

TIME FOR **CHANGE** Te Hurihanga

.....
The journey so far
June 2023
.....

Te Whatu Ora
Health New Zealand
Southern

1.

Mihi

E tū ake nei tō tātou whare whakahirahira
Ko Ranginui e tū ake nei hei tuanui
Ko Papatūānuku e takoto nei hei whāriki
Ko te reo me ngā tikanga hei tāhuhu
Ko te lwi hei poutokomanawa
E tū e te whare e!
Hei whakairi i ō tātou wawata, ō tātou tūmanako,
ō tātou moemoeā!

There stands our house in all its grandeur
The sky is its roof
The earth is its carpet
Our language and culture is its ridge pole
And the people stand at its centre
Stand erect!
So that you may house our hope and dreams within!







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2.

Chair and Executive Director's foreword

Tēnā koutou,

It is with great pleasure that we share with you the [Time for Change – Te Hurihanga](#) journey so far.

The journey began in 2021 when a [comprehensive independent review](#) (also called Time for Change – Te Hurihanga) confirmed the mental health and addiction system in Southern was fragmented, overloaded, complicated, and difficult for some people to navigate and access.

The Time for Change – Te Hurihanga implementation programme was established to address the recommendations in the review.

Over the last 18 months we have seen many positive changes to our current mental health and addiction system, and we are delighted to be able to share these with you in this report. At the heart of this programme have been the voices of tāngata whaiora (a person seeking health), whānau, people with lived experience, the community, and providers of services.

Many people have been on the journey with us, telling us what works, what doesn't and what a good service looks like for them. Engagement with the community has meant many positive changes have been possible – new services have been co-designed with them, and for them.

A focus of the programme has been to improve equity for Māori including increasing access to Kaupapa Māori mental health services. We're pleased that new Kaupapa Maori alcohol and drug services in Otago and Southland have already been launched, and equity and inclusiveness has been at the centre of the co-design of every new service.

We'd like to thank the many people who have been involved in the programme and who have played a part in the changes needed to bring us ever closer to realising the Time for Change – Te Hurihanga

vision. In particular we wish to acknowledge the time and commitment of the Cross-sector Group, the four Mental Health and Addictions Networks, the Iwi Governance Group (now discontinued due to the health reforms), the workforce, tāngata whaiora, whānau, people with lived experience, providers, and the community.

We are proud of what has been achieved in such a short period of time. The direction has been set for our mental health and addiction services by Time for Change – Te Hurihanga, to make a positive change for tāngata whaiora and whānau, in need.

This is only the start of the journey, there is so much to do.

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

Clive Bensemam

Chair, Time for Change Leadership Group

Clinical lead for the mental health and addiction (MHA) quality improvement programme

Clinical Head, Mental Health Services for Older People, Te Whatu Ora

Toni Gutschlag

Executive Director Mental Health, Addiction, and Intellectual Disability Services

Te Whatu Ora Southern

3.

Message from the lead Chair of the Mental Health and Addiction Networks

After seven years being involved with mental health and addiction services and trying to get things to change, I have seen more happening in the last 12 to 18 months than in the last seven years.

It's fantastic to finally see investment in mental health and addiction services, and through the Time for Change – Te Hurihanga Programme to see things happening and new services starting.

The success so far has been made possible because of the involvement of the people who make up our communities - those who need care and support, those who support others needing care, and those who provide the care.

I'd also like to acknowledge Toni Gutschlag for her drive to make this happen and to her fantastic programme team. The changes would not have happened without their passion and dedication to the programme.

The four Southern Mental Health and Addiction Networks look forward to working with the forthcoming Locality Groups particularly around strengthening of planning of mental health and addiction services across the district. The importance of the work of the Time for Change – Te Hurihanga programme in planning for the future is obvious.

John McDonald

Lead Chair

The four Mental Health and Addiction Networks

4.

Introduction – the journey so far

Over the last eighteen months, Te Whatu Ora Southern and the community have been on a journey towards a more equitable, inclusive, and people-focused mental health and addiction system that supports people to be well in their community.

Our communities told us we needed to make changes. Through the Time for Change – Te Hurihanga Programme many positive changes have already been made to our mental health and addiction services across the Southern district. The services that have been created aim to better meet local needs and improve equity for Māori.

The programme has two key principles:

- Equity First Thinking.
- Inclusive of people with lived experience.

Read about the equity journey and Equity First Thinking from Daniel Tawaroa, Pou Tataki - Project Manager; the inclusion of people with lived experience from our lived experience advisors, Emma Hunter, Grant Cooper, and Toni Huls; and from Gemma Griffin, Pūkenga Kaupapa, Project Manager with lived experience about their reflections and learnings.

The Time for Change –Te Hurihanga programme has achieved much in such a short period of time. This would not have been possible without the people who have being part of the journey. Thank you to everyone who has contributed to this important programme of work.

We'd like to share the journey so far with you.

The Time for Change – Te Hurihanga Programme team

Chris Crane, Kaiwhakahaere Te Hurihanga, Programme Manager and Equity Partner

Daniel Tawaroa, Pou Tataki - Project Manager and Equity Partner

Adell Cox, Pūkenga Kaupapa, Clinical Lead

Bronwyn Billingham, Pūkenga Kaupapa, Clinical Lead

Gemma Griffin, Pūkenga Kaupapa, Project Manager, with lived experience Jenni Topliss, Pūkenga Kaupapa, Clinical Lead

Michelle Barron (to April 2023), then **Kim Forrester**, Kaiwhakahaere Tari, Management Administrator

Virginia Irving, Pūkenga Kaupapa, Project Manager

Melissa Garry, Senior Communications Advisor

5.

Key Projects

Establish a new **5-bed** mental health crisis **respite care facility** in Dunedin

Increase crisis mental health and **addictions support** options for Queenstown & Central Otago

Establishment of **organisational development programme** to build leadership and improve the culture within specialist services

Development of a **\$5million** programme to improve the **environment within the inpatient services** on the Wakari campus

By Māori for Māori' investment – develop framework for district wide Kaupapa Māori

Develop a **model of care** for Day Programmes

Expansion of alcohol and other drug services (AOD) in Southland

Expansion of alcohol and other drug services (AOD) in Dunedin

Evaluation of the programme and the initiatives

Establish **contemporary intensive community support** and residential services to support tāngata whaiora with high and complex needs

Increase **clinical leadership positions** (four) in specialist services

Develop the plan to **grow and support** the peer workforce

Partnering with the four longstanding Mental Health and Addictions Networks across Southern

Enhance Child and Youth Services

Develop **peer-governed** services



Establish a new 5-bed mental health crisis respite care facility in Dunedin

The project

A new five bed mental health crisis respite service opened in Dunedin in September 2022. This significantly increased the city's capacity for emergency respite care. Dunedin has historically had a one-bed unit available, and the five new beds address a long-standing need for more emergency respite care.

The service is run by Pact. Their dedicated team of clinical staff and trained mental health support workers provide adults experiencing acute mental distress with 24-hour residential support.

[Read more here.](#)

"Many more people in crisis will be able to access professional, clinically led, community-based support rather than hospitalisation, enabling them to remain closer to home."

Toni Gutschlag, Executive Director of Mental Health, Addictions and Intellectual Disability for Te Whatu Ora Southern

Key facts

- The service provides accommodation, respite care and community support.
- It accommodates tāngata whaiora referred by Mental Health, Addiction and Intellectual Disability (MHAID) or General Practice teams.
- The specialist home has increased Dunedin's mental health respite capacity fivefold– from 365 bed nights per year (ie 1 bed) to 1,825 bed nights per year (ie 5 beds).
- Inpatient hospital services continue to be available for those who need them.
- From the opening in September 2022 to the end of April 2023, 62 tāngata whaiora used the respite care facility.

Increase mental health and addictions crisis support options for Queenstown and Central Otago districts

The project

In January 2023, a new mental health crisis support service for Queenstown Lakes and Central Otago residents opened.

The Central Lakes crisis support service model was co-designed with the community. Several meetings were held with providers and members of the community on their ideas on what was needed. The design process led to an innovative service model with an emphasis on home-based care, information, and support for whānau, self-care and assistance with addressing the causes of distress.

The service is provided by the Central Lakes Family Services (CLFS) and sits alongside the current 24/7 regional crisis response service (provided by Te Whatu Ora Southern Mental Health and Intellectual Disability service).

There are now more options to support people in mental distress to receive care and support close to home, rather than travel to Dunedin Hospital or Southland Hospital.

Next steps

The final stage of the crisis support service is to provide short-term care in a new respite facility. This is under development and will be available later this year. [Read more here.](#)

“People don’t need to walk this path alone, we’ll be there to hold their hand. We also understand how concerning it can be for whānau when someone they care about is very distressed. Working together, we can help problem solve, come up with a care plan that recognises their needs and goals, and set them on the pathway to recovery with the right people and support around them.”

CLFS General Manager Tina Mongston

Right: Some of the Central Lakes mental health crisis support team members. From left: Fiona Young, Carla Spring (back right) and Brittany Spark.

Key facts

- The service is predominantly for adults aged 18 years and over (with flex for younger people when required).
- Outreach crisis support sits alongside the current 24/7 Southern Te Whatu Ora crisis response service.
- It provides more local options to support people in mental distress.
- Referrals are from Te Whatu Ora Southern’s Specialist Mental Health and Addiction (MHA) team or General Practices.
- A new respite facility to provide short-term respite care is planned.



Increase mental health and addictions crisis support options for the Waitaki district

The project

Waitaki local stakeholders and people with lived experience have been involved in a co-design process for crisis support and respite services. They have been looking at what changes and initiatives they would like to see for these services.

A draft model of care has been developed for crisis support in Waitaki. When finalised, this will sit alongside the crisis response service in Waitaki. A "model of care" is a way of describing what types of services we need, and how they should work.

Next steps

Once the model of care is finalised, a process to select a provider for the crisis support service in Waitaki will start.

"Through Te Hurihanga we are heartened by the progress towards addressing some of the mental health and addictions and crisis response support options in the Waitaki District. The support and co-design approach taken by the Time for Change – Te Hurihanga programme team has enabled a comprehensive consultation and design process with genuine community engagement and input into something that is so critically important for our district."

Helen Algar, Waitaki Mental Health & Addictions Locality Network Chair

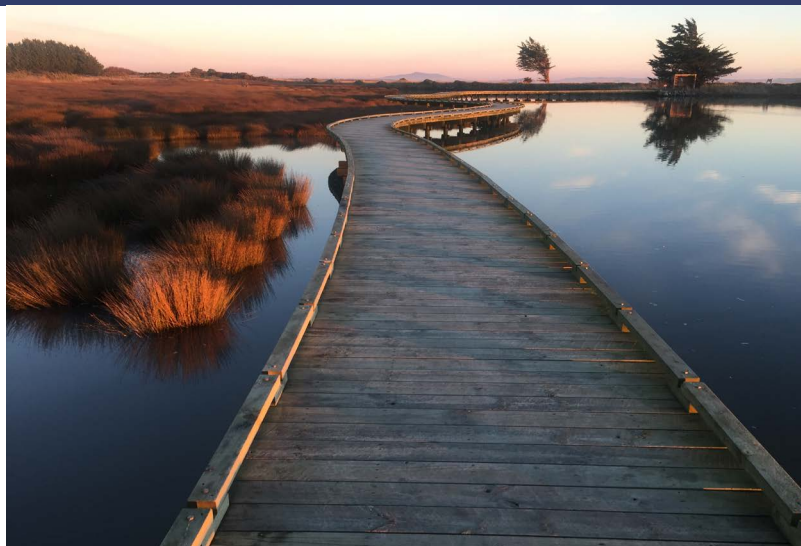
Key facts

- A draft model of care has been developed for crisis support options to sit alongside the crisis support service in Waitaki.
- The co-design process includes consultation with people with lived experience.
- Local stakeholders also consulted are Emergency Services, Mental Health and Addiction providers, community representatives and agencies.
- Once the model of care is finalised a process to find a provider will start.



Increase mental health and addictions crisis support options for Southland

A process is underway to identify a suitable provider in Southland to run a crisis support service in Invercargill and surrounding areas. The service will support tāngata whaiora with a residential and home-based service.



'By Māori for Māori' investment – develop a framework for district wide Kaupapa Māori

The findings of the Time for Change- Te Hurihanga review of the Southern DHB mental health system highlighted an uneven, inequitable distribution of resources across the Southern district and a number of urgent issues including Māori being significantly disadvantaged by the system and a lack of kaupapa Māori services.

A draft kaupapa Māori investment framework for Hauora Māori was led by the Pou Tātaki in the Time for Change -Te Hurihanga programme team. The framework is called Ngā Puna. 'Puna' means a natural spring (water source) and is used in the Framework to indicate a primary source of knowledge.

The Ngā Puna Framework is informed by tikanga Māori with a specific te ao Māori worldview to guide:

- increased investment in hauora
- tikanga informed funding of new services
- the promotion of Māori innovation and partnerships in local Māori responses to mental health and addiction issues for whānau Māori in Southern.

Te Hurihanga – Time for Change has committed \$1million to support service investment for 'by Māori for Māori' approaches and to explore further kaupapa Māori opportunities to address mental health and addictions needs in Southern. This will be led by Te Aka Whai Ora – the Māori Health Authority.

Expansion of alcohol and other drug services (AOD) in Dunedin

The project

In May 2023, a new community-based drug and alcohol service was launched in Dunedin.

The service meets a need identified in the Time for Change –Te Hurihanga review. It provides specialist alcohol and other drug addiction services within a Te Ao Māori framework, closer to home and within a broader range of health services.

The service is provided by Te Kāika, a kaupapa Māori organisation built on partnerships with Arai Te Uru Whare Hauora (that has since amalgamated with Te Kāika), the University of Otago, Te Rūnanga o Ōtākou, and Te Rūnanga o Ngāi Tahu.

The service includes wānanga, whānau ora approaches, therapeutic interventions and peer support all delivered within a Māori framework. It is available to all adults with moderate to severe and/or complex addiction issue seeking support in their recovery, with a specific focus on connecting with Māori.

[Read more here.](#)

“We are delighted to launch this addictions service which offers both clinical interventions and support for tāngata whaiora and their whānau.

Te Kāika Chief Executive Officer, Matt Matahaere

“We’re very excited about this new service – it’s an opportunity for Te Whatu Ora – Southern to embrace a different way of working that is responsive to community needs and can deliver comprehensive outcomes for Māori and other whānau in the community.”

Toni Gutschlag, Executive Director of Mental Health, Addictions and Intellectual Disabilities for Te Whatu Ora Southern

Key facts

- New community-based alcohol and drug service for Otago run by Te Kāika in Dunedin.
- Offers clinical outpatient services and outreach services delivered within a Te Ao Māori framework.
- Available to all adults over 18 years old with moderate to severe and/or complex addiction issues.
- Service has a specific focus on connecting with Māori, and those with current or previous Corrections involvement.



Matt Matahaere, Te Kāika Chief Executive Officer talking at the launch of the new service in May 2023.

Expansion of alcohol and other drug services (AOD) in Southland

The project

In May 2023 increased community-based drug and alcohol services in Southland were confirmed.

A new service named Hiwa-i-te-rangi is run by Nga Kete Matauranga Pounamu Charitable Trust (NKMP). It is provided within a Te Ao Māori framework for people with moderate to severe and/or complex addiction issues, with methamphetamine being a significant issue. Services are available for those aged 15 years and over, with a focus on 15-36-year-olds.

NKMP is a mana whenua mandated kaupapa Māori provider and has been offering addiction services in the south for more than 20 years.

The model of care for the new service has been developed in collaboration with the police.

[Read more here.](#)

“The new service will provide culturally responsive services closer to home and will help address the significant inequities where there is a higher rate of methamphetamine addiction identified that are negatively affecting the Māori community in the Southland region.”

Toni Gutschlag, Executive Director of Mental Health, Addictions and Intellectual Disability for Te Whatu Ora Southern

“Hiwa-i-te-rangi is an expansion of our mental health and addiction services, focusing on 15-36-year-olds experiencing harm from methamphetamine use. We are looking forward to extending our collaborative working relationship with the police in returning people back to wellness and independence.”

Tracey Wright-Tawha, NKMP Chief Executive

Key facts

- New community-based drug and alcohol services in Southland run by Nga Kete Matauranga Pounamu Charitable Trust (NKMP).
- For people with moderate to severe and/or complex addiction issues, with methamphetamine being a significant issue.
- Services available for those aged 15 years and over, with a focus on 15-36-year-olds.
- Offers a hub of services that whānau can transition into within a Te Ao Māori framework.



NKMP Addictions Counsellor Rhoda Hei Hei (left) and Chief Executive Tracey Wright-Tawha (right).

Establish contemporary intensive community support and residential services to support tāngata whaiora with high and complex needs

The project

The Time for Change – Te Hurihanga review highlighted the need to support tāngata whaiora (a person seeking health) with high and complex needs currently living in Ward 11 at Wakari Hospital in Dunedin to be able to move from the hospital to live in the community. The review identified that people were living in the service because of a lack of appropriate support options in the community. The plan is to eventually close Ward 11.

In December 2022, Comcare Trust was announced as the new provider to develop and provide contemporary community intensive support services. This includes housing to enable people to move out of hospital. [Read more here.](#)

Since December, Comcare Trust and the Ward 11 team have been working together to prepare for the first tāngata whaiora to move from hospital into the community. Each person receives a housing and support package specifically designed for their own particular needs.

The initial focus for the intensive community support service is on tāngata whaiora living in Ward 11, and also tāngata whaiora on other inpatient wards who, with additional support, could also move to their own home. The service will then be available to people outside of hospital needing more intensive support.

Next steps

It is expected that the first tāngata whaiora will be able to move into the community by early June 2023, with others to follow later in the year.

Following the initial focus on Ward 11, people referred from other wards and the community mental health teams will be included as well.

Key facts

- Comcare Trust announced as the new provider to develop and provide contemporary intensive community support services, including housing to enable people to move out of hospital.
- The first tāngata whaiora currently living in Ward 11 is expected to move out of hospital into the community in late May or early June 2023.
- Tāngata whaiora will have a support package that is flexible to meet their individual needs.
- The intensive support service includes:
 - Accommodation.
 - Home-based support services.
 - Therapeutic support and interventions.
 - Mentoring.
 - Support with family connections.
 - Social connectedness.
 - Tenancy assistance.
 - Medication support/management.
 - Assistance with activities of daily living.
 - Interventions focused on maintaining accommodation.
 - Support with developing and maintaining wellbeing plans.

“We have a lot of expertise and experience in providing innovative community solutions for people with mental health support needs in Canterbury, we are delighted to have the opportunity to share these with the Southern community.”

Martin Cole, CEO of Comcare Trust

Develop peer-governed services

The project

Stakeholders gave a very strong message through the Te Hurihanga - Time for Change review that they wanted to be able to access peer support.

A model of care for peer-governed services has been produced through a co-design process involving people with lived experience and our community. The co-design process was led by the Pūkenga Kaupapa, Project Manager, with lived experience.

“Peer-governed” means that at least half of the governance members of the organisation (trustees/board members) will be peers who have personal experience of mental distress and/or addiction.

The model of care was based on feedback from eleven workshops, written submissions, background papers and a literature review. Each workshop was co-facilitated by a facilitator with lived experience and a Māori facilitator with cultural expertise.

The model of care sets out:

- The principles and values that peer-governed services need to be based on.
- The objectives that peer-governed services need to be working towards.
- How peer-governed organisations must commit to delivering equitable services and outcomes for Māori tāngata whaiora and whānau.
- The types of organisations who will be eligible to be funded by Te Whatu Ora to deliver peer-governed services.
- The types of services peer-governed organisations will provide, and how they will be provided.
- Changes that are needed in the wider system to enable peer-governed services to work well.

[The model of care can be read here.](#)

A preferred provider has been selected to run peer-governed services in Dunedin.

Key facts

- A model of care for peer-governed services has been designed to meet the needs of the community.
- A model of care is a way of describing what types of services we need, and how they should work.
- Eleven co-design workshops were held.
- A provider has been selected to run peer-governed services in Dunedin.

Next steps

The process to select a provider in Invercargill is underway.

“Peers are just as important as the medical system.”

Quote from stakeholder

Develop the plan to grow and support the peer workforce

The project

A Southern Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Action Plan has been developed to grow, support, and develop the CPSLE workforce.

[The CPSLE Workforce Development Action Plan can be read here.](#)

The plan was based on feedback from eight workshops, background papers and a literature review.

Each workshop was co-facilitated by a facilitator with lived experience and a Māori facilitator with cultural expertise.

Training/education will be purchased soon for the CPSLE sector, to address some of the training priorities identified in the plan. A network is also being developed to support CPSLE staff.

“Being able to go talk to someone who has some skills, has been through it, could avoid crisis, rock bottom.”

Quote from stakeholder

Key facts

- A Southern Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Action Plan has been developed.
- This is to grow, support and develop the CPSLE workforce.
- Training/education will be purchased soon for the CPSLE sector.
- A network is also being developed to support CPSLE staff.

Develop a model of care for non-clinical Day Programmes

The project

One of the findings of the Time for Change – Te Hurihanga review was that non-clinical day programmes be reviewed to make sure that they are providing a service that tāngata whaiora (a person seeking health) wants and needs.

In January 2023, we asked people who attended day programmes, the community, and providers of non-clinical day programmes what they thought a good day programme should look like.

Feedback was gathered through listening sessions. These took place at each providers' premises for tāngata whaiora, in the community and with providers. Feedback was also provided through surveys, by email or by phone. From the feedback received, a draft model of care for non-clinical Day Programmes was designed.

Further feedback was sought from providers and tāngata whaiora on the draft model of care. In May 2023, the final model of care was released.

[Read the model of care here.](#)

Next steps

The providers of non-clinical day programmes will be supported to make changes needed to align their current service with the new model of care. Te Whatu Ora will work with them and support them to do this.

"I want a day programme that acknowledges where you have come from, where you want to go, and help to get to that place."

"A central place to find groups and resources to reduce isolation and helplessness."

Quote from stakeholder

Key facts

- The model of care for non-clinical day programmes was co-designed with tāngata whaiora, the community and providers to provide a service that tāngata whaiora wants and needs.
- A "model of care" is a way of describing what type of services are needed, and how they should work.
- Extensive engagement including sixteen group listening sessions, four provider sessions and eight feedback sessions.
- The providers of day programmes will be supported to make the change to the new model of care by Te Whatu Ora.
- There are currently eleven community providers of non-clinical day services who receive funding from Southern Te Whatu Ora Southern. In addition non-clinical day programmes are also provided in the community by MHAID.

Enhance Child and Youth Mental Health Services

The project

Te Hurihanga - Time for Change review identified that existing infant, child and youth mental health and addiction services are not able to respond to the increase in demand for services in their district.

Co-design workshops have taken place across the district in Ōtākou, Waitaki, Central Lakes and Southland. The codesign included discussion on where improvements can be made across child and youth mental health services, the priorities for improvement and what changes need to be made.

Next steps

From the workshops an options paper is being developed that will identify initiatives and ideas to address the issues identified in the workshops and improve child and youth mental health and addictions services across Te Whatu Ora Southern.

“We need more information what mental health or wellbeing services are available, or information about the steps to access these services.”

“Enhance engagement with family and whānau, provide more planned and crisis respite options, and provide more education and practical support for families/whānau.”

Quote from stakeholders

Key facts

- Options for new initiatives and ways to provide child and youth mental health and addictions services were identified at co-design workshops in Ōtākou, Waitaki, Central Lakes and Southland.
- The workshops were held in conjunction with the Mental Health and Addiction Networks.
- They were attended by a range of stakeholders including Māori/cultural representatives, young people with lived experience, child and youth services and rural representatives.
- From the feedback from the workshops a plan is being drafted
- This plan will set out the new initiatives and ways to provide child and youth mental health and addictions services.

Increased clinical leadership positions (four) in specialist services



Left to right: James Riley and Maria Vant Klooster Allied Health consultants, Sarah Murphy, and Jane Bodkin Nursing Consultants

Four new clinical leadership positions have been created in Mental Health, Addiction, and Intellectual Disability service (MHAID) to enhance the leadership within MHAID. The positions are two Senior Nurse Consultants, and two Allied Health Consultants. All four consultants started in their new positions in May 2023.

These roles have been established to help respond to the Time for Change – Te Hurihanga about building leadership capacity. By increasing clinical leadership there will be more support available to staff providing essential specialist services.

The consultants will lead quality improvement initiatives which will include a focus on cultural competency, as well as service and workforce development.

The consultants also have an important role in improving the tāngata whaiora and whanau experience.

Partnership with the four long standing Mental Health and Addictions Networks across Southern

The southern region has four Mental Health and Addictions (MH&A) Networks:

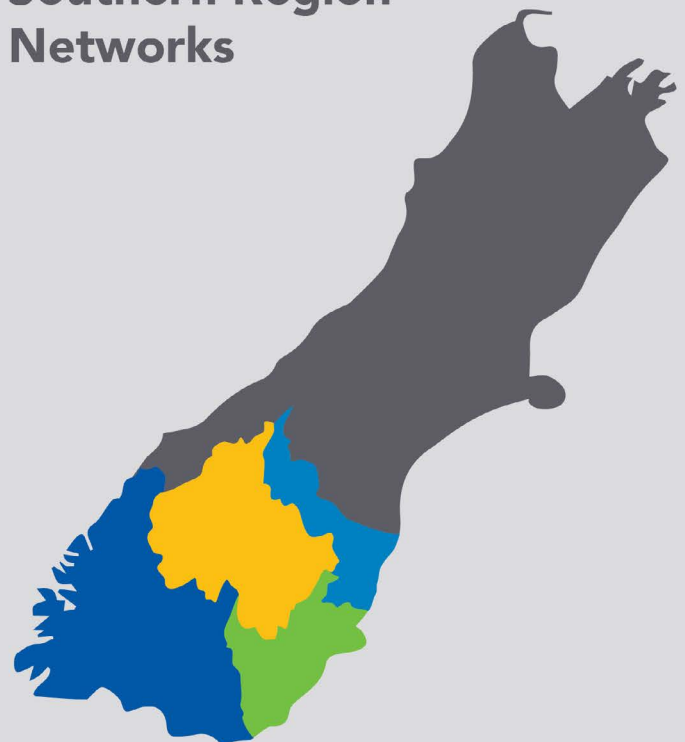
- Waitaki MH&A Network (Waitaki district)
- Central Lakes MH&A Network (Queenstown Lakes and Central Otago districts combined)
- Ōtākou MH&A Network (Dunedin City)
- Future Directions MH&A Network (Southland, Invercargill City and Gore).

Each MH&A Network links to mental health and addictions providers and stakeholders in the district. They advocate for equity of access, quality of service provision, and pathways to wellbeing for everyone in their area.

Time for Change – Te Hurihanga highlighted the importance of these Networks to engage with communities and address known mental health and addiction concerns in their respective catchments.

The Networks were supported to formally collaborate with their communities to support the co-design of improvements in two priority areas: peer support, and child and youth mental health services. This was supported through co-design funding from the Ministry of Health.

Southern Region Networks



- **Waitaki Mental Health and Addictions 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)

Establishment of an organisational development programme to build leadership and improve the culture within specialist services

The Time for Change - Te Hurihanga review identified the need for Mental Health, Addiction, and Intellectual Disability (MHAID) to build leadership capacity, improve safety and make improvements to culture. A number of actions have been taken build the leadership team:

- Four new clinical consultant roles have been established.
- The General Manager of MHAID is championing improvements to the safety culture within MHAID through:
 - increased transparency around incidents and issues,
 - increased availability of security on the Wakari Hospital campus, and
 - increased visibility of the directorate leadership team across MHAID.
- In June 2022, an external provider was contracted to deliver a leadership development programme to the Directorate Leadership Team. The purpose of this was to build leadership capacity and support a culture change within MHAID.

Improving the environment within inpatient services on Wakari campus



Te Whatu Ora National Infrastructure Unit has committed to enhancements to Mental Health, Addiction, and Intellectual Disability (MHAID) inpatient wards on the Wakari Hospital site. This support was warmly welcomed because some areas are no longer consistent with environments appropriate for contemporary inpatient care.

New MHAID inpatient facilities in Dunedin are planned in the 2030s. The Wakari Hospital site will be refurbished to ensure facilities are adequate for the next 10 years until the new facilities are built Wards 9A, 9B and 10A. This work is planned to start later this year.

Ward 11, Ward 9C and Helensburgh cottage are not included in the refurbishment. Ward 11 will eventually close as tāngata whaiora transition to more appropriate accommodation and support services. Ward 9C and Helensburgh Cottage are relatively new, and Helensburgh Cottage is a purpose-built unit.

Evaluation of the programme and the initiatives

An independent evaluation has been commissioned to document the Time for Change - Te Hurihanga programme model and to assess implementation effectiveness.

The evaluation is informed by a series of key questions to:

- support understanding of the strengths and limitations of Time for Change -Te Hurihanga.
- share key learnings for reform of the mental health and addiction system in the Southern region.

Evaluation data collection includes both qualitative and quantitative evidence. This has been collected by:

- document analysis.
- interviews of key people involved with the Time for Change - Te Hurihanga programme and its key initiatives.
- surveys of stakeholders.

A draft report will be ready in June, with the final evaluation report available in early July 2023.



6.

The Equity journey

By Daniel Tawaroa, Pou Tataki -
Project Manager and Equity Partner



Te Mana Taurite – He Mana Motuhake

Ko Rangainui e tu iho nei, ko Papatuānuku e takato ake nei,

Ko Tane Mahuta mā ngā ira Atua ka puta mai ko tātou, ngā ira tangata.

Ka tipu ake tātou i ngā tāonga i tuku iho,

Ko te wairua, ko te whakapapa, ko te aroha anō hoki.

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.

Time for Change – Te Hurihanga

The Health and Disability System Review (2019) has stressed that Māori as Te Tiriti/Treaty partners have not been well served by the health and disability system in New Zealand. Te Whatu Ora Southern is no exception, with several tāngata whaiora (a person seeking health) reporting that Te Whatu Ora Southern services are less accessible for Māori, and that even when someone can get access to a service, the person and/or their whānau may not receive the same level of treatment as others, or culturally safe care.

Equity can be defined as provision of care that achieves the highest attainable health outcome for all people, no matter where they live, or their socioeconomic status, gender, ethnicity, age, or other patient-related characteristics. The evidence from the 2021 Time for Change – Te Hurihanga review of the Southern DHB (now Te Whatu Ora Southern) mental health and addiction system indicated that several components did not support equity.

Equity First Thinking – Te Mana Taurite

Commitment to equity for the Time for Change - Te Hurihanga Programme required firm and considered leadership, steadfast commitment and high levels of shared trust. By mutual personal agreement the Programme Manager and Pou Tātaki/Māori Equity Lead began the Time for Change - Te Hurihanga equity journey as jointly intended, in partnership, and collectively. An agreed commitment to 'role-model' authentic partnership approaches and collaboration in the spirit of Te Tiriti o Waitangi was deemed essential to guiding the intended working relationships, community engagement, and inclusive culture of Time for Change – Te Hurihanga.

Te Tiriti o Waitangi

Central to the process of equity first thinking is acknowledgement of Māori aspirations, the principles of Te Tiriti o Waitangi provide key reference points which underpin Time for Change – Te Hurihanga. The development of a Te Tiriti o Waitangi framework that functions to minimise disadvantage and to maximise opportunity and potential through a series of questions to assess, learn, test, and refine outcomes for equity. This Te Tiriti o Waitangi approach is across the entire programme of work and aligns to all aspects of Time for Change - Te Hurihanga.



7.

Reflections and learnings from our lived experience advisors

By Emma Hunter with contributions from Grant Cooper and Toni Huls (lived experience advisors)



Left to right: Emma Hunter, Grant Cooper and Toni Huls

Lived experience refers to people who have lived experience of mental distress and/or addiction.

Including the voice of lived experience in the co-design process of Te Hurihanga Time for Change has been critical for ensuring that the programme meets the needs of tāngata whaiora, (a person seeking health).

A strength of Te Hurihanga has been the inclusion of lived experience in each part of the programme and associated processes. This includes membership of the Governance Leadership Group and Cross sector working group in addition to several other lived experience peers also involved in the cross sector working group.

Co-facilitating workshops and listening sessions by a person with lived experience and tāngata whenua ensured the tikanga process was embedded, creating opportunities for connections through whanaungatanga amongst participants and allowing space for whakaroaro (reflection). This gave people the chance to appreciate the unique challenges and strengths that each person brings to the co-design

process. This collaboration helped to break down the 'us versus them' mentality that can often exist between service providers and tāngata whaiora.

Lived experience representatives have been able to provide valuable insight into the challenges and barriers that tāngata whaiora face when seeking mental health and addiction support.

Some reflections

"There is a strong sentiment shared that incorporating the lived experience perspective, created a more authentic and effective programme that reflects the realities and complexities of the mental health and addiction system in Southern."

Emma Hunter

"To know that these experiences along with those of my peers were informing the various work projects within Time for Change felt transformational in terms of involvement and the potential for new culturally responsive and trauma informed services to take shape."

Emma Hunter



"I felt supported and respected by the Time for Change team who accompanied the initial tāngata whaiora meetings. They allowed me to lead the discussion and provided background support and recorded the thoughts of people (with their permission and anonymously)."

Grant Cooper

"The team were respectful of the lived experience kaupapa and ensured the lived experience co design had minimal attendance from Te Whatu Ora staff/clinicians."

Toni Huls

"The lived experience representatives selected were well balanced. This ensured the lived experience knowledge, networking and voice was inclusive."

Toni Huls

Some learnings

"It is important to recognise and address the challenges that co-designers may face, and this could be evidenced within some of the working groups amongst lived experience peers feeling that their voices were not heard. This often occurred within some of the larger working groups that could have clinical dominance in terms of membership."

Emma Hunter

"It would have been good to utilise more local tāngata whaiora to help promote and support meetings in their location."

Grant Cooper

"It would be good to have a lived experience "local navigator" at the Huis."

Toni Huls

8.

The involvement of people with lived experience

By Gemma Griffin, Pūkenga Kaupapa,
Project Manager, with lived experience



The last year has seen so much change across the Southern mental health and addiction system, to make the improvements that were identified in the Time for Change - Te Hurihanga review. The review recommended that people with lived experience should be engaged as “active agents and equal partners in the change process.” (recommendation 34). In the last year we have seen a significant number of people with lived experience being actively involved in change, in a range of ways.

Involvement of people with lived experience in the Time for Change Te Hurihanga programme

Many people with lived experience have been involved throughout the programme:

- **Community involvement.** We held 22 workshops and 26 listening sessions across the district, that people with lived experience could attend. Of these, 7 workshops and 21 listening sessions were for people with lived experience only. 1 workshop was for youth.
- **Lived experience facilitation.** People with lived experience were contracted to co-facilitate many of the consultation meetings.
- **Lived experience leadership.** We had our draft model of care peer-reviewed by an independent lived experience leader
- **Project management.** As the project manager with lived experience, I led two projects about peer services and the peer workforce. I also provided some lived experience advice to other projects.
- **Purchasing new services.** Two people with lived experience were appointed to the tender evaluation panel to choose new peer-governed services. This meant that 50% of the panel were people with lived experience.
- **Cross-sector input.** The cross-sector group included seven people with lived experience, from across the district.
- **Governance.** Two people with lived experience were appointed to the Change Leadership Group, which monitored progress across the programme.

Diverse lived experience voices have contributed their experiences, to all of the Time for Change projects. Including lived experience voices

throughout the different stages of the programme has ensured that the lived experience voice has remained strong.

Extensive co-design process

Time for Change has been the most extensive co-design process with people with lived experience in Southern. Co-design has been happening across multiple areas including peer-governed services, day programmes and crisis support. People with lived experience have generously offered their time across these multiple areas at once, to improve services and outcomes for peers throughout the system.

What we have learnt over the last year

We have learnt so much from every one of listening sessions we held.

Some of the key things we have learnt are:

- That having people with lived experience co-facilitate consultation meetings is important and ensures that the discussion remains focused on the needs of people who are accessing services.
- That holding workshops for people with lived experience only is important because it provides a safer space for people with lived experience to speak up.
- That it is possible to do robust co-design in a short time period, with the support of the lived experience community.

While we have learnt a lot, we know we have much more to learn. A key area that we need to work on is how to best reach people with lived experience, to make sure that everyone knows how to have their say about developing services. If you'd like to hear about opportunities to be involved, you can email tehurihanga@southerndhb.govt.nz to receive our newsletter.

Thank you

Time for Change has achieved so much this year, but none of it would have been possible without the involvement and leadership of people with lived experience. It takes courage to share your experiences and thoughts to improve services, especially if you haven't always had positive experiences yourself. It takes hope to engage in consultation, when previous consultations haven't always resulted in the outcomes that were promised. To people with lived experience - we thank you for your contribution. It is very much valued, and it is influencing change.

9.

Looking forward

The Time for Change – Te Hurihanga programme has been extended until June 2024. The team will continue with their work to progress the Time for Change - Te Hurihanga vision for the future of Southern mental health services.

Vision

“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. ”

There is still much more to do, and the project team are excited to be able to continue the journey with our community to improving the mental health and addiction services in Southern.

The areas the team will be focusing on are:

1. Supporting the implementation of **peer-governed/ peer-led services** (Dunedin and Invercargill).
2. Implementation of the **new model of care for day programmes**. The programme team is providing implementation support for providers, and the review of progress is scheduled for October 2023.
3. Implementation support and project management of the **transition of tāngata whaiora from Ward 11 into the community**.

4. A **new crisis support service in Invercargill and surrounding areas**. A process is in progress to identify a suitable provider(s) in Southland.
5. Finalising the **co-design of crisis support service model for Waitaki**. The process to identify a suitable provider(s) will commence by July 2023.
6. **Co- design of a service model to improve child, youth, and whanau wellbeing**. Four community hui have been held. We will continue to work with the Networks and community to identify and purchase new services.
7. **Evaluation** of each initiative and programme as a whole.

10.

Acknowledgments

Thank you to each and every person who has taken part in the Time for Change – Te Hurihanga Programme. Thank you to our community, tāngata whaiora, whānau, people with lived experience and providers who have come on this journey with us. Thank you also to our expert advisors – the members of our leadership group; the Southern Mental Health and Addictions (MH&A) Cross Sector Group; the four Mental Health and Addictions Networks; and our Consumer Advocates, and Consumer Representatives,

We also want to acknowledge the Ministry of Health and Te Whatu Ora for its support and resourcing that has helped make the collaborative design possible.

What has been achieved in the Time for Change – Te Hurihanga Programme so far has only been made possible by your involvement and support. We have an amazing Southern community.



Te Whatu Ora

Health New Zealand

Southern