Mental Health and Addictions Crisis Support Services in the Waitaki District

A report on the Waitaki District Crisis Response Community Hui held on 30th August 2022 at the Oamaru Opera House

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Background

- In follow up to one of the key priorities identified in the Synergia review of the MHAID system (*Time for Change Te Hurihanga, A Review of the Mental Health and Addiction System*, June 2021) was the development of a full range of crisis response options.
- Based on this recommendation a community hui for the Waitaki region was organised to encourage and awhi (support) those with lived experience, family/ whānau affected others and those with an interest in the well-being of the Waitaki community to share their experiences, insights and ideas on what a range of crisis response options could look like for those experiencing acute mental distress within their community.

Attendance

- This hui was well attended which exceeded our expectations with 36 plus community members in the room plus zoom participants. Diversity and experience were rich with young and old from 17 years to 93 years.
- A diverse representation of the community was in attendance; those with lived experience of mental distress and or addiction's, family/ whānau affected others, GPs, Māori whānau, Peer support workers and some clinicians.

Process

- A space was created that was underpinned by manaakitanga, aroha and wairuatanga. After Daniel's mihi whakatau, engagement and connection were established through whanaungatanga shared by all in the room before we closed our space with karakia to begin focusing on the purpose of our hui.
- Upon closure of our korero, karakia was expressed to open up our space again and move from tapu to noa with the sharing of kai and in recognition of tikanga reciprocity which was warmly appreciated.
- The World Health Organization defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and this underpins the intention of these initiatives. With acknowledgement that our communities hold the knowledge and experience of what they need best, a clear outline of the purpose of our hui

was explained to the group, a framework for discussing a range of crisis response initiatives was then shared.

- Along with a discussion regarding what 'this is not' and we felt it was important to acknowledge that the magnitude of mental health challenges is not currently matched by the size and effectiveness of the response it demands. Furthermore, we expressed that whilst this would not solve all of our challenges it was an exciting and progressive step forward to delivering a community-based mental healthcare approach that can help address the acute and immediate need for people experiencing mental distress.
- With the potential to provide an intervention in a safe space for short term stays that could deliver different outcomes for tangata whai ora rather than been triaged through the 'whole of system' approach that people currently experience when presenting at Emergency Departments. In addition, the potential outreach support services and pastoral aftercare care ideas were also shared with the intention of keeping people well (and) in our communities.
- There is emerging evidence that community-based interventions can help reduce social determinants of mental health and wellbeing whilst improving resilience, outcomes and psychosocial circumstances of tangata whai ora and the wider community and this recent evidence was further supported through the conversations by many in the room at this hui.
- Please note:
    - Feedback has been thematically analysed for key themes. All quotes are marked with quotations and reported verbatim.
    - AOD feedback was given and submitted in a separate email; this report relates to the need identified in the Time for Change Review for Waitaki Crisis Response Options.

Participants Feedback

Current Lack of services

- It should be noted that initially people wanted to express their frustration and challenges with the current extreme lack of services available in the Waitaki Region:
    - "Depression line is the only anchor, even though you are not speaking to the same person it does help to speak. There is no-one to speak to up here."
    - "I live on my own, no family I feel I am discriminated because of my disabilities and the way I look. There is nothing here for me."

  - “I had an episode and rang up psych services in Dunedin as I changed medication and was having an episode and there was nowhere to go. Changing medication can be very dangerous.”
  - “Had multiple admissions to the Dunedin ward 9c put in the room and forgotten about. Nurse said, ‘oh we forgot you were here” High suicide alert, lack of care on the ward. More encouragement through services to get out and get help. It was terrifying the first time I was admitted there and there needs to be more encouragement. As we are scared and vulnerable.”
- It should be noted there was several concerns with the level of care people are receiving from the health work force including the use of language used by clinicians and the level of responsiveness received to their needs. Language that consumers are unable to understand or contributes to experiences of stigma and discrimination was evidenced in feedback shared.
- Moreover, language can contribute to continued feelings of disempowerment often experienced by tangata whai ora in states of mental distress. There were several examples shared where this has caused significant distress to both the individual and whānau.

Feedback on Service Sustainability

- There was a consensus in the room for the desire to see the evolvement of a system that is informed by whānau and those with lived experience that meets the needs of the community.
- It was noted several times that the service needs to be affordable, effective and feasible in terms of its operations and there were some concerns regarding the assurance of long-term funding for these initiatives.
- Comments were expressed from clinicians in the room that it is essential these initiatives were properly staffed to “avoid people been asked to do things way above the pay grade because that is when people fall through the gaps. Don’t talk about services if they don’t actually deliver. We need to stop people being acute over and over again.”

Prevention verses Intervention

- A young community member who has been engaged with mental health services for most of her adult life commented “We need better prevention; I got turned down on a first assessment they need to take things more seriously to help with early prevention and this will stop people from getting

to crisis." She felt that had her initial intervention been more responsive and thoughtful she may not have continued within the mental health system.

- "Go through the system, fed up with been turned away as it is not meeting my needs as a consumer. Sometimes the door is locked when you need to talk to somebody."

Educate the community

- It was raised that to help reduce the stigma and discrimination that it would be important to educate the community around what the facility is.
- It was expressed the need to empower our communities to reduce the crisis points through those conversations – talking to the councillors, local businesses and making people aware of mental health issues, also helping to challenge stigma and discrimination which can be debilitating for so many. Toni referenced the work Stronger Waitaki currently do.
- It was suggested to also communicate to services like WINZ and Workbridge for feedback on these initiatives.

Accessibility

- It was suggested the Green Card Admission process (similar to Dunedin Hospital) that doesn't require assessment, but people are able to sit in the ward for 1 -3 days would be beneficial to replicate for this new service.
- Questions were asked about what will define entry for the acute service, for example will drug induced psychosis verses acute mental health issues? Some people were concerned will it be overrun with people with drug addiction?
- Would you have availability for medications?
- Some expressed that when they are not able to get to hospital the idea of having something that is accessible to the community is incredibly helpful.
- Questions were asked about what services are available for young people – we shared that this would be for further discussion in the next round of initiatives in Time for Change.
- "I think for the initial visioning, particularly for the well-being of those who work in the respite space, that an 0800 number should be called prior to arrival at the whare. This would not be triage as that is for the MHA team (waitaki or Dunedin) but rather a capacity check and an opportunity to share with tangata whaiora already in the whare activity is about to happen. The whare needs to be a haven at all levels for all present."

- The question was asked "Are we also fixing what is currently occurring with the issues with the blockage in referrals or are we just proposing an ambulance at the bottom of the cliff?" We communicated that the MH Directorate has been tasked with this challenge and we discussed the progress reports and focused on actions.
- Barriers regarding staff, capacity and capability will always be an issue in our rural directorate. To ensure that the issues that have been in this report have been addressed. We did communicate that we will be able to provide a summary of this report.
- The Connector for the rural support trust said he was worried about the funding and stressed the importance of people being able to connect up into those wraparound services. He also said he knew a Retired cop who could look after the farm. (Referring to the idea of having the intervention location on a lifestyle block).

Discussion on Intermediary Acute Service Initiative and After Care Services

- There was a very positive response to the idea of a community-based intervention service and place where people could go for brief stays (24 – 48 hours) with the opportunity to be removed from their immediate surroundings, receive care and support and have the opportunity to become more regulated ad work through their distress.
- It was expressed there's a much deeper level of assessment that can be done face to face. Many expressed the desire to see this 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'.
- In addition, there was a good discussion on the need for after care services to 'keep people in the community' this is referenced on page 4 of this report.
- "I love the idea that there is a safe place to go even if just for a short time and having a peer to talk to can be so empowering when people are feeling vulnerable. Talk to someone have a safe place the night, have a meal can be really regulating emotionally and helpful."
- It should be noted that a member was strongly opposed to the idea of the 'brief intervention' and thought it sounded like a 'holding pen' in terms of 24-48 hour timeframes. However, in the essence of accuracy the majority were in favour of this initiative. This community member did suggest that ideally 4 nights should be the intent if referred to wrap around services are to be put in place

- “4 nights also allows for the impact of safe talk with staff and peers, regular nourishing food, safety from the activators at home and routine med taking to work their magic. Sometimes we just need a space without real life pressures to allow our mauri to settle.”
- It was expressed the Dunedin response (staffed and overseen by PACT) has five rooms only. Despite this it was stressed for Waitaki we have 4-5 bedrooms, so if appropriate a short visit tangata whaiora can have a rest (which may be restorative enough).
- There was discussion on what the WAITAKI Crisis RESPITE DEFINITION could mean, and the following points were raised.
    - From what I heard tonight this must include being a safe space to transition meds
    - A space for assessments as to whether Wakari is the most therapeutic place
    - For my peers a space for when life feels overwhelming, and we feel at risk of slipping back down the rabbit hole- a chance to “talk it out” and rest and “regroup”
    - A safe space (to diminish the fear) in the company of both clinicians and Like Minds to settle the mauri.

Wrap Around Service Suggestions

- A supervised 2-3 hour visit home is ideal prior to formally leaving the whare.
- For some this “departure” requires staging over perhaps three days with time alone being extended
- 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

Peer Support

- The need for peer support was discussed widely throughout the evening, with general consensus was that peer support workers were needed for both any intermediary acute service and aftercare services implemented.
- Furthermore, the critical work shortage in peer support was noted and acknowledgement this is nationwide, but the Waitaki region has significant challenges in this area.

- Toni Huls and Carron Cossens are champions in this region for peer support.
- The need for a training pathway for peer support and a recruitment strategy was also discussed. There is a willingness in the community for people with LE to step into this space which is very encouraging.

<u>Crisis Café</u>

- Many in the room agreed that a Crisis Café model would be a significant wrap around service for Waitaki residents and would like to request that this also be considered within these initiatives.
- It should be noted that the in the previous AOD Hui in Oamaru there was an overwhelming need for Peer Support in this space also.
- If a wellbeing café (Peer run) was created in Dunedin one option could be for the Peer Support Oamaru arm to be supported by this service, including training and peer lead supervision.

<u>Space and Design of a potential Crisis Intervention location</u>

- Views were shared on what this space might look like.
- People felt that is should be located 10-15 minutes from town and perhaps be on a lifestyle block, that provided a calm space and had a garden.
- Many people expressed that when people are overwhelmed with anxiety it is quite a good idea to have pets there to help with their anxiety.
- "You could have a lifestyle block that was located away from temptation, contact with animals and training and how to feed the animals and it has fresh air."
- "Let's talk aspirationally – it's got a garden, somewhere to walk, two spaces one is communal, one is smaller sensory quiet zone a space where I could go and chill and be safe."
- It was expressed the need for the space to be safe and have calming nice colours, with a sensory room and useful calming tools like weighted blankets "10 or 15 minutes out of town so there's nothing overwhelming around."
- Transport needs to readily available and accessible. Transport needs to be timely and not fall through the cracks because that is putting someone back in the situation they came from.
- It was also expressed that transport needs to direct point to point. "We don't have buses here. I have a disability as well and need to have transport I can't

afford a taxi and if I was in crisis, I wouldn't want the taxi driver seeing me like that and no I don't have people to take me."

- "Would love to be able to do art or craft while I am recovering it is grounding for me."
- "Not like a hospital with pictures homely a beautiful garden a cat"
- "I don't want to be left in my room. I would like to talk to people and kindness!"

Feedback on Intervention Initiative DREAMING LARGE

- Feedback on this topic was:
  - purpose built 3 bedrooms at least
  - all rooms have windows
  - a community space for chats dvd card games art etc ideally with kitchen as part of this
  - a safe space/ sensory room/ for one
  - "whare cooked" meals that we can contribute to (an opportunity to learn or an opportunity for normality for some)
  - enough space for a walk or to sit in the whare garden
  - a community cat as a minimum
  - a kaimahi to oversee the wrap around services
  - kaimahi are invested, valued, rewarded, empowered and resourced
  - the whare is given a name either informed by Janet Frame's writing or gifted by tangata whenua
  - good heating
  - access to a vehicle for home visits to check on pets etc or to collect tangata whaiora. Or return tangata whaiora.
  - a kaimahi "placed" in the community area for 24/7 chat or debrief or support
  - a security service alert number for rare occasions
  - bedrooms that are "resort like"
  - quality fittings- so whaiora feel valued and invested in

    - a long-term project not a pilot. There can always be revisioning or re-resourcing, but this needs to become an embedded part of Waitaki
- Note - The Auckland City Mission is a good model of a trauma informed design and space that meets these objectives.

Discussion on model of care

- There was a good conversation regarding Mason Durie's Te Whare Tapa Wha holistic model (1983), a simple and effective model for explaining the connectedness of a person's well-being and the connection to ma whenua with which they belong. This model was then explained by facilitators to other participants of the group. Emphasising a key premise of Durie's concept was the continued potential for future growth under each of the pillars.
- Comment from clinician: "I've been invested in this conversation about respite and mental health issues, Scottish model is more empathetic, high rates of people not needing to triage into hospital. Helps to solidify what is going on for people."

Feedback on aftercare and the need for ongoing support

- Parents in the room with a son diagnosed with BPD, expressed that Wakari is voluntary, or you are under the mental health act and there needs to be something in between. There is no aftercare for our son we have to go to Nelson or Christchurch to get therapy. They also expressed the disillusionment with some clinicians and relayed that their assigned clinician spoke to their son "Do you want to be here today son?" which didn't encourage him to progress with treatment and that there was no ongoing support.
- People were very enthusiastic to see a good level of aftercare support services, assisting people with meeting their immediate needs such as making sure the house is warm, groceries, picking up prescriptions etc. This pastoral type of care and that of peer workers would be significantly beneficial to this community. Many voiced they want to see Peer Support in all levels of services.
- We asked what good peer support looked like – some said "structured, formal and good backing, good supervision"

- “There is some stuff that I wouldn’t talk about with the clinician but coming across someone who is living well with it. We can have a conversation we share what we do share our tools and hand on to others.”
- Many expressed the need for wrap around services for after care and whānau, and 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.

Feedback from te runanga Moeraki

- “At Moeraki we are working in this space, and we are really encouraged by this korero and we look forward to furthering the conversation and leading the kaupapa to make sure our community is in a better space than it is now”.
- Ensuring that the funding is correct and appropriate.
- People expressed their gratitude to the Moeraki team for giving out care packs during Covid.
- Involving Mana whenua in these conversations having the tikanga Māori aspect incorporated into the whole programme.

Feedback from Māori health workers

- Environments of holistic healing is not just a Maori thing it’s a people thing we can decolonise ourselves.
- As long as it is based on aroha, manaakitanga, wairua the same whakaro, (thoughts and views) are upheld that are mana enhancing.
- Not siloing the AOD and MH if there’s a gap in the services lets meet it, with a holistic whanau lense.
- “I’ve come away very nourished from this koroero the need for dignity and to have our mana respected and that any service that is created we deserve to be uplifted so we can uplift others”.