

Time for
Change
Te Hurihanga

Child and Youth
Mental Health and Addictions
Services

For Feedback

Codesign summary
and
Exploratory areas for investment

Thank you for your feedback.

Please email your feedback to:

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by 7th August 2023.

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Acknowledgement

The information contained in this document is the result of the commitment and participation of the four Southern Mental Health and Addictions Networks to improving mental health and addiction services for children and young people. Each of the four Networks hosted codesign hui to bring together key stakeholders. Senior Advisors from Whāraurau, and Te Huirhanga Time for Change Equity Lead supported these co-design workshops.

Background

Time for Change Te Huirhanga findings and recommendations related to child and youth were¹:

- Infant, children, and youth in the 0–24-year-old age bracket make up 31% of the population in the Southern district, however children and youth attracted less than 15% of the Mental Health and Addictions budget for the 2020–21 financial year.
- The growth in the 0–19 segment of the population over the 2018–2028 time period is projected to be 17% (Māori), 31% (Pacific) and 24% (Asian).
- The onset of mental illness peaks in adolescence and early adulthood, with 50% of all mental disorders developing before the age of 15, and 75% by the age of 25.
- New Zealand also holds the shameful record of having the highest youth suicide rate for children and youth aged 10–19 years amongst 19 developed countries (Shah, Hagell & Cheung, 2019)².
- The 0–24-year age group is a priority because the experience and impact of trauma and mental distress during this life stage is very significant and can have lasting, negative effects as an adult.
- Targeted prevention measures, early intervention services and effective treatment options for this group present the best opportunity to reduce the personal, social, and economic costs of mental distress and addiction problems that are experienced by infants, children, young people, and their families/whānau
- What needs to happen for child and youth services are:
 - Increase and allocate appropriate levels of funding that is targeted at specific segments of the infant, child and youth population (and their families/whānau).
 - Increase, strengthen and support the **specialist** ICAMH/AOD services and workforce, starting with those localities where there is high demand (volume), high acuity and low staffing levels.
 - Increase, strengthen and support the development of primary and community MH&A services and the **workforce** (including the youth peer workforce).

¹ Synergia. Time for Change Te Huirhanga A review of the Mental Health and Addiction System (2021) commissioned by Southern DHB

² Shah, R., Hagell, A., & Cheung, R. (2019) *International comparisons of health and wellbeing in adolescence and early adulthood*. Retrieved from: <https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-adolescence-and-early-adulthood>

- Develop and provide **early intervention** programmes and services in settings such as schools and community hubs/youth centres.
- Support the development of new initiatives to meet **local needs**, e.g., through the development of youth-specific services and the co-location of specialist youth mental health services in primary/community settings.
- Time for Change Te Hurihanga recommendations pertinent to child and youth mental health and addictions services are:
 - Fix gaps in the continuum of care:
 - (Rec 8) Improve **access to senior medical officer advice** for primary care, community mental health teams and community providers.
 - (Rec 9) Support the investment plan with a **workforce development** plan that specifies the actions that will be taken to increase, strengthen and support the infant, child & youth workforce.
 - Adopt a life course approach and design services accordingly:
 - (Rec 12) Create an investment plan to utilise **growth funding** for services for infants, children, young people and their families/whānau – with particular attention to the Pacific and Asian populations, as the number of young people in the 0-19 age group in these ethnic groups are projected to increase over the next ten years.

Purpose

The purpose of this document is to:

1. Provide some **exploratory areas for investment** in Southern Child and Youth Mental Health and Addiction services. The options are distilled from and aligned with ideas and needs that have come through the co-design process with the four Networks.
2. Present a **combined summary** of the ideas from the co-design workshops, under 5 Domains:
 - a. Actively delivers on Te tiriti o Waitangi.
 - b. Connect services to work better.
 - c. Person and whanau centred.
 - d. Caring for the workforce.
 - e. Measures and evaluation.

We will use your feedback to develop an Investment Proposal for Southern Child and Youth Services.

Next Steps

The next steps are:

- Receive and analyse feedback from the Networks on the exploratory areas (by 7th August 2023).
- Prepare an investment proposal.
- Commence the process for approval of investment and action.

Table 1: Exploratory areas for investment in Southern Child and Youth Mental Health and Addiction services

Area	Reference to Time for Change	Reference to District Feedback by domains	Networks' feedback
<p>1. Expand Consultant Liaison capacity within MHAIDS. We would increase access and timeliness of specialist advice on request from community providers.</p>	<p><i>Review recommendation:</i> Fix gaps in the continuum of care (4.3.2)</p> <p><i>Recommendation 8:</i> Improve access to senior medical officer advice for primary care, community mental health teams and community providers.</p> <p><i>What this may mean for Maori (10.6):</i> Train DHB staff to deliver culturally responsive care.</p>	<p>Domain 1: Actively delivers on Te Tiriti o Waitangi</p> <p>Domain 2: Connect services to work better</p>	
<p>2. Increase capacity of providers of child and youth mental health services in Southern. Further investment in Southern providers currently delivering child and youth mental health services would expediate an expansion of services that are well established and already monitored for quality and safety.</p>	<p><i>Review recommendation:</i> Adopt a life course approach and design services accordingly (4.3.3)</p> <p><i>Recommendation 12:</i> Create an investment plan to utilise growth funding for services for infants, children, young people and their families/whānau</p> <p><i>What this may mean for Maori (10.6):</i> Ensure Māori mental health and addiction services provide 'trauma-informed' approaches to</p>	<p>Domain 1: Actively delivers on Te Tiriti o Waitangi</p> <p>Domain 2: Connect services to work better - enhance/add new services</p>	

Area	Reference to Time for Change	Reference to District Feedback by domains	Networks' feedback
	<p>care that take account of, and accommodate, Māori worldviews.</p> <p>Expand service responses to recognise psychological distress and safety concerns.</p> <p>Prioritising Māori specific concepts of suicide and wellbeing in care and prevention, and expand options to include Kaupapa Māori providers.</p>		
<p>3. Invest in training to build capability of the work force in terms of cultural responsiveness</p>	<p><i>Review recommendation:</i></p> <p>Fix gaps in the continuum of care (4.3.2)</p> <p><i>Recommendation 13:</i></p> <p>Support the investment plan with a workforce development plan that specifies the actions that will be taken to increase, strengthen and support the infant, child & youth workforce.</p> <p><i>What this may mean for Maori (10.6):</i></p> <p>Train DHB staff to deliver culturally responsive care.</p>	<p>Domain 1: Actively delivers on Te Tiriti o Waitangi</p>	
<p>4. Increase support for parents through offering training and access to on-line support. These services would be for those whanau whose young</p>	<p><i>Review recommendation:</i></p> <p>Adopt a life course approach and design services accordingly (4.3.3)</p> <p><i>What needs to happen (10.5):</i></p>	<p>Domain 1: Actively delivers on Te Tiriti o Waitangi</p> <p>Domain 3: Person and whanau centred</p>	

Area	Reference to Time for Change	Reference to District Feedback by domains	Networks' feedback
<p>person is in distress and waiting for an appointment or does not meet the threshold for mental health services. An example of such a support service might be Tuning into Kids, or Triple P.</p>	<p>Develop and provide early intervention programmes and services in settings such as schools and community hubs/youth centres.</p> <p><i>What this may mean for Maori (10.6):</i></p> <p>Ensure Māori mental health and addiction services provide 'trauma-informed' approaches to care that take account of, and accommodate, Māori worldviews.</p> <p>Prioritising Māori specific concepts of suicide and wellbeing in care and prevention, and expand options to include Kaupapa Māori providers.</p>		
<p>5. Resource an investigation and review of current pathways to services with a view to improving access. This may include consideration of a SPOE and may also include developing measures and evaluation for Child and Youth</p>	<p><i>Review recommendations:</i></p> <p>Adopt a life course approach and design services accordingly (4.3.3)</p> <p>Fix gaps in the continuum of care (4.3.2)</p> <p><i>What this may mean for Maori (10.6):</i></p> <p>Ensure access to culturally safe services for those in remote and/or rural locations.</p> <p>Train DHB staff to deliver culturally responsive care.</p>	<p>Domain 1: Actively delivers on Te Tiriti o Waitangi</p> <p>Domain 2: Connect services to work better</p>	

Area	Reference to Time for Change	Reference to District Feedback by domains	Networks' feedback
<p>6. Make it easier for people to look after their own mental wellbeing and know where to seek help. This might be achieved through enhancing and targeting mental wellbeing promotional and informational material.</p>	<p><i>Review recommendation:</i> Adopt a life course approach and design services accordingly (4.3.3)</p> <p><i>What needs to happen (10.5):</i> Support the development of new initiatives to meet local needs, e.g., through the development of youth-specific services and the co-location of specialist youth mental health services in primary/community settings.</p> <p><i>What this may mean for Maori (10.6):</i> Ensure Māori mental health and addiction services provide 'trauma-informed' approaches to care that take account of, and accommodate, Māori worldviews</p>	<p>Domain 1: Actively delivers on Te Tiriti o Waitangi</p> <p>Domain 3: Person and whanau centred</p>	
<p>7. Southern is increasing maternal mental health services in Dunedin and Invercargill by a separate agreement with the Te Whatu Ora. Currently Waitaki residents depend on specialist maternal mental health services from Dunedin. It is proposed to expand maternal mental health services into Waitaki district.</p>	<p><i>Review recommendation:</i> Adopt a life course approach and design services accordingly (4.3.3)</p> <p><i>What needs to happen (10.5):</i> Support the development of new initiatives to meet local needs, e.g., through the development of youth-specific services and the co-location of specialist youth mental health services in primary/community settings.</p>	<p>Domain 1: Actively delivers on Te Tiriti o Waitangi</p> <p>Domain 2: Connect services to work better - enhance/add new services</p>	

Area	Reference to Time for Change	Reference to District Feedback by domains	Networks' feedback
	<p><i>What this may mean for Maori (10.6):</i></p> <p>Support improvements in hospital and community Māori maternal mental health services.</p>		
8. Is there another area to consider? Please add			

Table 2: Phasing the work

Please rank each exploratory area according to which one to be done first (1), second (2) etc to the last area (may be more than 7)

Rank	Exploratory Area name/number
Do first	
Do second	
Do third	
Do fourth	
Do fifth	
Do sixth	
Do seventh	
Do eighth	

Exploratory Area
<ol style="list-style-type: none"> 1. Expand Consultant Liaison capacity within MHAIDS. We would increase access and timeliness of specialist advice on request from community providers. 2. Increase capacity of providers of child and youth mental health services in Southern. Further investment in Southern providers currently delivering child and youth mental health services would expediate an expansion of services that are well established and already monitored for quality and safety. 3. Invest in training to build capability of the work force in terms of cultural responsiveness. 4. Increase support for parents through offering training and access to on-line support. These services would be for those whanau whose young person is in distress and waiting for an appointment or does not meet the threshold for mental health services. An example of such a support service might be Tuning into Kids, or Triple P. 5. Resource an investigation and review of current pathways to services with a view to improving access. This may include consideration of a SPOE and may also include developing measures and evaluation for Child and Youth 6. Make it easier for people to look after their own mental wellbeing and know where to seek help. This might be achieved through enhancing and targeting mental wellbeing promotional and informational material. 7. Southern is increasing maternal mental health services in Dunedin and Invercargill by a separate agreement with the Te Whatu Ora. Currently Waitaki residents depend on specialist maternal mental health services from Dunedin. It is proposed to expand maternal mental health services into Waitaki district. 8. Network area suggested

District feedback by Domain

Domain 1: Actively delivers on Te Tiriti o Waitangi

Build on and add to cultural knowledge and responsiveness.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • There needs to be a culturally responsive service. • We need to ask the question “How do we support establishment and maintenance of an organisation that works in context of values of mana whenua?” • We need to build the capacity and capability of mana whenua to support providers. • We need to ask, “What is the relevance of your organisation to mana whenua (not the other way)?” • Be culturally responsive, for example, have bicultural practitioners. • Cultural training. • Include cultural supervision, to improve ethical and professional practice and better meet our community need, as well as safety in the workplace. 	<ul style="list-style-type: none"> • Understand the importance of whanaungatanga and taking the time to get to know each other. • Have the space for whānau. • Look for reasons why Māori do not come to you. • Commitment to equity for Māori. • Cultural supervision. • Theory to practice in cultural education.
Otakou	Southland
<ul style="list-style-type: none"> • Welcoming environments, inclusive of whanau. • Services are inclusive, collaborative and supportive for Maori. • Supporting the Maori workforce. • Cultural consultation available for the workforce. 	<ul style="list-style-type: none"> • Cultural models, inclusive of all to see themselves in the journey. • Be culturally appropriate. • Connecting with the whole person holistically. • Acknowledgement of cultural support. • Aroha. • More Maori in the workforce. • Cultural advisors in services - pull in other services. • Identify cultural advisors and establish a way of working across all services. • Cultural advisors in services - pull in other services.

Domain 2: Connect services to work better

Create a Single point of entry.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • A Single Point of Entry (SPOE) for referrals/whānau. Will need a coordinator. • Central Referral Service - Is a one service/one person who knows criteria for each service. This will improve knowledge with GP and all service providers. Also, this is an opportunity to educate GPs on service criteria. 	<ul style="list-style-type: none"> • Single point of entry.
Otakou	Southland
<ul style="list-style-type: none"> • A single point of entry to reduce time spent for whānau to get to the right service 	<ul style="list-style-type: none"> • One plan that is built on, including crisis plan that is owned by client. A living document. • Funding follows client. • SPOE.

Improve provider networking and communications.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Communications between agencies – shared assessments /information. • More provider networking is needed. • The number of agencies and resulting number of meetings and impact on whanau missing meetings. • There appears to be no communication between agencies 	<ul style="list-style-type: none"> • Proposal for a Community Interface Meeting • Scheduled meetings. • Funding for MDTs in NGO
Otakou	Southland
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Map services across the community. Service map document including FTE, criteria, etc of services. Could tier it e.g. mental health, social services, activities, whanau focused • More collaboration between services • Relational processes not transactional • Cultural advisors in services - pull in other services • Respect for whanau, different organisations and their mahi • Plunket connections

Improve pathways into services.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Warm hand overs between services • The assessment process to be shared and so all community services aware. • Use screening to assess need and risk. • A shared understanding of what each service is doing, and the service’s current capacity. Know the different services criteria. • We should avoid multiple assessments. • A central service will provide inter-agency collaborative support . • Reduced rigidity access regarding DNAs, appointment times • Need to get intervention as soon as the person hits the service, and that will help access (rather than assessments) – can do risk assessment alongside using the services. 	<ul style="list-style-type: none"> • Sharing appropriate assessments between services (with client consent). • Engagement with MDT: online, venue, ways of operating, multi-disciplinary teams. • Services coordinating (triage). • Interagency access: Pathways, Referral processes.
Otakou	Southland
<ul style="list-style-type: none"> • Use other options to manage waitlists for example online resources and digital options. There is already good information available on what works/does not work. • Referrals may not need to come from a GP. One suggestion was that a pilot for a Referral Facilitator, supported by Referral Navigator, could be explored. • Questioned whether we should move away from a diagnostic approach in terms of access to services (also mild/moderate/severe). 	<ul style="list-style-type: none"> • Use same language across the services. • Early detection of post-natal depression through medical appointments. • Use consultancy to support staff, zoom staff further afield, use IT on-call specialist (telehealth). • ECE and Kindy referrals/waitlist/staffing. • Takes too much time to acknowledge needs 0–5-year olds. • Monitoring of those whanau/families engaged in the system, and those missing from the system. • Acknowledgement of cultural support. • More than just a clinical pathway.

Enhance/add new services.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Access to services need to be centralised and that one centre to be able to speak for the parent if they have so much on and agencies are not all talking to each other • Right service, right time – this person/service has to be flexible • Local development for local needs. • Strengthening Families has been shown to work. • Health Intervention Practitioners (HIP) are needed for Māori and Pasifika services. • Centralised person/website and a Directory for Mental Health and Addictions, Family Services Directory on MSD Website, Service map. Needs to be consumer friendly • Health Intervention Practitioners (HIP) are needed for Māori and Pasifika services. HIPs should be able to practice from the community if they are unable to work out of the GP practice group. It was suggested that a pilot is run to show other models of care for example HIPs based at Māori Pacific services rather than in GP practices, or HIPs based in the Māori or Pasifika providers accessible to the whole community 	<ul style="list-style-type: none"> • Access to psychiatrists in Central Otago: Tele-consults with Psychiatrists in other areas • Youth Mental Health First Aid - anyone who works with or supports youth e.g. parents • Peer consultation with guidance counsellors • GP access in the region • More Māori and Pasifika staff • More male staff • More Child and Youth Psychiatrists
Otakou	Southland
<ul style="list-style-type: none"> • An integrated health record focusing on a cohort of children could be trialled as a pilot. • Make available flexi-funding for travel, childcare, and phone top ups where needed • Suggested a pilot for integrated rangatahi journey (24 rangatahi). Although this would have to be an intersectoral initiative. • Increase mobile services. • Employ community support workers to support young people/whānau to get to appointments. • Fund Parenting programmes, such as Tuning into Kids • Fund teams within schools to support mental health issues and attendance issues. 	<ul style="list-style-type: none"> • Services targeted before issues arise. • Waitlist issues to be addressed. • Closing cases too soon • Interagency MDT, triage, supervision, review. Identify gaps. Every 6 months liaison meetings. Flow and capacity. Services evolve from needs. • CAPA used across the services i.e. choice at one services and then can go directly to partnership at another service • Value diversity

Create a hub.

Waitaki	Central Lakes
<ul style="list-style-type: none">• Create a Community Hub	<ul style="list-style-type: none">• Child and adolescent wellness hub (whānau friendly)
Otakou	Southland
<ul style="list-style-type: none">•	<ul style="list-style-type: none">• Hub - whanau approach hub. Explain choices available, and client chooses, or at least client's preference to which services they want to go.• Health hub, health bus for easier access

Domain 3: Person and whanau centred

Seek and listen to the voice of whanau.

<p>Waitaki</p> <ul style="list-style-type: none"> • Ensuring whānau have their say about which service they are working with/referred to. Whānau centric; problem solving with whole whānau. • The service needs to be Whānau focused; Whānau at the centre. • The rangatahi voice is needed in the service development. • Need to involve the family at the start; necessary to heal and build trust. • Need to look out for stress when the whole family is involved, and parents don't have the energy to access everything they are faced with. • Need to give mana back to the parents and let them lead their journey. 	<p>Central Lakes</p> <ul style="list-style-type: none"> • Child and youth voice.
<p>Otakou</p> <ul style="list-style-type: none"> • Hold more workshops Māori, Pasifika, rainbow, neurodiverse and whānau, migrant refugees and multi-ethnic community to hear their views on mental health services in Ōtākou. • Collaborative systemic perspective working with whānau. 	<p>Southland</p> <ul style="list-style-type: none"> • Whanau focused solutions. • More groups for whanau. • Work is with whanau of child, as they are there to support. • Clarity of what whanau want. • Authentic engagement takes time. • Understanding power of whakapapa/connections. • Professional as a connector. • Whanau advisor in services. • Whanau one stop shop. • Whanau led korero.

Improve the system.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Regular community meetings could be held. • A “One agency” framework. • All to be involved in the meeting at schools and provide access to services that are needed for each member of the family. • A commissioning approach that supports community build. • Local government, and Locality Networks, to focus on wellbeing. • Funding for family as opposed to service. • There is the challenge of how to assist those in the services to be robust. • It was also suggested that where there is a late start to formal learning 6-7 years that the Ministry of Education funding continues (i.e. not stop at 5). 	<ul style="list-style-type: none"> • Ability to re-refer and pop back in. • Sensory space options.
Otakou	Southland
<ul style="list-style-type: none"> • If whānau has one plan that is used between all services with the permission of all services so we know who is involved, what is happening and how we can provide more support. • Possibly need policy changes required around privacy. • The person owns their story and their plan and is able to share it as they wish. 	<ul style="list-style-type: none"> • Clarity of access - where and who. • We can do wording better. • Knowledge transfer to whanau so that they can support the young person. • How we resource whanau? • Positive language and developing relationships. • Bringing education for youth to their environments. • Education reaching vulnerable sectors of community (agencies to collaborate). • Directory for whanau / youth supports based on locality. • Education reaching vulnerable sectors of the community.

Enhance /add to services.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Support women prior to pregnancy, for example education re safety/nutrition. This is preventative action. Services might be: Free antenatal care for all, Whānau care for children (e.g., kindergarten – whānau led), Co-ordination of peer groups for mums. • Parents could be funded to stay at home. • Attention is needed on post-natal depression and drugs dependency. • Tools are needed to assist our tamariki/whānau. • Nutrition – healthy life after birth. • Safety of child e.g. car seats. • Education for mothers. • Run peer support groups for new mothers e.g., play groups. • Partnering of services for the parent. • Funding to provide access to free antenatal care for everyone. • Flexi-fund to be made available to help with transport, resourcing families. 	<ul style="list-style-type: none"> • Child and adolescent wellness hub (whānau friendly).
Otakou	Southland
<ul style="list-style-type: none"> • Increase family therapy provision. • Provide a dedicated family therapy workforce. • Increase flexibility funding for practice where it is needed. • Availability of transport would help whānau to get to services, and there could be a flexi-fund to support this. • Use of navigators (e.g. peer support) to walk alongside the client/whānau in that service and between services would be helpful. • More warm handovers. 	<ul style="list-style-type: none"> • Positive parenting programmes. • Pre-natal and post-natal for mum and dad\Parenting. programmes before becoming a parent, knowing effects of substances for example. • Activities around protective factors. • Attachment based programme (baby, adolescent). • 1000 day - every baby part of the programme. • Full continuity of services addresses the need of mental health and wellbeing in the first 2,000 days. • Step down support. • Peer support agency. • Family liaison role. • Health hub, health bus for easier access. • Resources to help them come in for support - bus, petrol remote support.

Domain 4: caring for the workforce

Develop Career Pathways

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Include workforce supports, such as professional development, professional supervision, diversity, training. Aim to “grow your own”. • Strategy to grow local. • Grow local people. • Provide opportunities for Professional Development and Training (upskill). 	<ul style="list-style-type: none"> • Active mentoring. • Professional development.
Otakou	Southland
	<ul style="list-style-type: none"> • Have positive champions at local levels to encourage this as a pathway and a career. • Contribute at different levels e.g. community (FEO) versus full time • Empowering up to support their peers (Youth MH 101) so that they see Mental Health as a viable pathway. • Career pathways. • Internships and secondments to other services. • Ensure study placements are practical. • Foster tuakana/teina options. • More \$\$. • More Maori in the workforce. • Creative solutions for newly trained e.g. sabbaticals and secondments. • Career promotions for young people. • Identify Champions. • Upskill and use retired midwives to support (local go-to) • Creative solutions for newly trained e.g. sabbaticals and secondments. • Career promotions for young people.

Actively recruit people into the workforce.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • An “Across agency” hui on workforce is a gold standard approach. • Workforce needs to be sustainable, culturally sensitive, all work to same standard of ethics. • This should be the “First cab off the rank”. • Funding in perpetuity is needed. • There was discussion on growing the workforce, and what could be done to do this. • Workforce is a key priority, and also developing the workforce. 	<ul style="list-style-type: none"> • Supervision incentives to move to the district. • Practicalities – accommodation options for staff. • Attracting Psychiatric Consultants to Central Otago or to NGOs. • Stocktake every two years on who is in the workforce and can be done by region. • There are many opportunities for Māori to be working in the health sector. • The Māori workforce has increased significantly and correlates with the development of new roles and kaupapa services. But there is still a long way to go. • It is not on to have one person on staff who has the responsibility for all Māori.
Otakou	Southland
<ul style="list-style-type: none"> • Increase profile and awareness of other roles, e.g., Occupational Therapist, and Social Worker. 	<ul style="list-style-type: none"> • Change the narrative on the mahi. Most is negative language. • Package deal with partners and for kids. • Work conditions unlimited sick leave, rewards and incentives • Housing: tight rental market, prevents people moving here. • Kaiawhina roles. • Midwife sourcing. • Specialized workforce for trauma (not only ACC). • Specific role in services as a navigator.

Take steps to keep the workforce we have.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Supervision - cultural and professional. • Peer and cultural supervision. • Professional development. • Professional development - trauma informed resourcing, family therapy. • Provide opportunities for Professional Development and Training (upskill). • Peer supervision that allows for self-care and sharing of knowledge. Include peer support/family therapy, Le Va Training (Pasifika), and LGBTQ+. 	<ul style="list-style-type: none"> • Staff feeling valued. • Skilled relievers. • EAP available for all staff and others. • Staff feeling valued and being supported well.
Otago	Southland
<ul style="list-style-type: none"> • Using strategies to retain our workforce through hours of work, annual leave, work life balance. • Advocacy and funding for all mental health clinicians to have five weeks of annual leave to reduce chances of burnout. However, this is about workforce culture and individual organisation contracts. • Looking ahead to the peer workforce; this is a workforce that will require careful management that is distinct to non-peers. Workplaces need reasonable accommodations and systems/structures in place to support lived experience peers. • Where supervision is not happening, it is recommended that there is regular supervision to support new practitioners working with complex lives. 	<ul style="list-style-type: none"> • Incentives to keep workforce, not necessarily wage increases. • DHB versus NGO salaries the same. • Acknowledgement of skills between clinical and non-clinical roles. • Strain on existing services. • Rural NSW (Australia). • Retention of knowledge before “knowledge” leaves. • Equity of salaries. • Skill acknowledgement. • Shared responsibilities for new graduates across services • “Growing and keeping our own”.

Develop and provide workforce training.

Waitaki	Central Lakes
<ul style="list-style-type: none"> • Identify critical skills gaps through: Service mapping, Real Skills Plus • Te Tiriti training. • A stocktake of skills is needed. • Education and knowledge are needed. For example, consider wellbeing education for GPs; use Wellbeing coaches. It was also suggested that employers need to be supported to know about and implement wellbeing resources/information. This could also mean that supported staff are trained and so lift the skill level. • We need to ask the question “What can we do to keep people trained and stay in North Otago”. Our graduates go to Christchurch, and do not stay in the rural districts. We need to consider those people who are already in the district and could be trained, and how to train them. 	<ul style="list-style-type: none"> • Cultural education/cultural advisor. • Cultural supervision. • Complete the Real Skills + survey and workforce evaluation. • Māori world view theory for practice and education.
Otakou	Southland
<ul style="list-style-type: none"> • Using Real Skills Plus to develop an understanding of the strengths and gaps in workforce knowledge to inform professional development. 	<ul style="list-style-type: none"> • Shared development of new graduates. First year or so to get experience across fields. Coordinating placements. Organisations paid for this. • Supported pathways for workers (level 3 and 4) or people with lived experience to enter the workforce. • Accessible local training programmes. • Micro credentialling, working into regulated roles. • Pivot training e.g. relationships counsellor needed funding for AOD. • Cross pollination of training and skills e.g. SMHET training ad upskilling other agencies. • Well established training programmes in Murihiku to go into careers that are recognised. • Legal entity/trust not tied to any one service. Apply for training and support. Could be a public/private partnership. • Southland training plan. • Know who could teach skills e.g. expert teacher in CBT • Promoting SSFC training to providers. • Gold standard is locally raised training options e.g. apprenticeships, all kaimahi.

Promote and support working together.

<p>Waitaki</p> <ul style="list-style-type: none"> • Link community attractions to promote this community. • We could increase capacity by: Pooling resources, engaging with economic development strategy on tertiary needs. • Capacity could be increased if we can take out travel time. • Capacity could be increased if there was funding to expand current services. • Consider how the displacement of North Island people as a result of recent events could mean that the South Island is more attractive for those with the expertise or may encourage locals to return home. Need to think about what we can offer. 	<p>Central Lakes</p>
<p>Otakou</p> <ul style="list-style-type: none"> • Sharing the work supporting each other to support tamariki and whānau. 	<p>Southland</p> <ul style="list-style-type: none"> • Housing across agencies health education. • Attention to language and a positive marketing of Southland. • Have enough providers to be able to take a more in-depth support to the community.

Domain 5: Measures/evaluation

Measure the experiences of tamariki and rangatahi.

Waitaki	Central Lakes
Otago	Southland
<ul style="list-style-type: none"> • Measures could include: • engagement in school, • retaining placement in residence, • presentations to ED, • self-assessment on mental health, • movement towards discharge, • incorporation of navigator role • Tap into narratives from young people, listening to the needs and wants of tamariki and rangatahi • Have deep and meaningful conversations to gain insight from rangatahi and youth and their experiences using, and getting access to these services, both good and bad. Feedback into the services. 	<ul style="list-style-type: none"> • Success breeding success, i.e. word of mouth when a job is done well. • Monitor the system. • Identify gaps and plug them up. • Keep documents of the number of declines from each service.