 'Consumers' being the powerbrokers. Comparing the different approaches indicates a difference in where change is seen to be emanating from.

Amnesty International - domestic campaigning

(NB: The writer is the Voluntary Regional Organiser for Amnesty International).

Consultants Allen and Clarke have been undertaking a review on behalf of Amnesty NZ of its entire work to see what domestic issues the group could have greater focus on.

Consultation with members is identifying two emerging issues as having precedent for members. The human rights of prisoners and the human rights of people under the Mental Health Act. It will be a significant step for Amnesty to take on a greater focus on domestic work with the greatest challenge being mental health given the stigma and discrimination that exists even within progressive movements. Any work that Amnesty undertakes should be assisted and supported by our networks.

An example of this new domestic focus was the recent 'Write for Rights' Human Rights Breakfast on International Human Rights day in Wellington in December. The subject was Historic State Care Abuse with Paul Gibson (recent Disability Commissioner) giving a talk on the call for an Inquiry. An excellent discussion was had and attendees supported the call for an inquiry with a letter writing campaign to the government. There has subsequently been an announcement by the government that there will be an inquiry into historic state care abuse.

Suicide Prevention

There have been several workshops both fee paying and free in support of suicide prevention.

'Lifekeepers' is a Free Community Suicide Prevention workshop that was held in Palmerston North in Feb

<https://www.lifekeepers.nz>

'Grow' had their Suicide Prevention workshop at one set fee of \$160

<http://zerosuicidolutionfocused2018.grow.co.nz>

Mike King Roadshow – Hands up for Hope

Mike King's commendable nationwide tour 'Hands Up for Hope' includes events at the regions schools and community groups with the next one in Napier's MTG Theatre late March. Mikes key message is support of suicide prevention is that "any of us has the power to be the hope that someone needs when facing bullying, depression, low self, worth, anxiety or any other mental health issue"

Educational lecture series

MidCentral DHB have been holding a series of lectures at the Palmerston North hospital for its workforce and the general public on various issues related to mental health.

The next lecture has Nicola Atwool, associate professor at Otago University, presenting on some of the challenges of child-centered and trauma-informed practice

<http://www.sspa.org.nz/events/sspa-workshops/child-centred-trauma-informed-practice-palmerston-north>

Stanford Programme

Central PHO have taken on a programme manager and is providing workshops to tangata whaiora to introduce the Stanford Programme, a self-management programme for people with lived experience of long term general health as well as mental health disabilities. The programme is available in Te Reo Maori, Samoan, Tongan, and Hindi as well as English

<<https://www.healthnavigator.org.nz/healthy-living/self-care/programmes-courses/stanford-self-management-programme/>>

Healthpoint

A new national [online directory](#) has been launched by Healthpoint which aims to improve access to mental health and addiction services for those seeking help. The directory is an online platform for consumers and professionals to more easily navigate, understand and use mental health and addiction services in their community. The directory allows people to search by location, service delivery, age and referral types, to identify the most relevant

services for their needs.

<<https://www.healthpoint.co.nz>>

National Travel Assisted Scheme review

Information was distributed through the local networks on the latest National Travel Assisted Scheme to support better access to hospital based care

<https://www.health.govt.nz/our-work/hospitals-and-specialist-care/national-travel-assistance-scheme/review-national-travel-assistance-policy-2017-2018>

4. Addictions

Substance Addictions Compulsory Assessment and Treatment Act (SACAT)

With the recent introduction of SACAT a number of resources have been developed and distributed in the region to assist and prepare for the implementation of the Act.

Palmerston North's hospital AOD service have produced a trifold leaflet targeted specifically to those considering a SACAT application. No resources specifically for tanagata whaiora who are going through the process of being assessed for SACAT have been identified to date either locally or on the MOH SACAT information webpage.

As part of the MidCentral DHB lecture series (reported on above) the Clinical Manager of the Palmerston North AOD Service gave a public lecture on an overview of SACAT

5. Family/Whanau news

Manawatu Supporting Families

A Community Meeting held is being held in March titled "Improving outcomes for Children in families where there is mental illness or addiction"

A new resource launched by the MOH "Supporting Parents Healthy Children has been sent out with the panui to be used as a Tool Kit for the workshop

<<https://www.health.govt.nz/system/files/documents/publications/supporting-parents-healthy-children-sep15.pdf>>

Whānau Ora, Mokopuna Ora

A Symposium for health and Social Services professionals engaging with whānau, māmā and pēpi is being offered in Palmerston North looking at Māori approaches to promoting wellbeing from conception. Maori worldview presentations have included:

- Te tipu o te tamaiti: Brain development - Nathan Mikaere-Wallis, Neuroscience Educator
- The wahakura and Te Whare Pora o Hine-te-iwaiwa - Professor David Tipene-Leach (MNZM), Wahakura researcher
- Ūkaipō: Māori understandings of pregnancy, birth and parenting - Dr Naomi Simmonds, Māori mothering researcher
- Waiū: breastfeeding - Amy Wray, Māori lactation consultant

6. Services for Maori and Maori services news

Tangata Whaiora Te Reo group learning

Palmerston North Mana o te Tangata in association with Te Wananga o Aotearoa provide level one and level two Te Reo courses for groups of tanagata whaiora. 30 places will be available for tangata whaiora for the 2019 courses starting in March.

Māori Health Review

An excellent resource of top Māori and indigenous health research from Aotearoa and internationally with free subscription and access to past copies

www.maorihealthreview.co.nz

Released under the Official Information Act 1982



Championing Many Voices

DATE: Thursday 24th May 2018

VENUE: MOH 133 Molesworth St Wellington

Minutes prepared by: Jane Norman

Attendees	Te Huia Bill Hamilton (Facilitator); Victoria Roberts (Chair) (Central); Magdel Hammond (Northern); Jak Wild (Central); Julie Whitla (Southern); Sheree Gutsell (Southern); Guy Baker (Midland); and Donna Starling (Midlands); Fiona Clapham Howard (MHAPS)
Apologies	Tui Taurua (Northern)

Whakatau / Welcome / Mauri	Guy Baker
<p>Te Huia Bill began the meeting at 9.05 am with a mihi to those who have passed on and noting that the Mauri had connected with others at various events including a hui at Gisborne where the voices of those with lived experience were heard. Guy opened the meeting with a karakia.</p> <p>Te Huia Bill asked for endorsement of his role as facilitator.</p> <p>Motion That the role of Te Huia Bill Hamilton as a facilitator of the Ngā Hau e Whā meeting be endorsed.</p> <p>Moved: Guy Baker; Seconded: Victoria Roberts Approved: Julie Whitla; Sheree Gutsell; Magdel Hammond; Absent: Donna Starling Against: Jak Wild, and Tui Taurua (by proxy). CARRIED</p> <p>Refer to In Committee minutes on 2 members concerns of procedural irregularity with this vote</p> <p>Although Tui Taurua was not present Jak had conveyed her opposition to Te Huia Bill being facilitator. Ngā Hau e Whā does not allow for proxy voting but it was felt that this should be allowed.</p> <p>Tui Taurua –Peihopa requested Jak inform the meeting of her formal opposition to mandate support for Te Huia Bill’s role in the group.</p> <p>Refer to In Committee minutes regarding 2 members concerns of procedural irregularities in this Ngā Hau e Whā vote</p>	

Fund holder

Fiona Howard, representing the fund holder, requested permission to sit in on the meeting for two days. Jak noted that the contract holder had attended meetings previously before so it would be assumed she was welcome. Victoria thought it would be useful and helpful

Motion

That Fiona Howard can attend the Ngā Hau e Whā meeting with observer status with speaking rights appropriate to her role as a fund holder.

Moved: Victoria Roberts; Seconded: Julie Whitla

AGREED

Agenda:

Changes to the agenda were discussed, with some changes being necessary due to unexpected events and Matua Bill summarised the agenda.

Person Responsible	

9.30.

1. Standing items

Te Huia Bill Hamilton

1. Resolution: to approve minutes of the March meeting

That the minutes, as distributed, be received

Moved: Magdel Hammond Seconded: Victoria Roberts

AGREED

That the minutes be approved.

Moved: Magdel Hammond Seconded: Julie Whitla

AGREED

2. Discuss and approve Financial Report

There was discussion regarding the end of the contract and preparation for the new contract and Fiona spoke to the Financial Report. She noted that the budget is outdated in some regards and would need to be reviewed relating to actual costs. For example, teleconferences by the Māori Caucus were not previously included. She asked for reimbursement items to be sent in in a timely manner.

Motion

That the Financial Report be accepted.

Moved: Julie Whitla; Seconded: Jak Wild

AGREED

3. Matters arising and actions

Members noted, with sadness, that Tui's Taurua-Peihopa's father was gravely ill and members discussed how to support her.

Matters Arising from the previous minutes

- Working Group on the Budget is still in progress and Victoria and Fiona are in touch with MoH.
- It had been confirmed to MHAPS that the teleconference facility was needed
- The new logo had been sent to MoH and HDC
- Shadow Report - Agenda this meeting
- South Island hui - Agenda this meeting

REMINDER reports are due 10 June and will be collated by Victoria. It was clarified that, as well as the Regional Reports, there are also national items to be reported on.

- Conflict of Interest Register – in progress.
- ToR - Agenda this meeting
- Wellbeing manifesto
- Members were pleased that the Mental Health and Addictions inquiry was underway and were looking forward to a positive meeting with the panel.

Action Items	Person Responsible	Deadline

2. Regional reports	Victoria Roberts
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Regional Reports

Members discussed their Regional Reports.

Issues

- There continue to be issues of a lack of accessibility to appropriate services Pressure on in-patient units has a number of negative effects, including difficulty in gaining admission and a reluctance by clinicians to reduce medication. Bullying within some units continues. It was pointed out that person-centered care approach can be narrow if it ignores a relationship model of care. The lack of free dental care can impact other health issues.
- The strength of the lived experience voice in DHBs varies enormously with some Chief Executives having a 'waiting room to the Board room' view of inclusion but other DHBs being unreceptive.
- Professional development opportunities are lacking for some peer support workers and there is a need for the national voice of lived experience to be an established part of the health system, rather than being dependent on the good will of a manager.
- The transition process for those moving from youth to adult services needs to be improved.

Initiatives

- Forums are being held across the regions so the Mental Health and Addictions Inquiry can hear the voices of those with lived experience and people are being supported to make personal submissions in a safe and effective way.
- 'Thrive' is a programme based on a Philadelphia programme which includes a Recovery Walk every year. Link to website and brief information below: <https://www.healthymindsphilly.org/en/home/> It describes itself as an online tool and resource designed to support and improve the mental health and well-being of all Philadelphians, regardless of zip code, insurance or income status which is intended to look and feel different than traditional government sites. As well as events resources include free mental health first aid courses for different sectors of the community so assistance is given until appropriate support is available.
- The Salvation Army have a part-time consumer advisor.
- Canterbury DHB is to pilot an 8-bed inpatient alternative service which is intended to be peer-staffed.
- Kites Trust are running a project where medical students and the NZ Police are trained in areas of mental health.
- The Community Mental Health and Addiction services in Wellington has much improved physical facilities.
- It was reported that a Mortality Review meeting was thorough and had a transparent process.
- A postvention group in Gisborne co-ordinates support for the family of someone who has completed suicide, and this includes help with the appropriate cultural protocols and rights regarding post-mortems. It also provides help with dealing with other family/ members at risk.
- The zero-seclusion initiative is spearheaded by HQSC with Tairāwhiti DHB already committed to this by 2020.
- Substance Addiction (Compulsory Assessment and Treatment) Act 2017- so far there are very few people under this Act. There are stringent requirements to be put under it and those under it don't stay under it long.
- CBT in schools is working well
- DHB supported employment pilot in West Auckland.
- A Capital Coast DHB press release, relating to the issues of a person completing suicide when in care, followed by the concerning issue of the CE breaching the privacy of the mother, implied that the issues had all been resolved. However, there are still unresolved issues.

- **Emerging issue:** Counties Manukau are moving to a locality-based service delivery model which means the NGO

structure will need to become locality-based to fit this This has caused anxiety amongst service users who fear having to change their key worker.

Motion

That the Regional Reports be received
 Moved: Sheree Gutsell; Seconded: Donna Starling
 AGREED

The meeting adjourned for lunch from midday to 12.25 pm

Action Items	Person Responsible	Deadline

3. Terms of Reference
The Terms of Reference document was discussed and it was decided that Victoria is to send the 2014 ToR to Magdel for her to prepare a draft for circulation to members for track changes Part of this is to note issues where clarification is needed on agreement with the contract holder. This will be completed by 30 June.

4. Discussion about Mental Health and Inquiry Panel visit	Victoria Roberts	
Matua Bill outlined the panel members, the process for receiving them and the order in which members would speak to them. Members outlined the points they wished to make to the panel.		
Action Items	Person Responsible	Deadline

5. Mental Health and Addictions Inquiry Panel
The panel representatives; Sir Mason Durie, Dean Rangihuna, Dr Jemaima Tiatia-Seath, Josiah Tualamali’I and Secretariat members Sally, and Kiera, were welcomed to the meeting.
Guy welcomed the members of the Inquiry Panel to the meeting at 1.10 pm and members sang the <i>Te Aroha</i> waiata. Dean responded on behalf of the panel, acknowledging leaders around the table. and the panel sang a waiata After introductions members took turns in presenting to the panel and each thanked the panel for their time.
Guy Baker
<ul style="list-style-type: none"> • He explained that there had been a regional hui held last month in Gisborne which had the purpose of listening to the voices of those with lived experience, and attendees had been informed that information would be brought back to Ngā Hau e Whā to assist in submissions to the panel. There was a strong call for change as people feel that they have not been heard with local needs not being addressed. He reminded the panel that the area has the highest ratio of Māori and is also geographically isolated, but the funding model doesn’t consider challenges faced by the area. • Recommendations from the regional hui: <ul style="list-style-type: none"> ○ Cultural forms of healing to be integrated into services so there is a connection back to nature. Māori are prejudiced by the system failing them although there are promising initiatives underway in the region. There is a need for assistance to able to look at oneself in a better and different way.

- An end to seclusion with staff given tools for this. Seclusion can be used as a form of control so attitudes and mindset need to change. If someone feels alone and scared this hinders their journey
- Whānau inclusiveness and wellbeing as an integral part rather than just looking at the individual. Recognition of the problems of someone having to travel out of the district for help, especially as there is little support for their whānau to travel to support them. This makes it less likely they will complete treatment, added to this there is the problem of locum psychiatrists so a lack of an ongoing relationship.
- Involve whānau - a simple things such as letting a family member stay overnight can be of immense help.
- Investment in workforce development so there are better trained staff, particularly as there are now more complex issues. More services in the community, including marae, rather than DHB-based.
- Government and community collaboration so social determinant issues can be addressed. Housing availability is low with people on waiting list for two years and stigma is rife.
- Government review of the Mental Health Act. Judge Ryan had given an opinion that hearings at a marae are not provided for under legislation so hearings have to be held at a Court or inpatient ward. There is stigma through a courthouse venue and, at one mental health facility, the room for hearings at the ward can be disrupted by screaming from the seclusion room next door. The Substance Addiction (Compulsory Assessment and Treatment) Act 2017 introduced a mana-enhancing clause and this should be in the Mental Health Act as well as making orders less restrictive as they can be used as a tool of control not for wellbeing.

Sheree

- She noted that there are a number of challenges for the NGO area.
- Workforce development is needed for consumer advisors. It is hard to tell your boss that they are mistaken but consumer advisors have to be prepared to do this when necessary.
- Seclusion should be ended as well as the elimination of all coercive practices.
- A human rights approach should be taken rather than us and them.

Magdel

- She pointed out that there can be a focus just on symptom minimisation, independent living and vocational activity. This means there is limited attention given to citizenship, rights and relationships.
- Workforce planning does not include enough funding for peer support and development of necessary policies for this area. More attention needs to be paid to recruitment, retention, induction, support for career and succession planning.
- Funding to support sharing of knowledge for peer workers so they are on the same footing as others who have a national body to drive workforce development issues.
- Better trauma-informed service delivery which would mean moving from attitude of a person with a problem who needs to be cured to a relationship-based approach. The funding model doesn't allow for innovation through new and improved services.
- Self-care is the most frequent method of help so workforce activity needs to reflect that.

Julie

- Consumer-driven strategies and plans from grass roots to the CE
- Sense of frustration in that issues have been raised year after year.
- Aspirational goal of zero suicide with community-driven approach so a city can be one free of stigma and discrimination.
- She cited the Philadelphia model which includes an annual *Out of the Darkness* walk to prevent suicide.
- Canterbury DHB is good at consumer engagement
- Inconsistencies in methadone treatment services because of unhelpful policies around withdrawal systems. Lack of partnership and relationship development with the service-user means lack of consideration of physical issues or their particular circumstance. For example, over Xmas is not the best time for withdrawal for someone with a child.
- Community service worker support is not offered in AOD but only in specialist mental health
- AOD respite is incredibly difficult to access.

Donna

- People discharged without support
- Services should include:
 - Community connectedness
 - Collaboration
 - Kaupapa Maori
 - Acknowledgement that medication is not the only option
 - Peer support workforce

- Lakes DHB are working on new model of care which they hope will be supported by MoH
- In response to questions by her, it was advised that the panel have seen some school social workers and have also had some contact with grandparents raising grandchildren.
- National programme to provide education for Police on mental health and addiction is needed
- Strengthening of education about mental health and a more defined career pathway

Jak

- He raised the issue of the administration of the Mental Health Act not considering the interface with human rights, particularly the UN Conventions on Disability Rights and the Rights of Indigenous People to which NZ is a signatory. Therefore, he questioned why the Mental Health Act has not been amended. Replacing the word 'need' with 'right' means a radical change in perspective. He would like to raise awareness of human rights approach and the implications of this. Mental illness is a psycho-social disability – a disability imposed by society.
- He challenged the panel to find someone who has left an inpatient unit without being on medication, and that this compulsion to use medication and lack of consideration of alternatives, can put off someone from using services.
- Ngā Hau e Whā work last year included a submission to the review on the MoH review of Human Rights and the Mental Health Act. Ngā Hau e Whā were disappointed with the outcome.
- There should be a right to be free from arbitrary coercion and there is evidence that second opinions by psychiatrists are not truly independent evaluations. Ngā Hau e Whā works from a human rights approach which means looking at obligations rather than human rights being an aspirational approach.
- Jak gave each of the inquiry team a copy of the Ngā Hau E Whā submission on Ngā Hau E Whā's position on Human Rights and the Mental Health Act

http://www.nhew.org.nz/uploads/2/8/2/3/28235189/mental_health_and_human_rights_nhew_submission_redacted_version.pdf

Victoria

- The Mental Health Act is dated, considering how society has changed since it was implemented.
- The administration and lack of availability of respite care causes difficulties. Someone may need one or two weeks rather than one or two days. She gave an example of a person evicted from respite care after six hours not though any fault of theirs but because the DHB hadn't sent papers admitting him.
- Ngā Hau e Whā members had endorsed Mary O'Hagan's Wellbeing Manifesto.
- The panel confirmed, in response to a query from her, that other documents such as *On Track* were being considered by them.
- She advised the panel that Ngā Hau e Whā is funded by MoH to be an advisory group with members being all volunteers, some of whom receive meeting fees, but work outside meetings is all pro bono. Ngā Hau e Whā needs to be properly funded to get the best advice. Ngā Hau e Whā members gain grass roots insights in a number of ways including going to drop-in centres to talk to people.
- The school core curriculum should include resilience especially as some children are living in dysfunctional families.
- Funding hasn't followed people to provide services they need but has been diverted to layers of lots of management.
- The panel should consider the ways children could gain access to assistance when in difficult situations.

Matua Bill

- Ngā Hau e Whā is committed to the Treaty and, as part of this, has a Māori caucus and will have a Māori Co-Chair He shared information with the panel on Ngā Hau e Whā's work which uses a Treaty framework, and monitoring of work is to be done using this.
- Work is being done to strengthen advocacy, ensure local voices are heard and to build and strengthen relationship and changes we want to see. This approach is adapted from the recent suicide prevention report.
- There is a need for an approach which is mana-enhancing and hope- building together with safe practices
- Implement Māori healing practices so people have a choice.
- Treaty principles are actually human right obligations:
 - Article One – Kāwanatanga; Partnership – means shared decision-making legislation, policies and practices and, inclusion of tikanga
 - Article Two – Rangatiratanga; Rights and Responsibilities, Revitalise and develop the various taonga – Te Reo, tikanga, hauora, whakapapa, tūrangawaewae, kōrero pūrākau and mahi toi
 - Article Three Rite Tahi – Participation as equals. Critical areas are education, health, and justice

He noted that this was the end of the Ngā Hau e Whā presentations and invited the panel to respond.

Panel response

Prisoners

Themes being gathered include addiction issues after release, and, within prison a daunting, prsssure on untrained staff to deal with high risk prisoners. At Paremoremo there is a new unit trying to take a more innovative approach using connections to nature and collaboration with clinicians. Dean liked the Ngā Hau e Whā’s human rights approach.

- Victoria pointed out the lack of support for recently released prisoners who leave prison damaged with inadequate money to keep themselves well and no support. A one-stop service is needed to better support their needs including assistance for tattoo removal.
- Matua Bill said that, in his work with the homeless, he finds people have drug addiction and mental health issues together with the education system having failed them. None of them could tell him about a good experience when in the education system apart from sport or art activities. Not one remembered a teacher with fondness. He fears that the pattern continues with children from drug-using homes being rejected by schools and being the homeless people interviewed in 25 years. He entered teaching 50 years ago and there has been little change from Māori being at the bottom and noted that if a particular group is negatively affected for 50 years plus it is a systemic issue, that is, racial discrimination not unconscious bias.
- Sir Mason Durie noted that it was 30 years since the partnership, protection and participation view of the Treaty and outlined the changes from the institutionalisation which began in the 1850’s to the deinstitutionalisation phase of recent decades. However, the mentality of control didn’t change with a shift in location. The next phase should be community ownership with person and their family needing support and choice so distress can be managed earlier and avoid need for admission to a unit.

Matua Bill asked Guy to explain about the Ngā Hau e Whā Mauri. Guy explained the meaning of Ngā Hau e Whā’ s name and how it came from the creation story and that the name of the Mauri is taken from this. Each Ngā Hau e Whā member has the Mauri stone and she was passed to him so she could be present at the Gisborne hui.

In a response to questions by Ngā Hau e Whā members the panel said that their findings will be given politicians for their decisions. Professor Sir Mason Durie advised that they are in touch with iwi, consumer leaders and DHB Chairs. Dean, in response to a query about voices of those with lived experience being at the forefront, said that the message had been clear to senior managers that the voices of those with lived experience needs to be heard. The Panel’s secretariat is skilled at doing summaries and there is provision for individual and/or anonymous submissions. Matua Bill noted that previously politicians had encountered resistance from senior officials when it came to practical steps to implant the rights of indigenous peoples.

The panel, in conclusion said that what you have gifted to us we value. Thank you for your work and tireless effort. Sir Mason Durie summarised the points made by Ngā Hau e Whā members which, he considered, were all helpful.

Victoria thanked the panel for coming and Ngā Hau e Whā felt privileged to have had time with them. Matua Bill said that the mana-enhancing approach is important. He said that Ngā Hau e Whā E felt that the Panel had listened to them and had confidence in the panel’s work and looked forward to supporting their report. After the close of this session Ngā Hau e Whā and panel members took a joint photo before the panel left at 3.30 pm.

Members felt the panel had listened closely and were particularly impressed by Sir Mason Durie’s comprehensive summary of points made by Ngā Hau e Whā members.

Action Items	Person Responsible	Deadline

Suzy Stevens was welcomed to the meeting and introduced to new Ngā Hau e Whā members. It was noted that the Comms Plan will be used within Ngā Hau e Whā but also with MoH and other organisations. The wording of the MoH contract was discussed, noting that the perspective was the lived experience but this didn't exclude the inclusion of other perspectives. The word 'sector intelligence' in the MOH/NHEW contract was believed to be unacceptable by many tangata whaiora. Guy saw the lived experience as including whanau. Ngā Hau e Whā's activities are wider than the MoH contract.

Motion

That the Communication Plan as amended be adopted



NHEW
Communications Plan

Moved: Victoria Roberts; Seconded: Julie Whitla AGREED

Matua Bill acknowledged Suzy's work.

Members concluded by reflecting on the day, considering it had been productive, with highlights including Prof Sir Mason Durie's summary of the points made by Ngā Hau e Whā members, and the framework which Matua Bill had put on the whiteboard regarding the specific areas of Treaty obligations.

Meeting closed 4.45 pm.

Action Items	Person Responsible	Deadline



Championing Many Voices

DATE: Friday 25th May 2018

VENUE: MOH 133 Molesworth St Wellington

TIME: 9.30-3.00 pm

Minutes prepared by: Jane Norman

7.

The meeting was opened at 9.30 am with a karakia from Guy. Members had heard of the passing of Tui's father Kingi Taurua and discussed how they could support her. It was unanimously decided that Jak should represent Ngā Hau e Whā at the tangi and should take the Mauri. Jak responded that he was available to go but recommended attendance also by a Māori caucus member. No one from the Maori Caucus was available to attend- Flowers and a card were also arranged.

Motion

That Jak Wild will represent Ngā Hau e Whā at the tangi for Kingi Taurua.

Moved: Guy Baker; Seconded Julie Whitla

AGREED

Members then reflected on what Kaumatua Kingi had meant to them, sharing memories.

Action Items	Person Responsible	Deadline

8. Māori caucus update

Māori caucus

Māori caucus report

The report included the use of the treaty framework as a monitoring framework, with the work programme focusing on strengthening networks, identifying key messages and building of relationships. It also had a report from the Gisborne Frozen Funds workshop where 52 people attended. Details from the hui of what people wanted most from services were discussed. There was an overwhelming desire for holistic practice and less medication, an end to seclusion, a change in mindset, with significant support, also, for peer support and appropriate staff training.

It would be emphasized to the Inquiry the need for a mana-enhancing approach, support for hope-building, the use of Māori healing practices, tangata whenua priorities. Regional information needs to be shared. There is a need to articulate consumer koreroes but not lead it.

Motion

That Guy Baker's report on the Gisborne hui be accepted.

Moved: Victoria Roberts, Seconded; Magdel Hammond

AGREED

Motion

Recommended: that Guy puts recommendations into an agenda item for next meeting
Moved Donna Starling; Seconded Sheree Gutsell
AGREED

Guy will report back to his network that Ngā Hau e Whā applauds work done and report will be useful and attached to the next MoH Report. He sought, and received permission, to distribute the report, including to Tairawhiti CE. He was commended for his work.

Action Items	Person Responsible	Deadline

Released under the Official Information Act 1982

9. Dr John Crawshaw, Kevin Harper MoH

Kevin Allan , Mental Health Commissioner, had apologised for not being able to attend due to illness.

Dr John Crawshaw and Kevin Harper were welcomed to the meeting by Matua Bil, who also acknowledged the passing of Kingi Taurua. Members sang the *Te Aroha waiata*.

John apologised for the change in time which was necessary due to a staff funeral.

He, in response to a question on what happened to feedback given to MoH by Ngā Hau e Whā, said that there is now better distribution of this material within the Ministry, including to regional advisors. MoH has been giving some thought to ways for effective engagement with the consumer voice, especially as the new government has made mental health and addiction services a priority. There will be priority work streams not only across the Ministry but also cross-spectrally. John is the lead for mental health and addictions, while the Ministry has responsibility for not only the health sector but also for whole of government. Discussions are under way with key stakeholders but it is a challenge to capture the diversity of views of those with lived experience. However, John is determined to have a strong consumer presence in leadership groups.

Budget bids are due by February 2019 which means that, although the MoH can't pre-empt any decisions the government may make in response to the Mental Health and Addiction Inquiry, it has to quickly response to any decisions. He saw the challenges at the moment as access and demand pressure, together with over-labelling and Inequities of outcome.

John was very surprised to learn that, in some areas, the voice of lived experience was not valued by DHBs, noting that the Minister was very clear that the voices of lived experience needed to be heard by the Mental Health and Addiction Inquiry Panel. On his sector visits he takes care to meet consumers without others present. He has never achieved effective change without consumer involvement.

Victoria noted that lived experience voices from all parts of society needed to be heard, including the LGBTI community which carries a significant burden of distress. Kevin said that there is a need to build and sustain networks, which can gather and share information. John, in response to a comment by a member that there is a sense of urgency as people are dying, agreed there needed to be action, including a co-design group for the leadership structure the top-down default approach hasn't worked and sectors such as housing need to be involved. There will need to be different ways of working at the front-line level.

John, in response to a suggestion that it should be a priority that the Mental Health Act is rewritten, said that we should work out what we want to do then write capacity-based legislation accordingly. Part of this would be engaging with the community and changing their perception. He reminded members that he regularly gets communications from people who want more contained care. John noted that the Inquiry had been tasked with the form and function of new Mental Health Commission. It was noted that while local responses were needed there was also the issue of access to specialist service.

Matua Bill advised that Ngā Hau e Whā regional meetings in Waitangi and Gisborne, were focussing on consumer voices and gave John a copy of the Gisborne report, drawing attention to recommendations. John said there is an issue of how to get strong Māori voices and we have to make the entire system better not just have a sub system.

In conclusion, John was thanked for his update. John asked for his condolences to be passed on to Tui. Members were invited to contact Kevin if they wanted to provide feedback.

Action Items	Person Responsible	Deadline

10. Project reports

Jak Wild

Shadow Report

Victoria was invited by Jak to give an update on the Shadow Report communications she had been having with the Project lead (Gemma Griffin). The project lead will be out of NZ for a few months so has resigned. Gemma's resignation letter was read out in part to the group. Ethics approval has not yet been done and it was not possible to get a

replacement with suitable expertise. The Law Foundation is to be advised accordingly. It was noted that an abstention by Victoria, relating to a motion on Nga Hau e Whā's support of this work at the last meeting, had not been recorded.
Action: Jak to draft letter to Law Foundation, circulate to members.

Action Items	Person Responsible	Deadline

11. Vote for Co-Chairs	Te Huia Bill Hamilton
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Guy Baker had been elected Co-Chair at a meeting of the Māori caucus.
 Refer to In Committee minutes on 2 members concerns of procedural irregularity with this vote

Action Items	Person Responsible	Deadline

Work plan 12.	Te Huia Bill Hamilton
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Members discussed the work plan with the main areas being:

- Māori caucus
- Strategic plan update
- DPO process -on hold
- Contract negotiation
- Comms plan - done
- Policies and procedures
- Ground rules for meeting conduct
- Complaints procedures
- Update template – on hold
- Submissions – on hold
- Governance training on hold
- Constitution – part of DPO process on hold
- New members - not needed as no vacancies
- Fundraising - on hold
- Shadow report
- Frozen Funds – each member is responsible for their own hui.

Action Items	Person Responsible	Deadline

LUNCH

13. Ministry of Health Report	Victoria
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The Treaty framework will be used for development of work plans and preparation of the report will be a joint process As well as Regional Reports members present will each prepare something on priority areas with Tui to contribute if she wishes. Matua Bill urged members to draw on their presentations to the Inquiry Panel yesterday where they spoke from the heart.

The preliminary list of topics is:

- Julie – community-driven
- Guy - holistic practices
- Donna - prisoners
- Magdel – probably workforce
- Jak - under resourced work by members

Deadline – 15 June

MHAPs can assist with collation of regional reports.

Reflections

Members reflected on the meeting, finding the meeting with the Inquiry Panel a highlight and encouraging and it had been an opportunity to speak with a unified voice on certain aspects, while also presenting the diversity of regional voices. Comments included feeling energised and ready to tackle the work plan and saw the development of the Māori caucus as a crucial part of Ngā Hau e Whā’s progress. Fiona thanked members for the privilege of attending. Tui was in everyone’s thoughts. Matua Bill, in closing the meeting, said that Ngā Hau e Whā was an incredibly talented group, with both individual and collective strengths, and took solution-based approaches. He thought that Tui would have been a star if she had been able to present to the panel and thanked Jak for taking the Mauri to the tangi of Tui’s father which went with the kind wishes and thoughts of Nga Hau e Wha.

Meeting closed at. 2.52 pm.

Action Items	Person Responsible	Deadline



Regional reports
Magdel Hammond co



.2018522 Regional
Report Victoria.docx



Guy Baker Regional
Report May 2018 (1).c



Julie Whitla May
2018.docx



Sheree Gutsell May
Report.docx



Jak Wild Regional
reports Central Regio

Date of next meeting: 22nd 23rd August 2018

Agenda / Action Items	Who
1.	
2.	
3.	
4.	
5.	
7.	
8.	
9.	
10.	

The meeting closed at 3.00 pm

This is a true and accurate record of this meeting.

Signed:

Date:



Sent by:
servicedirector@mhaps.org.nz

To: <Marie_XXXXXXX@xxx.xxxx.xx>, <Kevin_XXXXXX@xxx.xxxx.xx>,
cc: <Derek_XXXXXXX@xxx.xxxx.xx>, "Karen Stevens" <admin@mhaps.org.nz>,
bcc:

20/03/2019 07:34 p.m.

Subject: Nga Hau e Wha - final report from MHAPS - pls advise where to send funds

Tena korua Marie and Kevin (and Derek on the cc),

I attach a summary report on MHAPS' experience of holding the Nga Hau e Wha contract on behalf of the Ministry, from 2016 to 2018. This also documents our reasons for exiting the contract, and makes some suggestions for future contracting which may be timely in light of the He Ara Oranga report.

Appendix 1 of the report lists the assets that were purchased on behalf of Nga Hau e Wha – a cell phone, laptop and software. At the time MHAPS exited the contract, these assets were in the possession of the then-chair, Victoria Roberts.

Also, as previously advised, we still hold a small amount of funds from the final wash-up this contract (final accounts, and GST reconciliations, dragged on well into the new financial year 18/19 in the end).

Could you please let us know bank account details of where to transfer these funds to?

Warm regards,
Fiona.

Fiona Clapham Howard

Te Kaihautū / Service Director

MHAPS – Mental Health Advocacy and Peer Support

357 Madras Street, Christchurch, 8013 – beside the Heart Foundation

P.O. Box 21020, Edgeware, Christchurch 8143

RECEPTION (03) 365 9479

MOBILE [REDACTED] s 9(2)(a)

servicedirector@mhaps.org.nz

www.mhaps.org.nz



1903 summary report from MHAPS re Nga Hau e Wha contract 2016-2018.docx

Released under the Official Information Act 1982

**REPORT AND RECOMMENDATIONS
RE: NGĀ HAU E WHĀ**

**Report prepared for Ministry of Health
on MHAPS exiting the Ngā Hau e Whā contract
as of 30 June 2018**

Executive summary

Ngā Hau e Whā, a regional representative group, has been funded by the Ministry of Health to meet quarterly since 2007. Members have consistently shared a collective passion for making a positive difference in the mental health and addictions sector, and have provided the Ministry with a useful mechanism to access consumer views and perspectives during this time.

However, the consumer network environment is very different now to what it was a decade ago.

Why MHAPS decided to exit the contract

Mental Health Advocacy and Peer Support (MHAPS) in Christchurch held the contract with the Ministry of Health to manage and coordinate the group's quarterly meetings and processes, for two years. The contract worked well for MHAPS in the first year, but expenditure started to climb significantly in the last year of the contract (2017-18). This was largely due to attempts to resolve increasing interpersonal difficulties within the group's membership at that time.

- Review of the customised Service Specification (see Appendix 2) in the contract highlighted several tensions in service delivery and accountability, e.g.
 - The contract holder is required to adhere to the group's Terms of Reference, but the group can (and does) alter the Terms of Reference, with no requirement to consult with the contract holder, even where these changes have financial implications
 - Wording of the service specifications is not clear as to which aspects are accountable to the contract holder and which to the group members
 - Expectations of meeting fees or honoraria for members are not clearly stated; and some aspects of this have been structured in practice more like an employment contract than honoraria, e.g. the chair can invoice for pre- and post-meeting work using an hourly rate.
- The group had begun to pursue funding grants and contracts despite having no status as a legal entity from which to undertake these commitments (although they were exploring this option).
- In addition, the group's interpersonal difficulties, and the extra support to individuals and to the group that this required, together made it increasingly uneconomic for MHAPS to continue, particularly given our location in Christchurch, compared to the venue of the meetings in Wellington.

It is suggested that before contracting this type of support for the Ngā Hau e Whā group again, the Ministry:

- Review the assumptions underpinning the existing contract
- Re-assess the expectations around accountability of group members/volunteers to the contract holder
- Consider Community Law guidance on the limitations and risks of unincorporated groups
- Consider whether a new type of vehicle for the voice of lived experience is needed in the wake of the He Ara Oranga report.

Background

Ngā Hau e Whā, a regional representative group, has been funded by the Ministry of Health to meet quarterly since 2007, at a time when each of the four regions (more or less) had an active consumer network. As with other representative-type groups drawn to a large extent from volunteers, the expertise and skills of the group's members have varied during that time, as has the group's overall focus and direction. However, members have consistently shared a collective passion for making a positive difference in the mental health and addictions sector, and have provided the Ministry with a useful mechanism to access consumer views and perspectives during this time.

The group is rightly proud of its significant input over the years to initiatives such as the work done in New Zealand on implementing the UN Convention on the Rights of Persons with Disabilities, in conjunction with the Disabled Persons' Assembly and other DPOs. Likewise, Ngā Hau e Whā's involvement has helped to influence the monitoring of places of detention, including mental health seclusion, under the OPCAT protocol. The OPCAT monitoring of seclusion has been seen as particularly important to the consumer sector, in the wake of the New Zealand Mental Health Commission being disestablished in 2012.

It would be fair to say that many in consumer roles in the sector have noted the waxing and waning of the group's reach and transparency to flaxroots service users and networks over the years. A notable peak occurred some years ago when the chair's role was filled by a consumer advisor from the Midland region. For example, at that time the minutes from Ngā Hau e Whā were consistently circulated each quarter to regional consumer networks and via DHB consumer advisors, as well as to individual subscribers. This helped to keep regional groups informed about national initiatives and also of developments in other parts of the country, and to an extent kept the representatives of Ngā Hau e Whā clearly linked and accountable to a wide range of regional groups and networks.

Individuals on the group, and perhaps the longer-serving members in particular, continue to feel a strong sense of responsibility for making meaningful, systemic change in the mental health and addictions sector via Ngā Hau e Whā.

However, the consumer network environment is very different now to what it was a decade ago. In one or two places, consumer networks flourish, while much of the country no longer has this type of structure. In the last couple of years, when existing members have left the national group, the remaining members have started to nominate and select the replacements for some regions, rather than being able to draw on networks in each region to nominate and select their own representatives.

MHAPS' experience of being contract holder for Ngā Hau e Whā

The group approached MHAPS in mid-2016 under some urgency as their then-contract holder, Health Share Limited (Midland MH&A), had decided to exit the contract. A long-standing member of Ngā Hau e Whā is also a MHAPS' employee, and suggested MHAPS could potentially host this national consumer network. MHAPS was seen as a good fit, given it (and its predecessor Psychiatric Consumers' Trust) had already been umbrella-ing the Canterbury consumer network, Awareness, for several years, following the collapse of the Southern Consumer Network Trust in 2009.

MHAPS' General Manager, Sue Ricketts, who retired in December 2017, noted that the contract worked well for MHAPS for the first year. The group had only five of its required eight members for most of that first year with MHAPS as contract holder (2016-17), which meant not all the money allocated for travel, accommodation, and other expenses related to the quarterly meetings in Wellington was spent.

The Ministry offered the contract to MHAPS again at the end of the first contract term in mid-2017. Ngā Hau e Whā started the 2017-18 financial year with an underspend of \$14,292.38 due to the lower meeting costs the previous year.

However, expenditure started to climb significantly in the last year of the contract (2017-18):

- The group held an extra meeting in Wellington in October 2017, to work on resolving interpersonal difficulties
- An external facilitator was contracted for this meeting
- The external facilitator has stayed on for subsequent quarterly meetings – at the chair's request, and endorsed by some members, but not all – claiming meeting fees on par with group members each time
- The external facilitator has been elected by members as a kaumatua to the group, bringing membership from eight, to nine
- The group has established a Maori caucus under the guidance of the external facilitator, which meets via teleconferencing from time to time (not provided for in the original budget)
- The group has endorsed additional spending also not provided for in the original budget such as gifts for departing members, training courses and conference attendances for members, travel/accommodation for a member to support another at a tangi, and a contractor to write a communications plan for the group.
- The chair requested a phone and laptop be purchased for her use for Ngā Hau e Whā business (see Appendix 1).

Costs for the group in the 2017-18 financial year total \$57,829.25, exceeding the annual budget of \$48,000 (excluding GST) by \$9,829.25.

At the time of MHAPS' decision to exit, several members were requesting mediation with various other members (particularly with the chair and the kaumatua), and this process was stalled in expensive and emotionally charged pre-mediation meetings while individuals attempted to lay out their conditions for participating in mediation. Members expected mediation and pre-mediation costs to be paid for by MHAPS from the remaining underspend – in the end the pre-mediation bill for two individuals came to \$3,384.48 (including GST).

Why MHAPS decided to exit the contract

The planned retirement of MHAPS' General Manager Sue Ricketts in December 2017, and the resulting change of leadership to Fiona Clapham Howard as Service Director, along with the scheduled review of MHAPS' strategic plan, have prompted a re-evaluation of this contract.

MHAPS has also strengthened its organisational commitment to working within the Intentional Peer Support approach this year. With this lens in mind, we began to question our ability to

adequately connect and form effective relationships from our base in Christchurch, in order to support this national contract with group members from the Far North to Invercargill, with Ministry staff based in Wellington, and all the group's meetings also occurring in the capital.

At the same time, while much goodwill existed between MHAPS and the Ngā Hau e Whā group, the amount of input the group was requesting from MHAPS had been steadily increasing.

The contract "requires Mental Health Advocacy and Support [sic] to be responsible for the management and coordination of quarterly Nga Hau E Wha meetings and processes" in order to enable Ngā Hau e Whā to provide a range of input, comment and overview to the Ministry from the perspective of people with lived experience.

Review of the customised Service Specification (see Appendix 2) in the contract, however, highlighted several tensions in service delivery and accountability:

- The contract holder is required to adhere to the group's Terms of Reference (1.5), but the group can (and does) alter the Terms of Reference, with no requirement to consult with the contract holder, even where these changes have financial implications. The group has agreed, for example, to additional meetings (Maori Caucus) and an additional member (kaumatua).
- Wording of the service specifications is not clear as to which aspects are accountable to the contract holder and which to the group members. For example, the specifications refer to the contract holder undertaking several aspects of setting the meetings' agenda (1.1, 1.3, 1.4) but in practice the group took sole responsibility for this.

There are further tensions created by historical perceptions of what tasks group members think are their domain and what the service specifications suggest in some places is the contract holder's, e.g. clauses 1.7, 1.8, and 1.9, which appear to overlap with the objectives of the group listed on pg 33 of the service specifications.

- Meeting fees under the previous contract holder were set at \$180 per day or \$360 for each two-day meeting, totaling \$11,520 per annum (\$360 x 8 members, x 4 meetings per year); but the contract provided to MHAPS suggested the budget for annual meeting fees was \$6,120 (clause 2.8). Correspondence with the Ministry at the time in 2016 outlined meeting fees of \$160 per person, per meeting.
- In addition to meeting fees, the budget outlined to MHAPS in 2016 included \$1000 for pre- and post-meeting work undertaken by the group's chair, in a way that was structured more like an employment contract than honoraria, e.g. 40 hours per year at \$25 per hour.

During the time MHAPS held this contract, the group also began pursuing other funding grants and contracts, despite having no status as a legal entity from which to undertake these commitments (although they were exploring this option). This created some tensions when MHAPS was asked, and declined, to undertake administrative tasks to do with these activities that were outside the service specifications MHAPS was contracted to provide.

It seems that the nature and operation of this long-running lived experience advisory group has outgrown the specifications of the contract supporting it, and the assumptions underpinning that contract, of functional consumer networks in all regions of New Zealand.

In addition, the group's interpersonal difficulties over the last year of MHAPS' time administering the contract, and the extra support to individuals and to the group that this has required, have together made it increasingly uneconomic for MHAPS to continue.

Recommendations for future contract structure

It is suggested that before contracting this type of support for the Ngā Hau e Whā group again, the Ministry:

- Review the assumptions underpinning the existing contract, of functional flax-roots consumer networks from which to draw regional members for Ngā Hau e Whā.
- Re-assess the expectations around accountability of group members/volunteers to the contract holder.
- Consider Community Law guidance on the limitations and risks of unincorporated groups – *membership status is uncertain; unclear rules and rights; no perpetual existence, no legal standing; and personal liability* – and the various structures available for managing these.

<http://communitylaw.org.nz/community-law-manual/chapter-27-community-organisations-and-the-law/choosing-the-right-legal-structure-for-your-group/unincorporated-groups/>

<http://communitylaw.org.nz/community-law-manual/chapter-27-community-organisations-and-the-law/choosing-the-right-legal-structure-for-your-group/national-bodies-and-local-organisations/>

In addition, in the wake of the He Ara Oranga report, and the responses of those with lived experience to how its recommendations are being consulted on by the Ministry, it may be time to consider a new vehicle entirely for meeting the objectives that Ngā Hau e Whā has been supported to meet to date.

Report prepared by:

Fiona Clapham Howard
Te Kaihautū / Service Director, MHAPS
March 2019

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



APPENDIX 1: Assets held on behalf of Ngā Hau e Whā



Nga Hau E Wha
"Championing Many Voices"

ASSETS HELD ON BEHALF OF NGA HAU E WHA

WHĀINGA / PURPOSE

- 1.1 The following assets are provided to the chairperson of Nga Hau E Wha in order that the contractual responsibilities of the group are achieved through effective communication including with members and with the Ministry.
- 1.2 These assets are not for personal use.

? / OWNERSHIP

- 2.1 These assets are owned by the holder of the Ministry of Health contract.
- 2.2 The costs of repair, maintenance and payment plans will be met by the contract holder so long as this work has been agreed in principle before it is undertaken and on receipt of an invoice on completion.

HAEPAPA / RESPONSIBILITY

- 3.1 It is the responsibility of the Chairperson to keep these assets securely and safely.
- 3.2 They will not be replaced except under exceptional circumstances (e.g. burglary, catastrophic event such as an earthquake, fire, etc.)
- 3.3 Anti-virus software and Microsoft updates must be regularly maintained and acted upon if malware detected.
- 3.4 Following the election of a new Chairperson, the assets will be immediately handed over to them by the retiring Chairperson in their entirety complete with existing programmes, files, folders, and text messages.

? / ISSUES

- 4.1 The MOH contract holder must be contacted if there are any issues regarding these assets.

ASSET	DATE PURCHASED	PROVIDER	COST
Samsung Galaxy A7 phone	25.8.2017	Spark	\$899.00
ASUS P2530UA-DM1273R 15.6 Notebook	4.9.2017	Solved.net.nz	\$1437.50
Microsoft Office Professional Plus	22.8.2017	TECH Soup	\$63.25

SERVICE SPECIFICATION

Management of Quarterly Meetings of Nga Hau E Wha to provide Sector Intelligence from consumers to the Ministry of Health

Background

Nga Hau E Wha consists of two representatives from each of the four regional consumer networks and was established to enable the networks to learn from each other in order to strengthen the consumer voice and improve consumer engagement and involvement locally, regionally and nationally.

Nga Hau E Wha also contributes to the following Mental Health Commission and Ministry of Health strategic policy documents:

- Blueprint II Improving mental health and wellbeing for all New Zealanders: How things need to be
- Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017

Services to be provided under this Agreement

The Ministry of Health (the Ministry) requires Mental Health Advocacy and Support ("you") to be responsible for the management and coordination of quarterly Nga Hau E Wha meetings and processes ("the Services").

The objectives of these Services are to enable Nga Hau E Wha to:

- provide sector intelligence from the perspective of people with lived experience to the Ministry
- be able to coordinate input into strategic documents and key pieces of work within the sector and those developed by the Ministry to provide a consumer perspective
- provide input and comment on strategic service developments proposed by the Ministry to ensure responsiveness to the needs of those with lived experience
- provide an overview of national issues or challenges identified by consumers that will also include peer support services
- provide an overview of areas of best practice as identified by consumers
- develop and maintain relationships with key stakeholders in the sector.

Output 1: Management and coordination of quarterly Nga Hau e Wha meetings and processes

- 1.1 You will provide secretarial services for the management and coordination of quarterly Nga Hau E Wha meetings and processes including:
 - Agreeing dates, times and agenda for meetings with the Nga Hau E Wha members.
 - Funding and arranging suitable return flights for the representatives, accommodation, airport transfers, venue hire, catering and any other services required for the effective and efficient management of the quarterly Nga Hau E Wha meetings
- 1.2 You will ensure that the Nga Hau E Wha meetings include two representatives from each of the following areas:
 - Northern Region

- Midland Region
- Central Region
- Southern Region

These regions are defined as the DHB regions.

Representatives from these regions will usually be mandated by the established consumer networks in those regions. In the absence of established network organisations, or in the event that those organisations do not mandate representatives to Nga Hau E Wha, then representatives from those regions shall be selected following the processes described in Nga Hau E Wha's Terms of Reference. Nga Hau E Wha are responsible for recruiting representatives to the group.

- 1.3 You will ensure that the agenda for meetings is structured to enable the representatives identified in clause 1.2 to learn about consumer networking activities in each other's regions and collaborate to strengthen their capacity for their experiences to be shared at local, regional and national levels. The agenda will also provide opportunities to discuss national issues, and link with other key strategic partners.
- 1.4 From time to time you will invite officials from the Ministry of Health or other agencies to attend meetings with Nga Hau E Wha.
- 1.5 You will operate in a way that is consistent with and furthers the Terms of Reference of Nga Hau E Wha.
- 1.6 This Agreement concerns only the management and coordination of quarterly meetings of Nga Hau E Wha; any documents or communications produced by Nga Hau E Wha at (or as a result of) any meetings held to fulfil this contract are owned by Nga Hau E Wha. In instances where the Ministry considers that material produced by Nga Hau E Wha should be distributed to other stakeholders, the Ministry will seek the agreement of Nga Hau E Wha before doing so.
- 1.7 You will provide an overview of national issues or challenges in the Mental Health and Addiction sector as identified by people with experience in that sector.
- 1.8 You will provide an overview of areas of best practice in the Mental Health and Addiction sector as identified by people with experience in that sector.
- 1.9 You will provide an overview of changes or developments that Nga Hau E Wha believe have been generated out of Rising to the Challenge.

Output 2: Six monthly reporting

- 2.1 You will provide six-monthly reports in partnership with Nga Hau E Wha to the Ministry's Senior Contract Manager on the outputs described in this specification.
- 2.2 The six-monthly reports will include a record of the dates of meetings held in the preceding six months and names of attendees from each region.
- 2.3 As a minimum the six monthly reports will include the following information:
 - an overview of the areas identified in clauses 1.7, 1.8 and 1.9
 - consumer sector feedback to the Ministry on the strategic direction of mental health and addictions

- any other information you would like the Ministry to be aware of

2.4 You will work closely with Nga Hau E Wha to agree on the process for the development of the six-monthly reports, and a final copy will be made available to Nga Hau E Wha for comment before being sent to the Ministry.

2.6 While you have responsibility for submitting the six-monthly reports, the Ministry expects that compiling the reports will be the collective responsibility of those people who attended each meeting of Nga Hau E Wha.

2.7 The six-monthly reports will be provided to the Ministry's Senior Contract Manager, Mental Health Programmes, Mental Health & Addiction Programmes, Service Commissioning, Ministry of Health, PO Box 5013, Wellington or preferably email to:

MentalHealth&AddictionsContracts@moh.govt.nz with the subject line "Nga Hau E Wha Report".

Period	Report due date
01 July 2016 to 31 December 2016	20 January 2017
01 January 2017 to 30 June 2017	20 July 2017

2.8 You will also provide a six-monthly expenditure report. This report will include expenditure as follows:

Expenditure Item	Budget	Actual
Travel – (airfares, taxis, etc)	\$18,800	
Accommodation	\$4,800	
Venue hire, catering and other meeting costs	\$6,400	
Administration allocation	\$3,880	
Meeting fees	\$6,120	
Overheads (MHAPS Fee)	\$8,000	
Total	\$48,000	

Funding

3.1 For the period 1 July 2016 to 30 June 2017, you will provide the Services under this Agreement for up to a total amount of forty eight thousand dollars only (\$48,000.00) per annum (GST exclusive) (the Funding).

3.2 Payment of Funding is dependent on delivery of the Services in accordance with the requirements of this Service Specification, including receipt of satisfactory reports as specified in clause 2.1 of this Service Specification.

3.3 The Funding will be paid in equal monthly instalments in arrears.

Application of Funding

- 3.4 You agree to apply 100% of the Funding in accordance with this Agreement.
- 3.5 If, upon the expiry or termination of this Agreement, you have any surplus (including any interest accrued) Funding, you will repay the surplus to us, or with our prior agreement, apply the surplus to further Nga Hau E Wha activity.