TIME FOR CHANGE
Te Hurihanga

Model of Care for

Waitaki Crisis Support Services

29 June 2023

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.

We wish to acknowledge the time and commitment by the many people in the community who have shared their ideas with us on designing crisis support services for the people who live in the Waitaki District.

Developing the Crisis Support Service will take time, and we are committed to working with you to deliver a service that meets the needs of those who live in the Waitaki District.

Background

In 2021 a review of the mental health and addiction system in the Southern District was completed by Synergia. The review report was called Time for Change Te Hurihanga.

As part of implementing Time for Change - Te Hurihanga, we are developing new crisis support services. To do this we needed to describe what type of service is needed and how it would work. This is called a "model of care".

During August and September 2022, 8 workshops were held with Waitaki community and providers. The summary report from these workshops can be read **here.**

A workshop was also held for those with lived experience on 30th August 2022. These were facilitated by two independent facilitators with lived experience and a Māori facilitator with cultural expertise. The report can be read **here.**

The question "what does a great crisis support service look like in Waitaki?" provided the focus for the workshops.

Feedback from the workshops was thematically analysed and used to inform the draft model of care.

The draft model of care was then 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. The report can be read **here.**

All workshops were publicly advertised, and invitations were distributed through the local networks.

Contents

This document sets out a high-level response to additional support for crisis intervention, specifically for the Waitaki district, and the challenges that geographical distance from a major hospital presents when seeking care for acute situations.

Objectives

The Crisis Support Service will work towards the key objectives. These will include:

- A **whanau approach** that encompasses physical health, spiritual health, family health, and mental health.
- A **holistic approach** through connecting the person in crisis with wraparound services within the community, including primary care, outreach, and on-line services.
- A **community solution** that provides a link point for a suite of services for crisis support and crisis response services including outreach mental health services and other community services. This may include connecting with other crisis support services in the region.
- A **workforce** to provide a responsive and culturally appropriate response. Included in the workforce will be clinical staff and peer support workers. Also included is workforce development and training.

Equity for Māori

The service will seek to develop relationships with local iwi, Māori community, hapū and kaumatua to understand the most appropriate approach for the community.

The service will have a focus on cultural safety and cultural confidence and recognise the value of tikanga and te reo Māori (Maori language, practices, and beliefs).

The following are the 5 principles of Te Tiriti o Waitangi which providers are required to embrace and be able to demonstrate how they are reflected in their service model.

- **Tino Rangatiratanga - Self-determination:**
  - Tāngata whaiora are supported to make their own choices about their lives and well-being. The individual's right to be Māori is supported, upheld, and respected.

- **Mana Taurite – Equity for Māori:**
  - The right of the person to be Māori in Crisis Support Services is acknowledged, culturally supportive services are available, accessible and encouraged.

- **Mahi Ngātahi – Partnership:**
  - Collaboration and engagement with tāngata whenua, mana whenua, iwi and Māori community are actively sought. Māori are engaged in the design, delivery, and governance of services.

- **Whakamarumarutia – Active Protection:**
  - Māori and whānau are actively consulted with to ensure the tikanga Māori design, delivery and governance of services meet the wellbeing needs of tāngata whaiora (person seeking wellness) and whānau.

- **Kōwhiringa – Options:**
  - Te ao Māori models of well-being are part of the programme design and kaupapa Māori services are available, accessible and encouraged.

Examples of evidence to support how this commitment might be met are described in the table below.

TE TIRITI O WAITANGI FRAMEWORK

Te Tiriti o Waitangi & Equity first thinking minimises the risks of disadvantage by engaging through a series of questions to learn, test & refine outcomes for equity.

1	2	3	4	5
This principle: provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.	This principle: ensures Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.	This principle: requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori.	This principle: ensures that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.	This principle: requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services.
TINO RANGATIRATANGA	EQUITY	ACTIVE PROTECTION	OPTIONS	PARTNERSHIP
Have Māori been involved in the approach from the start? Whose worldview is privileged in this approach?	What relevant social or wider demographic inequities need to be considered and accounted for? Is the approach clear about what is inequitable?	How does this approach support Māori providers/ organisations & communities? How will this approach be accountable to Māori?	Does the approach allow for te ao Māori models of care? Why or why not? How well are Māori world views and values, including wairuatanga, reflected?	How is an authentic partnership reflected in the development, implementation, monitoring and evaluation of the approach?

A living document, corresponding author Daniel Tawaroa

Diversity

Services will be accessible and welcoming to people of all cultures and identities including people from the LGBTQIA+ community and tangata whaikaha (disabled people).

Staff will have an understanding of how to support people from diverse backgrounds.

Model of Care for Waitaki Crisis Support Services

Heading	Description
Brief description/outline of the service	- A community solution - Link point for a suite of services for crisis response (outreach mental health services and other community and social services) - A seven day a week home-based crisis support service, available to flex to 24-hour service when required. - Explicit inclusion of migrants and refugees as eligible for access to acute care - A whanau approach that encompasses physical health, spiritual health, family health, and mental health - Wrap around services with outreach. - Available on short notice
Entry point (patient pathway)	- Clear criteria for entry into the service (EPS triage and GP health Pathways). - On-referral for those who do not meet the Crisis Support Services criteria. 0800 available to call ahead to check capacity, entry criteria and give time to advise current users of incoming consumer. - Transfer protocols from agencies in sector (Police/St Johns etc).
Criteria for crisis support/referral pathway	- Clear referral pathway from GPs or the Crisis Response Team. - Risk levels and triage protocols used.
Assessment and treatment in crisis	- Care plan and liaison with wraparound services and whanau/ support system. - Follow up contact and liaison between services. - Support is provided to the person to develop a wellbeing or crisis resolution plan to help them to manage any future crisis. - While people are being supported it is expected that the Crisis Support Services engage in interventions and support that provide therapeutic benefit, e.g. sensory modulation, problem solving, information and resources for whanau.
Outreach services	Outreach and telehealth services.

Heading	Description
	• Encouragement to use national online and phone support options. • Workshops for support people/whanau to become educated on how to support loved ones. • Wraparound services. May include online support groups as an option for some. • Connection back in with GP. • Education via resources. What is available, how to access, who can access, other support mechanisms or resources.
Support for Whanau	• Resources for how support works and additional resources that are available to them (for example, national support options for whanau which are available on the Ministry of Health website) to help become educated on how they can assist. • Making sure support acknowledges and is culturally appropriate. • Advice for whānau who have journeyed through a loved one's distress so that whānau are supported as they are often left with many questions.
Collaboration and communication	• Culturally appropriate support that caters to language barriers and to ensure alternate world views are acknowledged. • Clinical information is provided in plain language that is accessible to all. • Communication between services
Physical health care	• Involvement of iwi Māori, Māori community and mana whenua to support, guide and direct tikanga Māori in an integrated model of care. • Balancing mental wellbeing and physical wellbeing. • Support from hospital or relevant rehab services for those with physical care needs. • A whanau approach that encompasses physical health, spiritual health, family health, and mental health.
Exit point/completion of crisis support care	• Funded wrap around services initiated and connection provided by clinicians and/or peer support to access services. • Outreach and/or home-based care is expected to be up to 6 weeks to enable resolution of the crisis and assistance with problem solving.

Heading	Description
	- Incorporating whanau if appropriate in exit plan. - Support with social needs e.g. food available, prescriptions have been filled. - An exit plan with follow ups and check ins to support transition. Preferably peer led – structured, formal and supervised. - Ability for staged exit if required with supervised visits home before exit. - Whanau included in exit plan and supported in the transition. - Encourage a sense of wrap-around community cohesion, service access and communication across providers.
Workforce	- Have sufficient resources to ensure resources available to assist when person is in crisis. - Culturally appropriate staff. Involvement of Māori and Pacifica workforce or support. Workforce required include liaison, clinical, and peer support. - Must be 24/7 with a responsive on-call system and ability to do assessments. - Work collaboratively with others involved in supporting the person.
Workforce Development	- Ongoing training and support provided to staff to help retention. - Cultural education and training provided to staff to accommodate populations (Strong Māori, Pacifica and Filipino communities in Waitaki). - Peer support workers. Peer support is critical to success. - A training pathway for peer support and a recruitment strategy
Technology and digital support	- Telehealth and outreach follow up. - Support users to engage with this technology to help support them in transition.
Evaluation	- Alignment with equity: - Delivery and outcomes for Māori are monitored and included in the evaluation. - Service improvement: - Record data around crisis treatment and conduct follow-up surveys of clients and whanau.

Heading	Description

	• Systematic monitoring:
	    ○ Of the whole service, and making timely corrective actions.
	• Quality:
	    ○ Quality improvement is part of "business as usual".
	    ○ Ensure there is a robust process for checking and enforcing the quality requirements in provider contracts and service specifications

Diagram 1: Model of Care