

TIME FOR **CHANGE** Te Hurihanga

.....
Improving Southern
mental health together
.....

He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata

What is the most important thing in the world?
It is the people, it is the people, it is the people



**Southern
Health**

He hauora, he kuru pounamu



Te Hurihanga mā Tāngata Whaiora – Time for change for those in search of wellbeing

Overview

Change is underway to bring mental health and wellbeing care closer to home and make it easier to access - for everyone in the Southern region.

Time for Change – Te Hurihanga is a focused year-long Southern DHB-led programme to address health, equity, location, social and systemic issues, and put people at the centre of care.

The programme was established after a comprehensive independent review in 2021 (also called **Time for Change – Te Hurihanga**) confirmed the mental health service was fragmented, overloaded, complicated and difficult for some people to navigate and access.

It highlighted an uneven, inequitable distribution of resources across the district and a number of urgent issues including:

- Māori being significantly disadvantaged by the system and lack of Kaupapa Māori services
- Limited crisis options in some areas and a lack of local support options
- Lack of AOD (alcohol and other drug) addiction services for young people
- Limited access to specialist advice and support from senior medical officers for mental health providers
- Some settings and facilities well past use-by-date.

As part of the review process, more than 800 survey responses and submissions were received, and interviews were conducted with over 500 people across the district including the workforce and people with lived experience of mental distress. Their responses called for significant system and service changes.

The review findings have formed the basis of the projects being implemented through the **Time for**

Change – Te Hurihanga programme over the next 12 months.

The projects (listed below) aim to improve access to quality care for all and range from supporting 'by Māori for Māori' investment in mental health and addiction services; increasing local crisis support options and expanding AOD (alcohol and other drug services); to developing a peer-led wellbeing centre model. Many of the projects are being undertaken through a collaborative design process to ensure cross-sector support and that appropriate community solutions are developed closer to home, based on the needs of people with lived experience and whānau.

Time for Change – Te Hurihanga is a significant step forward in creating a people-focused, equitable, high quality, integrated mental health system with contemporary models of care.

A 'by Māori for Māori' framework will ensure the voices of whānau, hapū, iwi are heard and solutions are implemented for tangata whaiora and their whānau to achieve greater hauora outcomes and whānau ora.

To address the inequity for Māori in the system, the programme has dedicated funding to increase district-wide Kaupapa Māori services. The Time for Change Leadership Team will also work in partnership with iwi to ensure Te Tiriti o Waitangi obligations are met and to support services to be more culturally responsive and achieve equitable and better health outcomes for Māori.

Aligned with national planning

Aotearoa/New Zealand's new health and disability reforms recognise that mental wellbeing is influenced by many factors including income, housing, employment and education - requiring a whole-of-government approach. That approach aims to support people to stay well, and have access to help that works for them, when and where they need it. By integrating and building better connections between every level of care (primary, community and specialist) clear pathways are provided early on for tāngata whaiora to access a broader range of community-based services and earlier intervention, with specialist services available when they're needed.



The southern mental health system

We offer free mental health services for the 350,000 people who live across our region – the largest geographical area of any district health board in New Zealand.

Primary mental health and addiction services (that tāngata whaiora can directly access themselves) offer support and interventions for people with mild to moderate needs. This is provided by many general practices, and by non-government organisations (NGOs). Approximately one-third of Southern Mental Health and Addictions funding for specialist services is invested in the NGOs which provide community alcohol and other drug (AOD) services, peer support services, youth services, Kaupapa Māori services, residential and community support work services.

Secondary, or specialised Mental Health and Addictions services, are by referral (except emergency services). They include inpatient and outpatient care at Dunedin, Wakari and Southland Hospitals, and adult community mental health services in Invercargill, Balclutha, Queenstown, Clyde, Gore and Oamaru. Our multi-disciplinary teams also work across communities to provide alcohol and drug services, child, youth and family services, emergency psychiatric services, clinical rehabilitation services, maternal mental health, mental health for older persons, day activity centres and other community programmes.

The demand for mental health services, particularly from children and young people, has steadily increased in the last few years. Last year, almost 13,000 people were seen by publicly funded southern mental health and addiction services across the district (July 2020 – June 2021).



More detail about the Time For Change - Te Hurihanga Mental Health Review 2021

Commissioned by the Southern District Health Board, the independent six-month review was undertaken from late January 2021 to June 2021 and looked into:

- Conditions that support excellent practice
- Identifying pressure points and the underlying root causes, barriers, connectivity, gaps and opportunities
- Changes that need to be made to the model of care to meet the needs of the population in each locality
- Best structure of resources and services – preferred model of service delivery, governance and leadership.

The review spoke directly to over 500 people through interviews, meetings and workshops; over 325 survey responses were received from people with lived experience and over 475 came from the workforce and providers delivering services across the district. The process included eight service development workshops across four districts and three dedicated Māori hui.

Key findings

The review found that access to the current southern mental health and addiction service is simply too hard for many tāngata whaiora (those seeking wellbeing), with an increasingly overloaded, inconsistent, and complicated system for those seeking (and those providing) help.

The review also found there was passion and genuine desire by service providers to make a difference and support whānau and their wellbeing. However, the current system was described as frustrating, fragmented, complicated, difficult to navigate, underfunded and designed around the provision of service more than the needs of the people it was meant to support.

The poor, out of date physical environment of some facilities was an issue, combined with inadequate information technology solutions.

Māori were found to be significantly disadvantaged by the system, including the lack of Kaupapa Māori mental health services, lack of focus on actively reducing inequalities, lack of cultural awareness in services, an absence of transparent reporting of data on equity, and lack of representation of the Māori voice in senior leadership positions.

Of further concern was the failure to provide early intervention and support for children and young people; the absence of peer support to support local solutions; and the uneven distribution of resources and distances required to access crisis mental health care (or less formal respite alternatives) from some parts of the region. Accessible specialist medical advice was not readily available, affecting the ability to provide the most appropriate care locally. Some of the key recommendations made by the review were:

- Improve equity, increase investment in Hauora Māori and improve collection and use of Māori-specific performance data to help identify and address inequities in service provision and outcomes of care
- Investigate options for populations which have limited mental health care options or gaps
 - Develop a full range of crisis support options prioritising Queenstown & Central Otago and Waitaki
 - Transform day services into community wellbeing hubs prioritising Invercargill and Dunedin
 - Develop options for an acute home-based mental health specialist service
 - Improve access to senior medical officer advice for primary care and community mental health teams and providers.
 - Review alcohol and other drug services to identify high-priority areas.

- Adopt a best practice approach for each stage of a person's life and design service responses accordingly with an investment plan for growth for:
 - Infants, children, young people and their whānau (with particular attention to the Pacific and Asian populations)
 - Increasing, strengthening and supporting the infant, child and youth workforce.
- Improve some of the physical environments of facilities
 - Formulate a high-level plan and timeline to develop the capacity of alternative responses to support the closure of the adult mental health and intellectual disability inpatient facilities at Wakari (this does not include forensic inpatient services). The community support required for each patient will be put in place prior to their departure from the ward.
 - Develop an investment business case with the Ministry of Health for the development of new adult inpatient facilities to replace the services provided on the Wakari site.
- Support and develop the workforce
 - Urgently implement health and safety measures to create healthy and safe workplaces for District Health Board mental health and addiction staff
 - Invest in organisational development across the system.
- Create strong local consumer advisory networks and strengthen existing whānau networks
- Invest in change - so that the review "will make a difference... not sit on a shelf gathering dust".

To read the full review [click here](#).

Setting our direction

The review set a direction for our mental health and wellbeing services to work within communities, to help people develop their own capability to live well. It suggests support should be developed for each stage of life, from more prevention and early intervention options in community settings through to more specialised and intensive mental health services. These services would be delivered in culturally appropriate ways to meet the needs and priorities of local communities.

A **Time for Change - Te Hurihanga** leadership group has been formed to provide oversight, and ensure timely change is made. Independently chaired by Dr Clive Bensemam (who also independently chaired the steering group to support the review), membership includes tāngata whaiora, iwi, NGO, DHB and primary care. It also draws on the expert knowledge of the Time for Change cross-sector group, made up of representatives of those who have an interest in the way the region's mental health services are delivered.

The review recommendations align with the current health reforms to Health NZ and the Māori Health Authority, (due to take place on July 1, 2022), that place a greater emphasis on primary health care. The Southern DHB is committed to using this opportunity to move quickly to work on changes that the review suggests strongly are overdue.

The changes tāngata whaiora (those seeking wellbeing) told us they want to see:

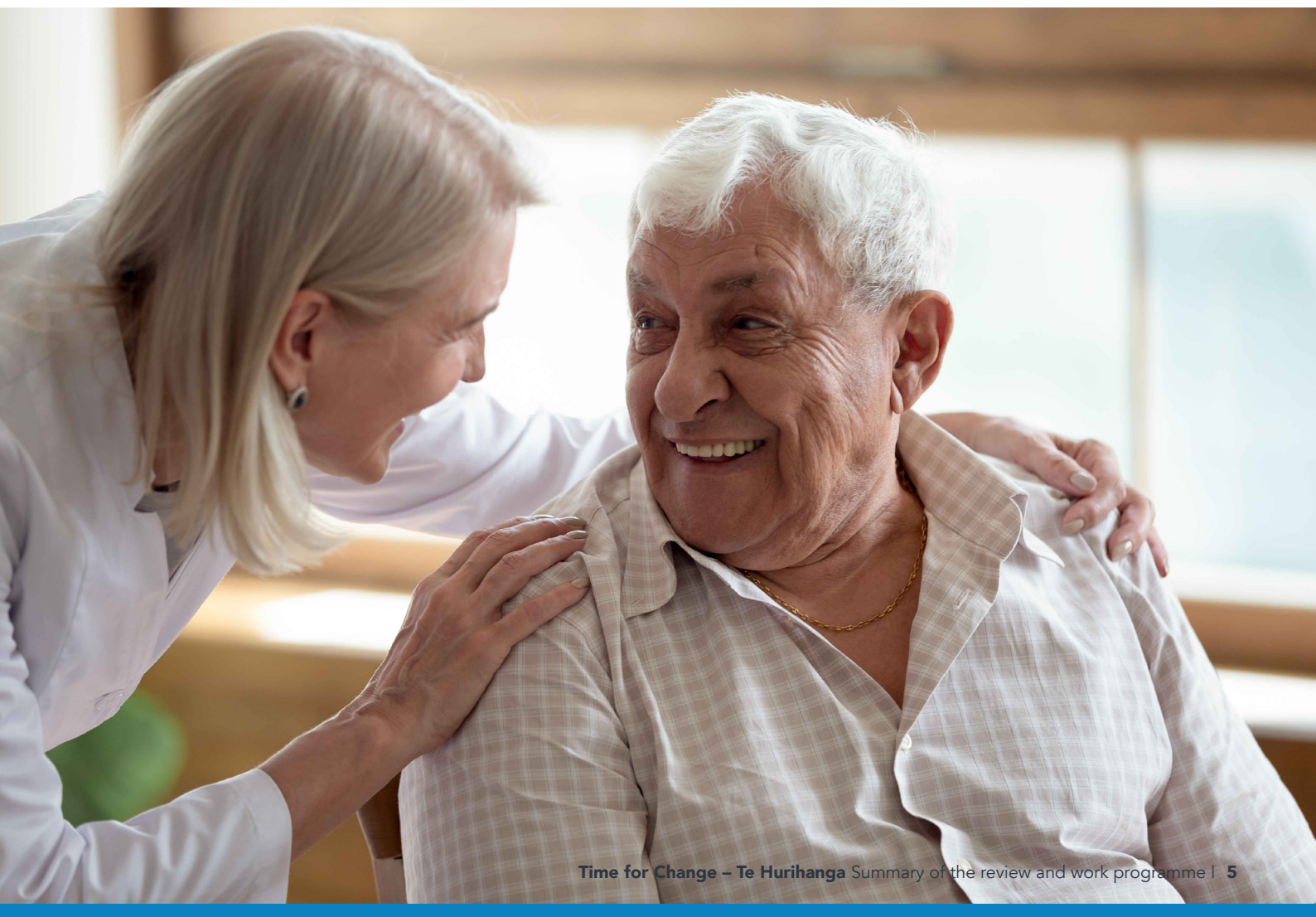
- People are able to manage their own recovery, on their own terms
- People feel respected and are involved as active participants in their care
- People have the skills, tools and resources to keep themselves well
- People are able to access a wider range of evidence-based MH&A interventions and supports when and where they need it – either physically located in their community and/or available online
- People who are in crisis are able to access an appropriate, rapid-crisis response
- People have more choice of services that are provided closer to home (e.g. culturally appropriate MH&A services, peer support services, etc)
- People's physical health receives the same amount of attention as their mental health
- The health and social services in each locality are able to work together to help people solve their problems – at the point of first contact
- People are able to access and maintain good housing, educational opportunities and employment
- People feel connected to their local community.

(From the Te Hurihanga Review of the Mental Health & Addiction System 2021)

Timeline

The specific projects are expected to take a year to complete and will head our mental health services on their way towards the **Time for Change - Te Hurihanga** vision for the future:

“ ... a significant reframing of the mental health and addiction system that is person, whānau and community centred... embraces a modern, primary, and community-oriented system that not only harnesses the resources of people, their families and whānau but the skills of the entire workforce, whether they be peer workers, support workers or clinical staff. And a system that supports people to work together ... as one system. ”





Making the change

The Southern DHB has embarked on a focused and transparent journey towards a more equitable, inclusive and people-focused mental health and addiction system that supports people to be well in their community.

We have developed an implementation programme that focuses on the themes and main findings of **Time for Change - Te Hurihanga**, rather than each individual recommendation.

Drawing on expertise from within the DHB and local communities, shaped by people's experience and guided by the Mental Health and Addiction System and Service Framework (2022 – 2032), we will undertake a collaborative approach to system and service development to ensure they are delivered to better meet local needs and improve equity for Māori. This will be through a range of projects, including:

Key projects within the Time for Change – Te Hurihanga programme

- Establish contemporary community support services to support tāngata whaiora with high and complex needs and close Ward 11 at Wakari Hospital
- Establish a new 5-bed mental health crisis respite care facility with comfortable home-like surroundings, in partnership with Pact located in Dunedin (due to open in September 2022)
- Increase crisis support options for Queenstown & Central Otago and Waitaki regions
- 'By Māori for Māori' investment – develop framework for district wide Kaupapa Māori. Identify inequities, monitor outcomes and ensure accountability to whānau, hapū and iwi and ringfence funding for development of services
- Expansion of alcohol and other drug services (AOD) firstly focussing on Dunedin
- Develop a plan for AOD services across the rest of the district
- Develop peer-led crisis/wellbeing services across several sites
- Develop the plan to grow and support the peer workforce
- Strengthen DHB/Health New Zealand mental health and addiction services
- Strengthen the regional Mental Health and Addictions networks
- Develop short, medium, and long term, plans for improving and ultimately building new inpatient facilities.

Projects underway

Immediate work on some of the shorter-term projects identified by the review as urgent has begun:

Establish contemporary options to support tāngata whaiora with high and complex needs

The Southern DHB is in the process of selecting one or two providers (NGOs) to develop and provide community intensive support services, including housing to enable people to move out of hospital.

Built in 1915, the infrastructure of some of the inpatient facilities at Wakari Hospital no longer supports the delivery of contemporary inpatient mental health practice. As a priority, the **Time for Change - Te Hurihanga** review recommended the Southern DHB signal the closure of Ward 11, a 16-bed clinical rehabilitation unit. Engagement has begun with Ward 11 patients, whānau and caregivers. The community support required for each patient will be put in place prior to their departure from the ward.

Dunedin mental health crisis respite care capacity increased

Dunedin's capacity for emergency mental health respite care will increase in September, with a five-bed home opening in a residential environment less than 10 minutes from Dunedin Hospital. The home is being set up through a contract with community service provider Pact, which specialises in helping people recovering from mental illness through supported 24/7 accommodation, respite care and community support.

[\(Read media release here\)](#)

Development of a plan to increase crisis support options for Queenstown, Central Lakes and Waitaki regions

One of the programmes the Change Leadership Group is overseeing is the increase of crisis support options in Queenstown, Central Lakes and Waitaki - areas that have been recognised as having gaps in their mental health service. The limited options to support people in some areas results in tāngata whaiora being transported several hours' drive for acute care, away from their homes and any local support systems. Conversely, the lack of local community options can make discharging people, from inpatient facilities in Invercargill or Dunedin more difficult.

Māori for Māori investment plan

The **Time for Change – Te Hurihanga** programme has committed \$1m of the \$7m to 'by Māori for Māori' investment. A strategy is being prepared for increased investment in Hauora Māori (Māori wellness) to design and commission local responses for Māori including more Kaupapa Māori (culture and values) throughout the organisation. (The lack of Kaupapa Māori mental health services was identified in the review as being extremely concerning.) Under the plan, inequities will be identified and the delivery and outcomes for Māori will be monitored to ensure accountability to whānau, hapū and iwi.

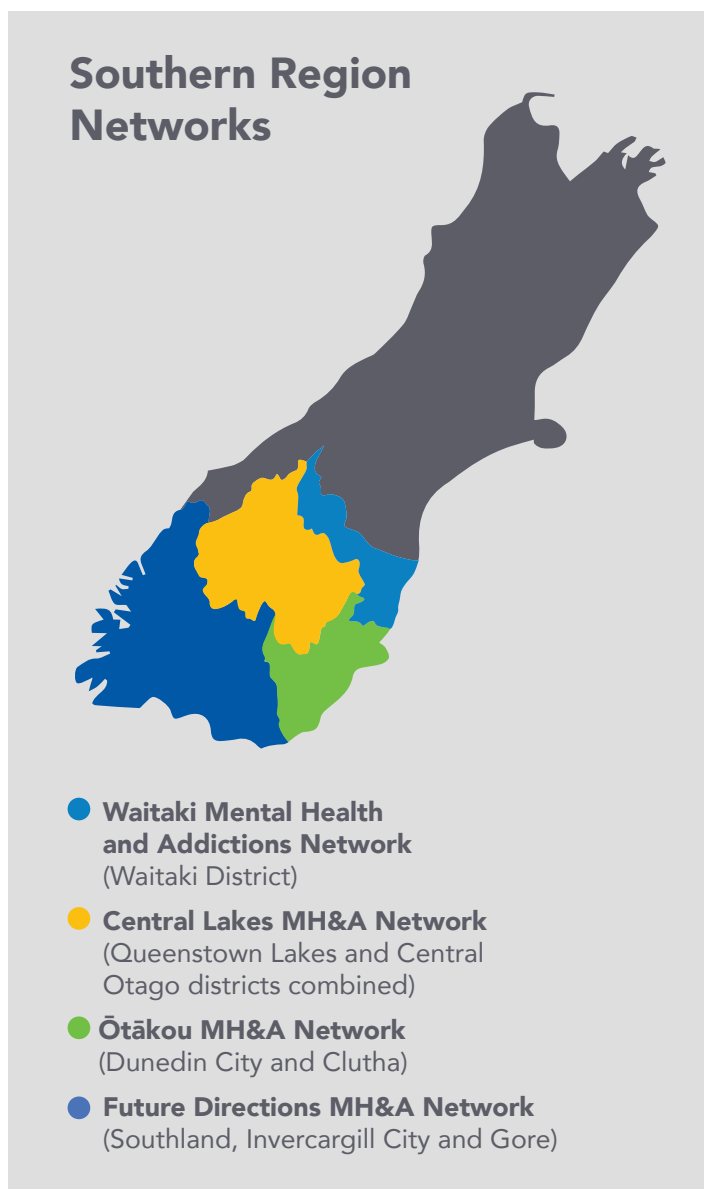


Mental health and wellbeing across the region

The southern region has four Mental Health and Addictions Networks:

- Waitaki MH&A Network (Waitaki district)
- Central Lakes MH&A Network (Queenstown Lakes and Central Otago districts combined)
- Ōtākou MH&A Network (Dunedin City and Clutha)
- Future Directions MH&A Network (Southland, Invercargill City and Gore).

As a network, each links to mental health and addictions providers and stakeholders that advocate for and improve equity of access, quality of service provision, and pathways to wellbeing for everyone in their area.



Network activities

- **Advisory** – supports and advises service providers, planning and funding agencies, mental health and addictions groups and the wider community.
- **Consultative** – consults with, and is consulted by, the key organisations and individuals in the mental health and addictions sector regarding local, regional and national issues.
- **Informative** – informs the sector and wider community of developments and issues and provides up-to-date, relevant information regarding mental health and addiction issues.
- **Leadership** – provides leadership and ensures best practice regarding mental health and addiction, service delivery and identifies and responds to emerging issues throughout the continuum of care
- **Networking** – supports the sector by networking with and acting as an information conduit between, service providers, consumer/tāngata whaiora and family/whānau groups, intersectoral agencies and relevant organisations outside the district, locally, regionally and nationally.
- **Representative** – membership represents the key parts of the mental health and addictions sector in the district including providers, consumers/tāngata whaiora, families/whānau, community and intersectoral groups.
- **Regional Strategic Planning** – develops and implements a local strategic view of the mental health and addiction needs and preferences of the community. Supports the coordinated and equitable development, review, monitoring and implementation of **Time for Change - Te Hurihanga** and other key strategic documents.

The **Time for Change – Te Hurihanga** programme is strengthening the capability of the four southern networks through a Ministry of Health-funded collaborative design process which is being rolled out across New Zealand. The aim is to develop the capability for making the changes needed to the existing service delivery system so that it works better for local communities, delivers a joined-up seamless service across health and social services, and improves health equity.

Each network in the southern region has been invited to identify suitable joint projects under the programme's priority areas of crisis support, child and youth, alcohol and other drugs, and peer-led wellbeing centres.

Transition from current to future system - outcomes

Current System	Future System
Offers people a service-shaped response	Offers a person-centred response
Medical model	Holistic mental health & wellbeing model
Hospital-orientated MH&A system	Community-orientated health and social system
Siloed and disjointed service delivery	Integrated primary, community and specialist mental health and addiction services
Opaque decision-making processes	Highly transparent decision-making processes
Weak locality networks	Strong locality networks
Inequitable access and inequitable outcomes	Equity is a high priority
Weak locality networks	Strong locality networks
Structural racism	Te Tiriti o Waitangi principles & obligations are reinforced
A reactive system	A learning system
Managed gateways to services	We can help you find the right door for you
Do you meet our service criteria?	How can we help you?
Long waiting lists	A no-wait system



**Southern
Health**

He hauora, he kuru pounamu