TIME FOR CHANGE
Te Hurihanga

Report on the Consultation on the

Draft Model of Care for

Waitaki Crisis Support Services

held on 18th May 2023

25th June 2023

He Mihi

Ka rere te mihi hūmārie ki ngā kaitiaki o te waka o Aoraki,
ko te iwi o Rapuwai, Ko Waitaha, Ko Ngāti Mamoe, ko Ngai
Tahu. Ko te Rūnanga o Moeraki e tēnā ra koutou. Ki ngā uri
o ngā waka maha o te motu, tēnā ra tātou katoa.

Ko te aroha ki runga, ko te aroha ki raro,
Kei a tātou kē te kakanō o te aroha,
Ka whakatō, ka tipu, ka puāwai,
Ka puta ki te ao marama.
Haumi e, hui e, taiki e

Mai i te tino ngākau o te whānau o te Hurihanga, tēnā ra
tātou katoa.

Introduction

In August and September 2022, nine co-design workshops and one codesign workshop for people with lived experience were held.

A draft model of care for Waitaki Crisis Support Services was then developed based on feedback from the workshops. The model of care for Waitaki Crisis Support Services describes what type of services we need, and how they need to work.

The draft model of care was released to the sector on 27th April 2023. Two further workshops were held on 18th May 2023 in Oamaru. One was for people with lived experience only, and the other workshop was open to the community and providers.

This document represents the feedback received on the draft model of care and our responses to it.

At both workshops, participants worked in small groups. Each group recorded the feedback from the discussions on large sheets of paper. These were posted on the walls and each group then gave a summary of the discussion back to everyone at the workshop. The feedback has been collated and presented in the Table below. Te Hurihanga programme responses are also recorded in the Table.

Thank you to everyone who has contributed their thoughts and expertise to help to develop the model of care for Crisis Support Services for the Waitaki district.

Table of provider and tāngata whaiora (a person seeking health) feedback and Te Hurihanga responses

	Reference in Draft Model of Care (MOC)	Feedback from stakeholders	Te Hurihanga response

1	**Objectives**	• Whilst there was no specific discussion on the objectives, there was some feedback that can be related back to the objectives:
		   ○ Community approach is required.
		   ○ Holistic approach is needed.
		   ○ Spiritual connections, and kaumatua support are important.
		• There were comments that the draft MOC was not holistic:
		   ○ A spiritual and holistic approach was not captured in the draft MOC.
		   ○ Medical model misses the holistic approach, misses the whanau and wairua (spiritual).
			We believe that the Objectives cover each of these points.
			
			The new Crisis Support Service will work towards the key objectives of whanau approach, holistic approach and a community solution.

2	**Equity for Maori**	• There were suggestions that:
		   ○ Staff need to be **trained in tikanga Maori.**
		   ○ An increase in **cultural awareness** is needed as well as being **culturally responsive**.
		• It was mentioned that there is a **strong Pasifika community** in Waitaki.
			We agree with all of these points and believe they are reflected in the MOC.

3	**Diversity**	• The challenge of **acceptance** of diversity was mentioned. • It was commented that: ○ Diversity in communities includes the **Rainbow** community and the **disability** community.	We agree and note that expectations around diversity and community responsiveness are included in the MOC diversity section.

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		○ People need to know how the service will be responsive to people of all communities. ○ Diversity in the **workforce** as well as the services, and skill mix will be important in the new crisis support service. ○ **Add to the MOC** a statement on inclusiveness of the Rainbow community. ○ Waitaki has 72 different ethnicities.	
4	**A new model of care - requirements**		
4.1	Brief description/outline of the service	• It was asked **how the basic needs are met post-crisis** when that person does not qualify for social support and is struggling to meet these basic needs. • It was suggested that there is **a need for someone to take care of things** e.g. feed the animals, whilst the person is away from home. • There were several comments about the importance of: 　○ Being listened to. 　○ Having someone to talk to. 　○ Someone to be with the person as they go to the hospital. 　○ Option of home visits. • The question was asked about what support can be provided to people who **cannot afford/do not have access** to travel to get to appointments.	We agree with the concerns and believe this is covered in the model of care. The provision of holistic care for someone in crisis can include options for support to attend appointments, to stay in their home, for example, and with problem solving support to address the issues or factors that contributed to the crisis/distress. We agree about a need for someone to take care of things whilst the person is away from home and **have added in**

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		• It was commented that sometimes a person needs to "walk and talk" rather than sit during crisis support care.	**the Brief Description in the MOC that are a link point for "social services".**

	Brief description/outline of the service	• There was some discussion about a fast, responsive programme:
		   o Easily accessible service.
		   o Available at any time of the day.
		   o Immediate response within 12 hours (so then you know you are going to get help.
		• Ideas included:
		   o The Crisis Response Team could set up the plan for the following day.
			We agree these points are important.
			
			We acknowledge that there may be limits to what can be achieved within the modest budget in terms of 24 hour support.
			
			We believe these points have been covered in the draft Model of Care requirement to provide a timely response including ability to flex to a 24-hour service if required.

4.2	Entry point (patient pathway)	• No specific feedback received.	
4.3	Criteria for crisis support/referral pathway	• No specific feedback received.	

4.4	Assessment and treatment in crisis	• The assessment process was discussed. Points made were:
		   o A plan that is shared with the services.
		   o The WRAP plan to travel with the person.
		   o The risk to be assessed and then directed to the right service.
		   o There are different levels of need, and different degrees of ability.
			We note that there has been no change to the initial assessment pathway. This will continue to occur either through the Crisis Response Team or the General Practice pathway.
			
			When considering the feedback on assessment, it is helpful to reflect that

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		• It was also mentioned that:
		   ○ A model was needed for assessment.
		   ○ The process to move through to a safe place needs to be simplified.
			the **assessment pathway** is different from a **plan** that helps people manage their own wellbeing in a crisis.
			
			We note that it is important to adhere to the Health Privacy Code. Providers are expected to share the relevant health information required to deliver safe and effective services to people experiencing a mental health crisis.
			
			We have added in the MOC "Support is provided to the person to develop a wellbeing or crisis resolution plan to help them to manage any future crisis".
			
			We have added in the MOC "While people are being supported it is expected that the crisis support services engages in interventions and support that provide therapeutic benefit, e.g. sensory modulation, problem solving, information and resources for whanau."

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			We acknowledge the comment on WRAP and note that this is one of the tools that site within the strengths-based model. We support a strengths-based approach for the delivery of crisis support services. The MOC refers to a strengths-based approach.
4.5	Outreach services	• Waitaki is a rural district. It was noted that it can be very **difficult for a person in a rural area to get help** when they are unable to drive and there is no other transport (for a variety of reasons). • It was suggested that **practical help** is needed for those in rural areas. • It was suggested that the service needs to be where people can access options. • One suggestion made was for a **mobile outreach service**.	The model of care includes an outreach component to the service. It is anticipated that the use of national online and phone support options will be encouraged. The MOH mental wellbeing site also includes a good list of funded/evidence-based options. We will adjust the "Outreach services" section of the MOC to reflect this.
4.6	Respite	• There was a comment about there being available assessment for respite, homecare or hospital, rather than the Mental Health Act. • Further comments were about keeping a discussion about a respite facility "on the table" and to plan how to progress this.	We acknowledge that the community would like access to a dedicated respite facility. A respite facility is beyond the scope of the new crisis support service for Waitaki although it may include the ability to provide respite support in another existing

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			facility such as ARC or a motel on a fee for service basis. We welcome opportunities in the future to discuss this.

4.7	Support for Whanau	• There were several comments about providing support for whanau. The feedback is summarised below:
		• The **importance of whanau** is:
		  o Whanau need to be involved as they are affected.
		  o Whanau can come up with solutions by themselves, but they may need to be supported (e.g. costs, practical support).
		  o Enables communities to better support the level of distress, empowering of families.
		  o Continuity of care - support person stays with you the whole journey.
		• **Suggestions to support** whanau included:
		  o Provide education on understanding early warning signs.
		  o Provide information on how to navigate the system, where to get the services, a coordinator to link them to the services.
		  o Allow whanau to self-determine what whanau needs (e.g. could be petrol vouchers).
		  o Recognise the impact of marketing and what defines wellness has an important influence on people. Education is needed here.
			The model of care for the new crisis support service includes support for whanau. The comments can provide important guidance for the successful provider.
			
			We have added in the "Support for Whanau" section in the MOC that national support options for whanau on the MOH site are an example of support. .

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		o Relief for whanau by providing Tangata whaiora somewhere to go in crisis.
		• The **barriers** to whanau support mentioned were:
		  o How the information is provided to whanau and support members.
		  o Transport and access to Dunedin Hospital. It is not the Police's role to transport whanau. There may be no other options.
		  o Whanau do not know where to go in a crisis, and doors close when they seek help.	

4.8	Collaboration and communication	• There were several comments on collaboration, in particular the need for the crisis support service to **engage** with other services. • Crisis support was seen to **not be working in isolation**, and that it was important for people to know what options were available. It was noted that there is an Oamaru Contacts document available to assist. • It was commented that the providers in Oamaru are very collaborative and that this should be encouraged. • There was mention of a **multi-organisation approach** and sharing of learning tools, of information, and of life/social skills support.	We will work with the successful provider on ensuring clear communication and engagement with other services. We strongly endorse organisations working closely together to share resources and expertise in this way.
4.9	Physical health care	• No specific feedback received.	
4.10	Medication verbal orders	• No specific feedback received.	

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4.11	Exit point/completion of crisis support care	• It was mentioned that better support and follow-up after a crisis are needed.
		• There were several comments about this:
		   ○ The long wait times for care after the crisis.
		   ○ The lack of follow up of persons after they have been assessed/treated in ED, and the distress this causes.
		   ○ The lack of resources of the Community Mental Health Care Team to provide the after-crisis care that is needed, in particular to cope with the "overwhelming".
			The new crisis support service is **in addition** to the Crisis Response Service.
			We will work with the successful provider on clarity of the care pathways.
			
			We acknowledge the importance of after-crisis care, and have added to the "Exit point/completion of crisis support care" a clarification that outreach and/or homebased support is expected to be up to six weeks to enable resolution of crisis and assistance with problem solving.

4.12-a	Workforce	• The following has been summarised from the comments about workforce.
		• There were a couple of general comments:
		   ○ It was mentioned that Practice Nurses in medical centres also cover the crisis role.
		   ○ It was noted that support services require a mix of staff and skills and that nurses do multiple roles (such as assessments).
		   ○ But other skills also needed, such as social work, and living skills (e.g. budgeting).
		• There was discussion on the **workforce availability**, summarised below:
			While this is an important issue, we consider this beyond the scope of the crisis support service.
			
			It is important that the crisis support service work collaboratively with others involved in supporting the person. We have added this expectation in to the "Workforce" section of the MOC.

	Reference in Draft Model of Care (MOC)	Feedback from stakeholders	Te Hurihanga response
		- There are not enough nurses. - There is a chronic shortage of staff for assessments. - There is a lack of social workers. - There is a lack of experienced staff. - It is very hard to employ people. - There are not enough Health Improvement Practitioners (HIPs) (acknowledged that the number are being increased in Waitaki). - A multicultural workforce was needed. • The following **new roles** were suggested: - A Coordination Case Manager approach is needed. - A Liaison role is needed so that people know what the options are available. - Support workers post-crisis are needed. - Temporary support workers or person with lived experience to support tangata whaiora in times of crisis.	
4.12-b	Workforce - peer support	• There were several comments about the **importance of peer support:** - Someone to talk to. - Kindness and compassion, non-judgemental. - Sharing the tools. - Sharing the power. - A peer who can come to the person's home for the assessment.	We support these comments. The workforce for the new crisis support service may include peer support workers. The project for "Peer workforce development" is about to start.

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		○ To help to move forward as a peer, to put the positive perspective.
		    ○ To make appointments.
		    ○ To help prevent "diagnostic overshadowing".
		• It was also mentioned that if in the early noticing of need, peer support is needed. A peer is someone to talk to, to reframe, to listen, to motivate. In these early stages it is peer support that is needed not clinical intervention.
		• Peer support in ED was also mentioned as important, and that peer support workers should be available in ED, as well with Police and Ambulance services.
		• It was commented that the peer support workers need to be trained, and that funding is available for this.
		• It was noted that currently there is peer support in Waitaki but the contract ends 30 June 2023	

4.13	Workforce Development	• There were several comments about training the workforce. Other comments included:
		    ○ Adding supervision
		    ○ Provide education and upskilling the team (especially rural teams)
		    ○ Train staff in tikanga Maori
		• A specific comment was made about training EPS in relation to their response of "calling the Police". It was reported that people are told to call the Police but this makes the situation worse.
			We will work with the successful provider on opportunities and support for workforce development and training. The provider of crisis support will be expected to meet the development and capability needs of their workforce.

4.14	Technology and digital support	• No specific feedback received.	

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4.15	Evaluation	• No specific feedback received.	
5	**Other areas**		
5.1	Support group	• The following comments have been collated about a **Support Group in Waitaki**: 　○ Want a support group is that are not alone when not seeing the peer support worker. The group needs to meet on regular days and times. 　○ Suggested that support groups are started, with a lived experience lead. 　○ One reason for a support group is balancing a person's independence against a dependency on others. To be independent requires connection with others. 　○ The question posed was "How are people supported to get to a support group after a crisis?" 　○ It was suggested that the support group could also share learning tools. 　○ Create a space where people can come together to be heard. 　○ Can we have support groups in rural towns? A support group becomes a community. • There were some comments on **social isolation**: 　○ Impact of COVID-19 on isolation of **youth** 　○ Impact of **English as a second language** and not feeling part of the community 　○ People who live in **rural and remote** areas	The new crisis support service is to assist the person whilst experiencing a mental health crisis. This may include linking the person with support groups that can support people in their workplace. We note there are many support groups in communities that have been developed due to passion and interest of community members and not funded or professional services.

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5.2	Place of employment	- It was mentioned that there needs to be an **understanding of the person's needs** when in the workplace. - It was suggested that we need to look into how the client's workplace is supporting (or otherwise) the person. For example: - Mentoring. - Acknowledgement in practical ways. - The workplace needs to describe how the service will look after their staff.	While this is an important issue, we consider this beyond the scope of the crisis support service. The new crisis support service is to assist the person whilst experiencing a mental health crisis. This may include linking the person with other agencies that can support people in their workplace.
5.	Youth	- It was noted that there are **few options for youth** in Oamaru. - One comment was that in the youth groups available there is a mix of different behaviours and the proximity to risky behaviour (drugs, alcohol etc) - Other comments on youth were about the **impact of social isolation**, and that young people need to be supported early on to stop the isolation.	
5.4	Mental health training	- Options suggested were: - Mental Health 101. - Addictions 101. - Mental Health First Aid.	We consider this beyond the scope of the crisis support service. We expect the crisis support service to be staffed by people with extensive knowledge of mental health and addictions. We can encourage the community and interested stakeholder to participate in these course.

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5.5	Tenancy rights	• There was a brief discussion on housing and that some landlords do not treat the people in the flats very well. This can be a cause of becoming unwell. People need to be supported to find their own flats. It was commented that this is a big problem.	While this is an important issue, we consider this beyond the scope of the crisis support service. The new crisis support service is to assist the person whilst experiencing a mental health crisis. This may include linking the person with social supports in the community.

Te Whatu Ora
Health New Zealand