



**Mental Health and Addictions Crisis
Support Services in the Waitaki District**

**Feedback from the Crisis Support co-
design workshops held in August and
September 2022**

Meeting notes

Co-design workshops were held to discuss **crisis support services in Waitaki** during the period 23rd August 2022 to 2nd September 2022. There were about 55 people who attended these workshops.

This document presents the feedback received at those workshops. It is based on notes recorded by two Te Whatu Ora staff members who attended the workshop (Adell Cox and Chris Crane), and the report compiled by the independent facilitator from the hui on 30th August 2022.

If you attended the workshop and would like to comment on these notes, please contact chris.crane@southerndhb.govt.nz

Time for Change

In 2021 there was a review of the mental health and addiction sector in Southern. A report was produced, called [Time for Change - Te Hurihanga](#). This report made a number of comments and recommendations about crisis response services.

Developing crisis response services in the Waitaki district is one of the projects to implement Time for Change - Te Hurihanga.

Introduction

Nine workshops were held. Each workshop had a specific audience: Te Whatu Ora staff and Unions; NGO and community providers; other agencies involved in crisis response (Police, St Johns, Fire Service, Oamaru Hospital); community representatives and interested persons; people with lived experience; Māori and Pacific people.

All workshops were facilitated by an independent facilitator.

The workshop for people with lived experience, and for Māori and Pacific people was co-facilitated by 2 facilitators with lived experience and a Māori facilitator with cultural expertise. 36 people attended this workshop.

Workshops were a mixture of face to face, online, or both.

Each workshop began with invitations of attendees to introduce themselves.

A brief introduction was given, covering the history of the Time for Change -Te Hurihanga review, and the project progress so far. The workshop then moved to discussion on what good crisis support services looked like in Waitaki.

After the workshops **a draft model of care** will be developed. A model of care is a way of describing what type of services we need and how they should work. This will be distributed through the networks for feedback. The feedback will then be used to develop the final version of the model of care, and Te Whatu Ora will then coordinate a process to fund Crisis Support services in Waitaki.

Participants Feedback from the workshops

Notes were taken during the discussions in each of the workshops. The notes have been thematically analysed for key themes, as below.

1. A crisis support service could look like this:

Overall

- A community solution.
- A whanau approach that encompasses physical health, spiritual health, family health, and mental health.
- Involvement of mana whenua to deliver model supporting tikanga Māori in an integrated model of care.
- Crisis respite service close to town.

Specific ideas

- Provision of home-based crisis support in the district.
- Wrap around services with outreach.
- Link point for a suite of services for crisis response (outreach mental health services and other community services).
- Explicit inclusion of migrants and refugees as eligible for access to acute care.
- Ensuring GPs are involved in care.
- Crisis respite beds in a welcoming facility, 3-5 beds, homelike and comfortable

When it would be available

- Available on short notice.
- A seven day a week home-based crisis support service, available to flex to 24-hour service when required.

2. Accessing crisis support services

Pathways

- Clear as to who makes the decision for referral.
- Clear referral pathway/criteria for who and how consumers can be referred. This includes referral to other services if they do not qualify for respite (refer to feedback on importance of early intervention).

- 0800 available to call ahead to check capacity, entry criteria and give time to advise current users of incoming consumer.
- Referral pathways for community into the service.
- Criteria framework to be established and agreed to.
- Consideration for Green Card admission process that negates the need for assessment.

If people do not meet the criteria

- A referral pathway for those that don't meet criteria but have signalled they need help. Link to wrap around services for early intervention.

Assessments

- Clarifying triage protocols.
- Agreed area that face-to-face assessments can be completed
- Risk levels.
- Consideration to AOD related admission vs mental health.

Transfers

- Transfer protocols from agencies in sector (Police/St Johns etc).

Workforce

- Workforce required for this - liaison, clinical, peer support.
- Coordination/liaison role needed.

3. Assessment and treatment in crisis

- Commentary around the ability to do an in-depth assessment over the phone. Is this feasible with workforce pressures?
- Care plan and liaison with wraparound services and whānau/support system.
- Follow up contact and liaison between services.
- Expectations and agreement to behaviour whilst receiving crisis support services.
- A facility to do assessments

4. Outreach services

Wrap around services

- Funded wrap around services initiated and connection provided by clinicians and/or peer support to access services.
- Wraparound services (would online support groups be an option for some?).
- Holistic approach to crisis services by connecting into wraparound services within the community.
- Suggestion for wrap around services to include a supervised 2–3-hour visit home is ideal prior to formally leaving the whare.
- A Crisis Café model would be a significant wrap around service.

Other resources

- Outreach and telehealth services.
- Workshops for support people/whanau to become educated on how to support loved ones.
- Education via resources. What is available, how to access, who can access, other support mechanisms or resources.
- The ability to check on beloved pets is important.
- Some struggle with loss of company/safety/security after time in respite. A regular check in is valued.

Post-crisis

- Connection back in with GP.
- For some this “departure” requires staging over perhaps three days with time alone being extended.
- Ongoing outreach services needed.
- How does peer support work in this space? Can there be a buddy system for some weeks post respite?

5. Support for Whanau

- Resources for how support works and additional resources that are available to them to help become educated on how they can assist.
- Making sure support acknowledges and is culturally appropriate.
- Alternative options if home is not an option, other services that could help in any capacity.

- Advice for whānau who have journeyed through a loved one's distress so that whānau are supported as they are often left with many questions.

6. Collaboration and communication

Language

- Culturally appropriate support that caters to language barriers and to ensure alternate world views are acknowledged.
- Language used by clinicians that is understood by 'Joe Bloggs'.
- Education across the community about the service to reduce stigma and discrimination (Business owners such as Pukeuri Meatworks, councillors etc).

Peer support

- Access to staff/peer support for ongoing support and regular debriefs/discussion.

Communication

- Communication between services needed.

7. Physical health care

- Balancing mental wellbeing and physical wellbeing.
- Support from hospital or relevant rehab services for those with physical care needs.

8. Medication verbal orders

- How will medications be accessed/managed?
- Management of change in meds during respite.

9. Exit point

Exit plan and after-care

- Ensuring GPs are involved in care.
- An exit plan with follow ups and check-ins to support transition. Preferably peer led – structured, formal and supervised.

- Ability for staged exit if required with supervised visits home before exit.
- Support with social needs e.g. food available, prescriptions have been filled.
- After care services to 'keep people in the community'.

Whanau

- Incorporating whānau if appropriate in exit plan.
- Whanau included in exit plan and supported in the transition.

10. Workforce

Capacity

- Properly staffed.
- Must be 24/7 with a responsive on-call system and ability to do assessments.
- Roster system suggested between different community agencies to ensure coverage.
- Availability of HIPs to support.
- Have sufficient resources to ensure resources available to assist when person is in crisis.
- Timaru has respite and support workers in place, is this an opportunity for collaboration and sharing of knowledge/resources?

Capability

- Culturally appropriate staff. Involvement of Māori and Pacifica workforce or support.
- Peer support/lived experience integral to success.
- Peer support workers were needed for both any intermediary acute service and aftercare services implemented.
- Staffed by both a clinician but especially Peer support workers who they could connect with as they reflected it is often that they need someone to talk to 'who understands'.
- Peer Support in all levels of services.
- Liaison role crucial for supporting this integration. Connecting in with other crisis services in region (Waimate Centre Care, Timaru respite, Whaling Lodge).

11. Workforce Development

- Ongoing training and support provided to staff to help retention.
- Training to be provided to other agencies who respond to people in a crisis. (Police, St John, Fire).
- Te Pou – Youth Mental First Aid training to be provided.
- Cultural education and training provided to staff to accommodate populations (Strong Māori, Pacifica and Filipino communities in Waitaki).

Peer support workers

- A training pathway for peer support and a recruitment strategy
- Peer support critical to success (Training pathway and recruitment required).

12. Technology and digital support

- Telehealth and outreach follow up.
- Support users to engage with this technology to help support them in transition.

13. Crisis respite

- Feedback on this topic included:
 - A purpose-built facility for respite care
 - 3-5 bedrooms.
 - A “welcoming facility” with accommodation available for whānau and children.
 - Needs to be a beautiful space, where people want to come in. Not just a specialist service.
 - A safe space
 - A space for assessments
 - Close to town
 - Calming space
 - Transport door to door
 - Pets accepted
 - A community space with things to do
 - Cooked meals
 - Peer support available