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Midland Mental Health and Addiction Regional Network

Review of the Reduction in Section 29 Compulsory Treatment Order Project Report

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1. EXECUTIVE SUMMARY

The Mental Health and Addiction Regional Network (MH&ARN) commissioned an evaluation to explore the impact of any quality improvement programme implemented across the region since the introduction of the National Key Performance Indicator (KPI) in 2014[1]. The KPI was introduced to address the disproportionate number of Māori under the Compulsory Treatment Order (CTO) compared to non-Māori. This project focused on Section 29 (S29) only.

The report acknowledges multiple variables across different levels influencing high and increasing rates of S29 CTOs and disparity between population groups, especially for Māori. However, following feedback from the Mental Health and Addiction Clinical Governance Network, the evaluation was broadened to encompass all Whaiora who had lived experienced of being under a S29 within the Midland Region.

The perspective of Whaiora forms the foundation of this report. The collective contribution of their experience was captured in an 85 question survey. The survey utilised the transitional framework[2] where each section of the survey corresponded with one of the four key transition touchpoints of the continuum of care. These are:

- Inpatient Unit
- Community
- Primary
- Home

Additional areas of investigation with their own merit were considered such as; the configuration of services, the impact of colonisation, and systemic processes including resources, however this was out of scope.

The project reaffirmed the Midland Region's commitment to a client centered practice at all levels of service provision, with Whaiora providing their lived experience of S29 to assist with any future quality improvement programs.

Whaiora predominantly expressed positive experiences as they transitioned from across the continuum of care. But in all areas they noted components of the transition where things could have assisted them on their journey. The hard benefits are found in the responses from the survey.

- In general they scored medium to excellent in all aspects of health with the majority being socially connected to their communities, with high numbers living independently and feeling safe. A potential area for further conversation is in options for maintaining recovery or building resilience.

- The high percentage of people having been exposed to violence (87%) reinforces the need for continued workforce development on trauma informed care along with greater collaboration with District Health Board (DHB) Violence Intervention Programs (VIP).

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[1] https://www.mhakpi.health.nz/About-Us/What-We-Do

[1] EVIDENCE-SCOPING REVIEW – SERVICE TRANSITIONS FOR MENTAL HEALTH AND ADDICTION, Report for the Health Quality & Safety Commission, Dr Peter Carswell, Anthony Pashkov, July, 2018

- The other noticeable areas were a large number seeking employment. It is difficult to know whether alternative employment has been considered such as ‘micro businesses or whether employment is defined by another set of measures.

- Over half of the participants benefited from being under a S29 and expressed insight as to what is helpful and least helpful for them from services. This insight represents a sense of self-determination with their mental health and an ability to provide a learning opportunity once discharged from a S29.

- Nearly 90% are registered with a General Practitioner (GP) and have positive experience with the GP clinic. The area where more value could be added for Whaiora is with the length of GP visits allowing them additional time to understand what is being discussed and the impacts on them managing their mental wellbeing.

- There are a number of community based services available to support Whaiora. The majority are engaged with at least one if not more of these services. Again there were a number of positive experiences expressed by the participants. However it was suggested that more time communicating, services being aware of the impact other clients maybe having on them, and increasing supports from other services if needed.

- With regards to Inpatient Services, once again the majority reported positive experiences during their stay. Whaiora reported being included in their recovery planning. They also reported feeling supported by staff and remarked on the environment providing them time ‘to organise their thoughts’. A few learning opportunities mentioned were, “not enough time from staff”, “too many other patients” and “the need for Karakia”.

Recommendations

1. Identify systems that can be put into place to help with resilience building. For example, increased Peer and or Whānau Support, Self Help websites, Single Session Family Consultation workshops to name a few.
2. Community based service staff are trained to implement service recovery plans with family/whanau involvement and this is measured as an outcome to demonstrate community service improvement.
3. Whānau are provided education and understanding in order to have a healthier and more supportive relationship with their loved one. For example, access to Whānau Support Workers, Single Session Family Consultation workshops, local support groups, self help websites to name a few.
4. Undertake a stock-take of Trauma Informed Care capability across the region and ensure that integration with the Violence Intervention Programme is included as part of the stock-take.
5. Identify mechanisms to extend General Practitioner visits to ensure Whaiora feel their needs are being met.
6. Identify systems to ensure Whaiora and Whanau are not burdened with the cost of medication if the Whaiora chooses to come off the Mental Health Act. Primary mental health reforms could assist to ensure that Whaiora and Whanau are not further stigmatised.
7. Identify ways to increase both access to Addiction services and increase mental health skill base to include Addiction screening. Increase Addiction peer support options to specifically address addiction misuse leading to relapse of mental health conditions.

8. Identify ways to improve integration between Provider Arm, Non-Government and Primary Health providers with the Transition Project being undertaken by the Health Quality & Safety Commission.

We acknowledge the commitment of all those involved along the transitional framework, where each District has been improving service delivery to meet the needs of their communities. This has resulted in a significant reduction of S29s across Midland. (See Appendix 1)

Our gratitude to the members of Nga Kōpara o te Rito (Midland Whānau & Consumer Leadership Network) and other associated consumer lead support positions and services in accessing the Whaiora and Whānau voices for this project. This is the first time a collective voice of Whaiora as experts by experience has contributed to the discourse on reducing S29 and provides a learning opportunity of 'what is working and what other opportunities exist' from the perspective of Whaiora and Whānau.

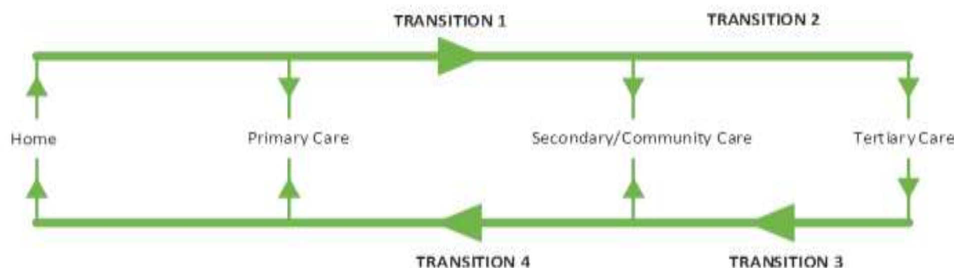
2. BACKGROUND

The Midland Regional Service Plan – Initiatives and Activities (2016- 2019)[3] outlines the ongoing commitment to review and improve quality within the mental health and addiction sector.

The complexity of addressing the very real challenges is regionally evidenced with variations across DHB's in the following priority areas:

- High rates of the use of the Mental Health (Compulsory Assessment and Treatment) Act 1992
- High rates of Māori across a number of areas, such as inpatient admission, length of stay, seclusion and compulsory treatment
- Waiting times for access to mental health and addiction services
- Alignment and integration between services provided by DHBs and those provided by NGOs
- Integration between specialist services and primary care

Understanding the whaiora experience as they transition across a number of clinical and support systems are fundamental to getting the continuum of care right for all. The transitional framework published by the Health Quality & Safety Commission (2018) has been used to follow their journey and experiences, while being under a CTO. Evidence suggests the transition between care settings is the most vulnerable time for people.



Transitional Framework, Health Quality & Safety Commission (2018)

[3] Family perspective on community treatment orders: a New Zealand study. Published in (2006) 52(5) International Journal of Social Psychiatry 469-478; Sage Publications.

What's happening within the Districts?

A significant amount of work has been undertaken in each of the Midland DHBs to address the Whaiora and Whānau journey through a CTO process.

Bay of Plenty:

Reviewing and developing a transformational model of care.

- 2017, in partnership with Lakes developed a project scope for a 'comparison retrospective analysis of factors influencing the widely different prevalence of the MH Act CTO'. This has been put on hold due to limited resources.
- Reports clinical and administration processes are attributed to lower CTO numbers.

Hauora Tairāwhiti:

With some of the highest rates, Tairāwhiti has implemented a CTOs Analysis and Action Plan (2017), including:

- Improving partnership model.
- DHB subsidising medication regardless of CTO.
- Cultural enhancement training / unity and relationships workshops.
- Increased case reviews with permanent senior clinical staff.
- Reports a consistent reducing of CTO as a result.

Lakes:

At the final stages of implementing a two year transformational change process with a number of direct and indirect impacts for those under a CTO are:

- Lakes Model of Care: Te Ara Tauwhirotanga: Pathways that lead us to act with kindness.
- Increased use of data to identify who are at risk and vulnerable.
- Nurse practitioner working in the Police hub, around people's health needs.
- Transfer stable long term patients to primary care.
- Consistently reduced CTOs over the past two years.

Taranaki:

At the initial stages of developing a target project to reduce CTOs.

- Work being done on Discharge Planning (transition document).
- Introduce flexible packages of care for community based service with secondary contracts.
- Moderately low number in Midland.

Waikato:

A substantial transformational change process is underway which will impact on CTOs directly and indirectly.

- Integrated care coordination for people with long-term mental illness providing packages of care that integrates primary and secondary services, and utilise the Primary Options mechanism for payment.
- Pilot – the 'Waka' a digital platform to support recovery for people living with schizophrenia in their community. The objectives are to:
  - Improve health and social outcomes for service users
  - improve social connection
  - increase confidence to self-management
  - reduce early discontinuation of treatment

What has been happening with Community Providers?

Primary and Community based providers provide a range of services and programs across the continuum of care. This report provides examples of innovative services and programs. The examples below are by no means the only 'think out of the box' solutions for people under a CTO.

1. Reduce Inpatient Admissions

Independent Living Pilot (Tui Ora, Taranaki): introduction of flexible funding for packages of care to support independent living. The pilot provides a comprehensive health and wellbeing programme with personal and mental health services in their home. This includes three visits a day by a Recovery Support Worker with clinical oversight being provided by a registered nurse.

2. Increase Self-Determination

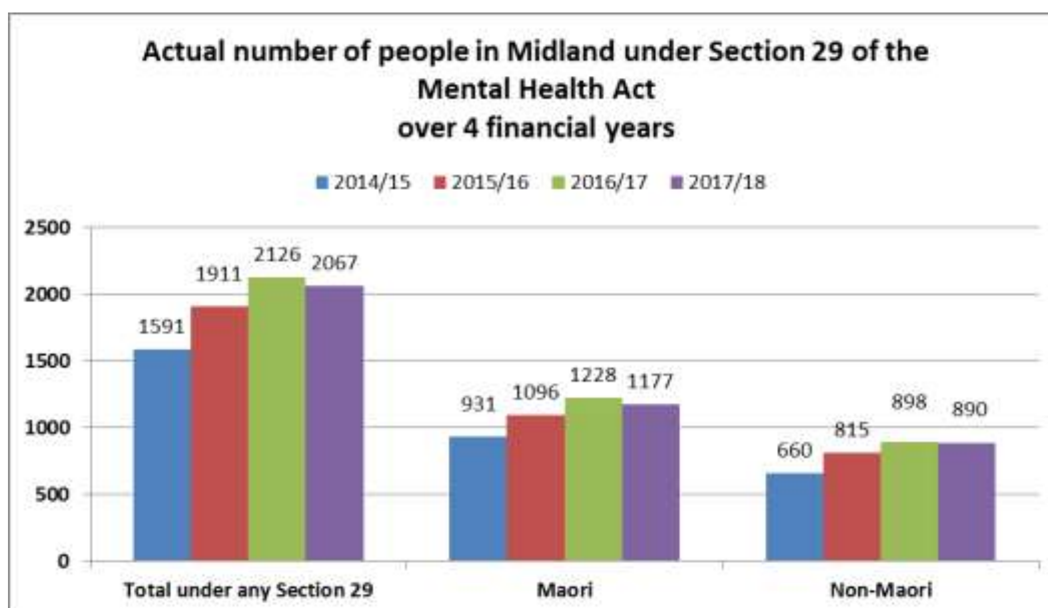
Micro Business Programme – 'Living Life Well' (Pou Whakaaro, Eastern Bay of Plenty): An innovative solution to address limited employment options. The programme teaches all aspects of operating a business, including business mentoring resulting in Whaiora having their own micro business.

3. Systemic shift of Future Funding

Te Kuwatawata, Single Point of Access (Te Kupenga Net, Tairāwhiti) – A multiple funding partnership with Te Kupenga Net Trust *(consumer led Advocacy and Peer Support Agency),* DHB and PHO. A deliberate reinstatement of Mātauranga Māori into services through the embedding of Mahi a Atua has bought a more holistic way of addressing distress. It is the touch point to accessing health support services in Tairāwhiti (clinical and non-clinical) for all people experiencing distress.

3. MIDLAND REGION CONTEXT

Initially, when the national KPI was introduced in 2014, Midland reported higher numbers of people under a S29 against the national average. These figures have continued to fluctuate across districts over the four years. There are a number of variables which may be impacting: such as population increase, increasing levels of poverty, social disconnect transient populations and improved accuracy of reporting.

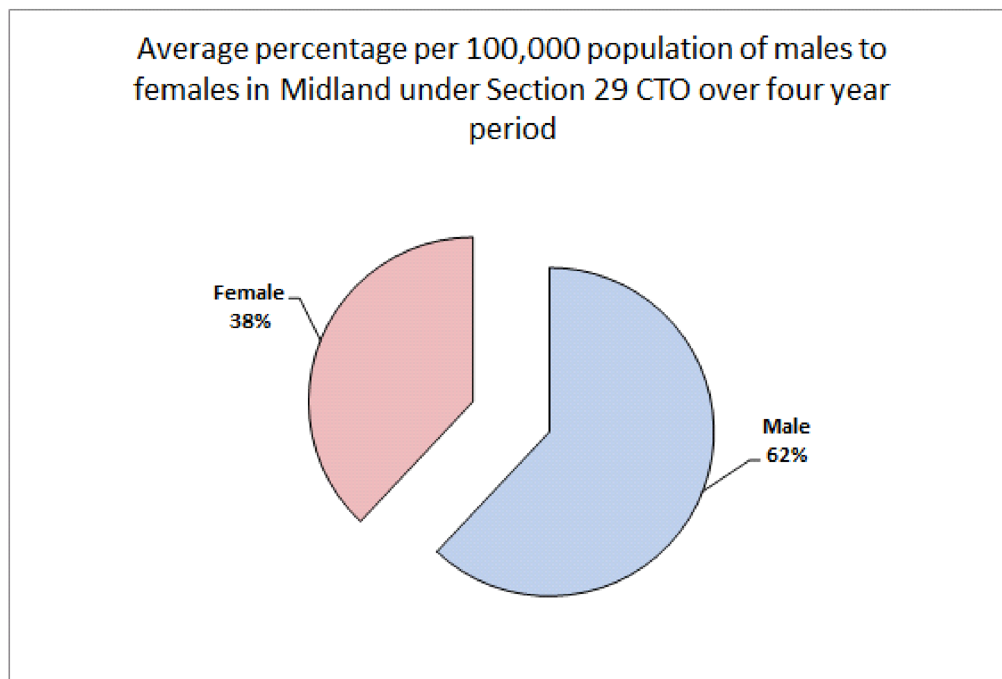


Graph 1: *Number of People in Midland Under Section 29 of the Mental Health Act Over 4 Financial Years*

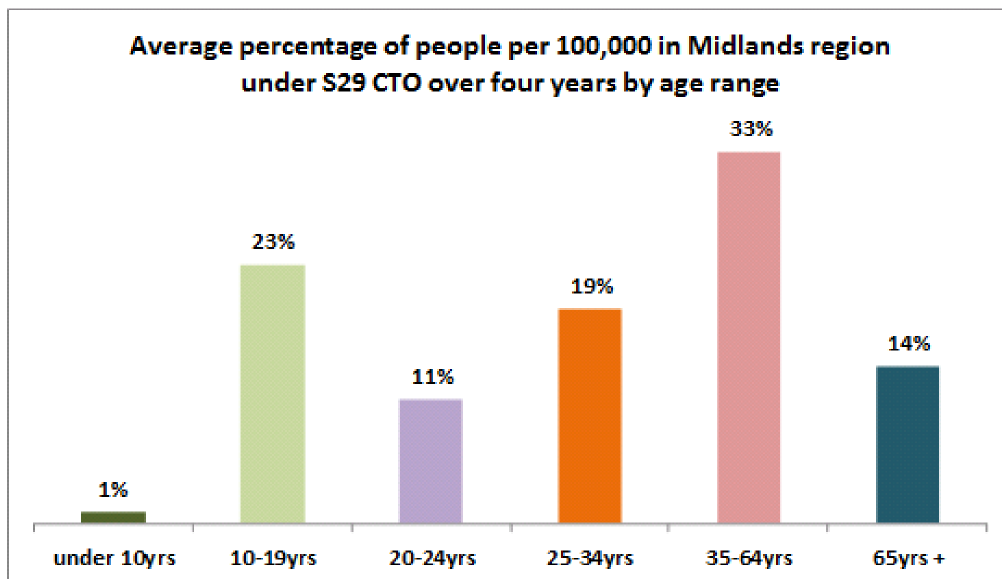
3.1 What is the data telling us?

The following graphs present 'unique' individuals recorded under S29 in Midland by gender and age groups.

The number of CTOs has remained consistent over four years with a slight increase across the months of June – November. The percentage of each District CTO (Appendix 2) shows specifically the shifts over the four years. There are a higher percentage of males to females with a higher presentation of Māori to non- Māori. Those aged between 20-45 years present the most under a S29.



Graph 2: *Unique People by Gender*



Graph 3: *Unique People by Age*

Fndings

The information available suggests that, as a collective, the S29 rate has been slowly declining over the four years. Each District has taken steps in working towards better outcomes for Whaiora either directly or indirectly through quality improvement programmes. An increase of integrated partnerships across the continuum of care for services with the introduction of new programmes and 'thinking out of the box' services is having positive results in supporting Whaiora in their recovery.

4. EVALUATION METHODOLGOY

Method

The method used in this evaluation was exploratory with a combination of quantitative, narrative and qualitative data collected and thematic analysis. Information was accessed from DHBs, Community providers and Whaiora.

Members of the Nga Kōpara o Te Rita co-designed the 85 questionnaire for Whaiora to answer. (See Appendix 3: Section 29 Survey). There were 66 respondents, and of those, 54 returned a fully completed survey that was able to be used in this report. All respondents self-selected and had been under a S29, with at least one hospital admission. Whaiora written consent forms were obtained prior to participation in the survey. Whaiora and Whānau were provided a food voucher in recognition of there time.

The survey covered areas about their mental health and wellbeing as well as several transitional touchpoints across the continuum of care.

Whānau were asked to participate in the survey, 20 whānau responded to three questions under section Social Connectedness.

5. WHAIORA PRESPECTIVE

This section focuses on Whaiora perspective from their experience across the continuum of care and forms the foundation of this report.

- Health and Well-being
- Primary Health
- Inpatient Services
- Lived experience of being on a CTO
- Community Providers

5.1 Participants Profile

The participants profile reflects Midland demographics of people under a S29. 74% were Māori, 65% were male and 78% aged 30-59 years.

Participant Demographics

DHB

Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Waikato
37.74%	13.21%	3.77%	13.21%	32.08%

Ethnicity

Māori	Non Māori
74%	26%

Gender

Male	Female
65%	35%

Age Range

18-20	21-29	30-39	40-49	50=59	60 +
2%	17%	26%	24%	28%	4%

5.2 Health and Well-being (Hauora)

There is now evidence that mental distress and loss of well-being are best regarded as separate phenomena. It is for this reason; mental health and well-being are presented separately[4].

5.2.1 Health

There are a number of contributing components for a person that impact on their health and well-being. Participants answered a number of variables to best describe these areas. The vast majority rated themselves between excellent and good in terms of overall health. The majority of the rating fell in the Excellent to Good categories, however further work will need to be done to address people's physical health.

In general	Excellent	Very good	Good	Fair	Poor
Rate your health	20%	32%	26%	22%	-
Rate your mental health	25%	43%	18%	12%	2%
Rate your spiritual health	25%	34%	25%	13%	4%
Rate your Whānau health	20%	20%	36%	9%	6%
Rate your emotional health	15%	35%	35%	8%	8%
Rate your Physical health	17%	37%	22%	17%	7%

5.2.2 Social Connectedness

Increased social cohesion is linked to reports of greater safety for people. Factors such as race, class, gender, age and education can have a significant impact on people's social connectedness and the benefits they receive from these connections.[5] Whaiora were asked to respond to several questions related to their social connectedness. The aim is to provide insights into their current circumstances and what if any additional services may be considered in the future. Further work is needed to ensure that people feel safe with where they live.

Parenting	Yes	No	N/A
Do you have parenting responsibilities?	15%	85%	
Are they included in your recovery plan?	11%		89%

Employment Status	Percentage
Employed full time	4%
Employed part-time	14%
Not employed, looking for work	41%
Studying / training	12%
Retired	2%

[4] https://www.mentalhealth.org.nz/assets/Our-Work/Destination-Recovery-FINAL-low-res.pdf

[5] https://fullframeinitiative.org/wp-content/uploads/2011/05/SocialConnectedness_Factsheet.pdf

Disabled, not able to work	25%
Full-time parent/caregiver	2%

Living Situation	**Percentage**
Supported living	39%
Boarding with others	32%
Living in own home	20%
Living with others without financial contribution	7%
Living on the street	2%

Level of safety where you live	**Percentage**
Extremely safe	35%
Very safe	42%
Somewhat safe	17%
Not so safe	4%
Not at all safe	2%

Witnessed a situation of violence in past	**Percentage**
Did not answer	13%
Less than 1 month ago	15%
At least 1 month but less than 3 months	9%
At least 3 months but less than 6 months	4%
At least 6 months but less than 12 months	9%
12 months or more	50%

Plan for your safety	**Yes**	**No**	**N/A**
Do you have a safety plan in place?	44%	26%	30%

How do you maintain your Health and Wellbeing?	**Percentage**
Exercise	80%
Medication	75%
Friends	66%
Healthy eating	62%
Hobbies and Interests	60%
Community groups	38%
Work	32%
Cultural groups	21%

Does substance use impact on your Health and Wellbeing?	**Percentage**
Definitely does	32%
Probably does	20%
Probably not	8%
Definitely not	40%

6.2.3 Whānau / Significant Other Responses

Whānau and significant others were asked three specific questions in relation to their loved one's mental health, their perceived engagement from community providers and with the inpatient unit. All aspects were rated good or above. 5% of Whānau respondents rated the community services and inpatient

services as poor..

Whānau/Significant other Perspective	Excellent	Very good	Good	Fair	Poor
How well do you understand their mental health?	15%	45%	30%	10%	
How would you rate the community services to keep you involved in their recovery?	35%	35%	15%	10%	5%
How would you rate the inpatient unit services to keep you involved in their recovery	24%	43%	14%	14%	5%

6. LIVED EXPEREINCE OF A S29

Whaiora were asked to reflect on their experiences of being under a S29. 10% reported that it had made them worse, 39% thought there was no difference and the remainder (51%) felt it had made them better. 68% believed that being on a CTO did not affect their mana.

60% had been under S29 more than once. Of this group the following four factors were reasons they felt this occurred:

1. Alcohol or drug misuse
2. Stopped taking medication
3. Lack of self-care
4. Violence

Four main themes emerged for doing things differently to prevent multiple CTO use:

1. Medication concerns – *their perspective/wishes being listened to; side effects, dosage*
2. Whānau (family and friends) – *more consultation and involvement, better choices*
3. Service delivery – *counselling/psychology input, more support offered*
4. Self-care

Whaiora are also clear about what doesn't work, such as:

1. Limited quality time with appointments
2. Poor communication
3. Lack of information on their medication
4. What the next steps in recovery could be

What people found most helpful about being on a S29 were:

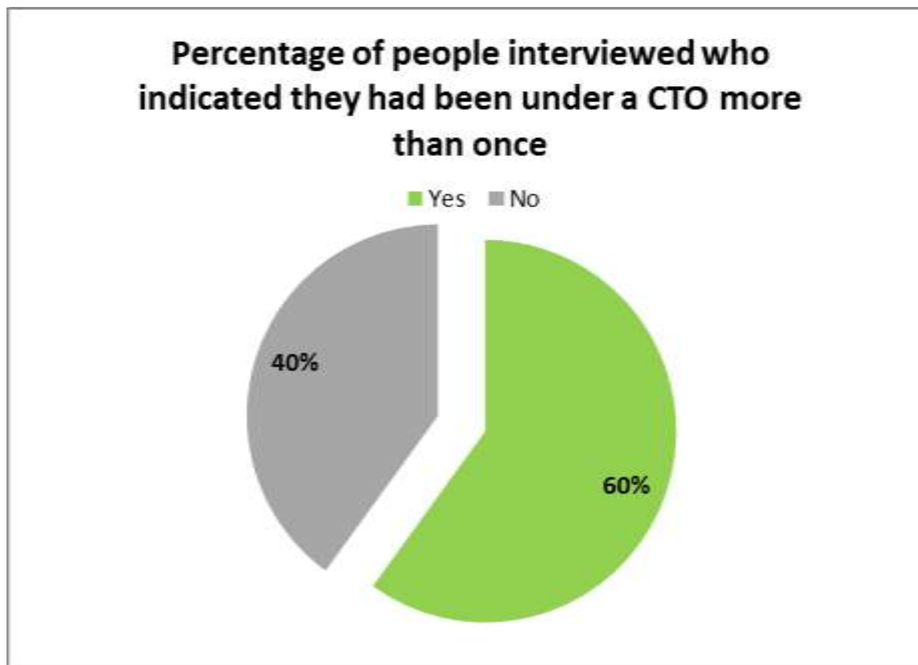
1. Staff – appreciated *caring, helpful, offering options, follow up*
2. Medication – *no cost for medication enables continued compliance, reminders and follow through*
3. Education - *understanding illness, knowing why treatment may be important and what the options are*

31% stated they would choose to stay on a S29 if given a choice. The main reasons for this were:

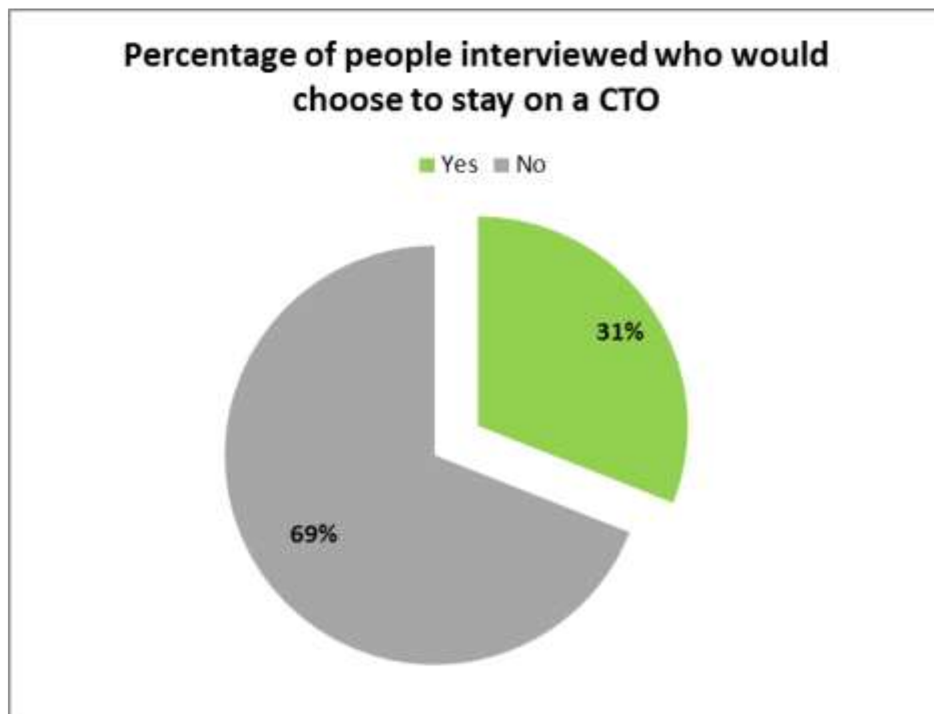
1. Their safety

2. Better and quicker access to services
3. Costs

S29 Mental Health Benefit	Better	Same	Worse
How do you believe being on a CTO helps your mental health?	51%	39%	10%



Graph 4: *Percentage of People Who Have Been Under a CTO More Than Once*



Graph 5: *Percentage of People Who Choose to Stay on a CTO*

FINDINGS

There were eight specific questions focusing on Whaiora experiences under a S29. Of those participating, 10% reported that it had made them worse, 39% thought there was no difference and the remainder (51%) felt it had made them better. The response to these questions showed the respondents expressed insight on how a S29 has impacted on their lives. Several themes emerged covering, benefits to their mental health and well-being, an appreciation of staff and what is needed to stay in recovery. Whaiora are also clear about what does not work, such as, limited quality time with appointments, poor communication and information on their medication, and what the next steps in recovery are.

7. PRIMARY HEALTH

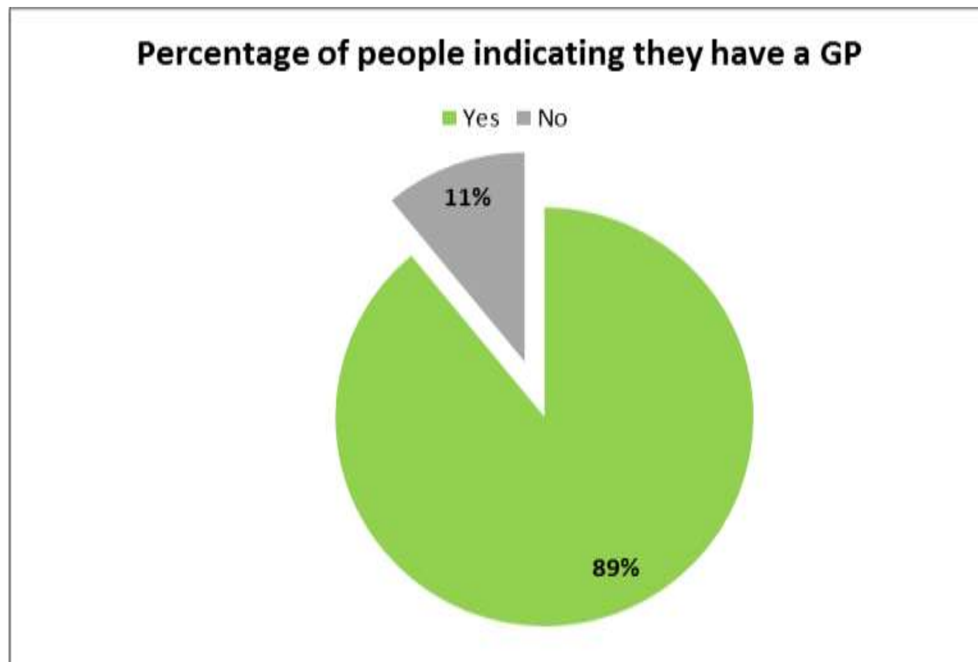
Engagement with Primary Health is an important touchpoint for anyone seeking assistance with their health and wellbeing. GPs provide a consistent support within the community, with generic preventative and maintenance interventions for their overall health care support[6]. The participants provided important information, advising that 89% have a GP. Of those over 70% rated their GP Clinic excellent or very good. There was regular contact over the past six months with 75% visiting their GP in this time and 92% felt confident discussing their medication with their GP. More than half felt their GPs understood their mental health needs.

Whaiora felt they could be better supported when discussing their medication with their GP, if:

1. They had a GP with knowledge about the effects and side effects of the medication

[6] EVIDENCE-SCOPING REVIEW – SERVICE TRANSITIONS FOR MENTAL HEALTH AND ADDICTION: Report for the Health Quality & Safety Commission; Dr Peter Carswell; Anthony Pashkov.(2018)

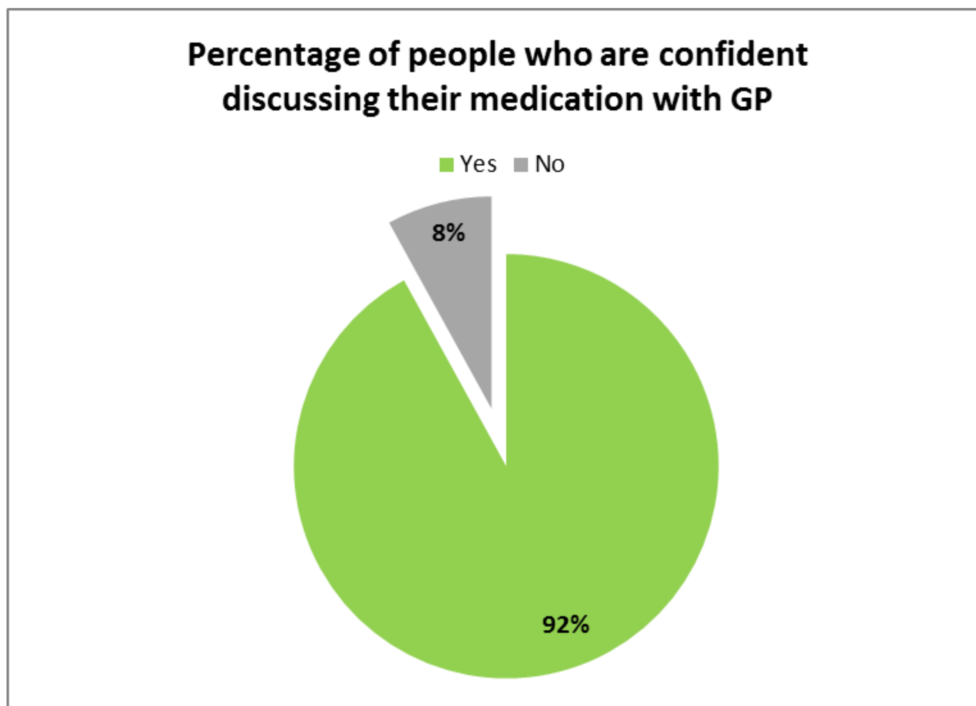
2. Explanation about what it is for and supposed to do
3. More time to understand and discuss – *longer appointments*



Graph 6: *Percentage of People Who Have a GP*

When was the last time you saw your GP?	Percentage
Less than 1 month	54%
At least 1 month but less than 3 month	15%
At least 3 months but less than 6 months	6%
At least 6 months but less than 12 months	13%
12 months or more	12%

How do you rate your GP clinic?	Percentage
Excellent	44%
Very good	30%
Good	11%
Fair	11%
Poor	4%



Graph 7: *Percentage of People Confident in Discussing their Medication with GP*

8. COMMUNITY SERVICE

Another significant touchpoint in the continuum of care is Community Services. There are numerous types of services and supports available, such as clinical, housing, employment, residential, life skills, advocacy and peer support to name a few. Each District has a variety of these services available based on the local community needs.

Whaiora were asked about their experience with community based mental health and addiction services as people can be accessing multiple services at any one time.

69% of those interviewed have been involved with DHB Community Teams for five years or more. Half of the participants have engaged with an NGO with 34% in Kaupapa Māori and 17% in Whānau Ora services. 15% of people have been receiving support for addiction concerns for five plus years.

What was **most helpful** in accessing these services?

1. Social connection – support *with social determinants that help in improving overall wellbeing – accommodation, being with others who listen and understand etc.*
2. Options - *choice of Kaupapa provider, help with keeping on track, understanding mental health*

What was **least helpful** when accessing these services?

1. Staff – *people who have an unhelpful attitude or are not supportive; don't listen to me*
2. Safety – *intimidated by other whaiora; looking over my shoulder all the time; are the police after me to enforce the order; the time it took to get into the service*

3. Service – *wait time to get into service, too short appointments, staff availability and shortages, appointments at suitable times*
4. Communication – *hospital admission not explained, my history not given to my worker*

When cultural needs are met:

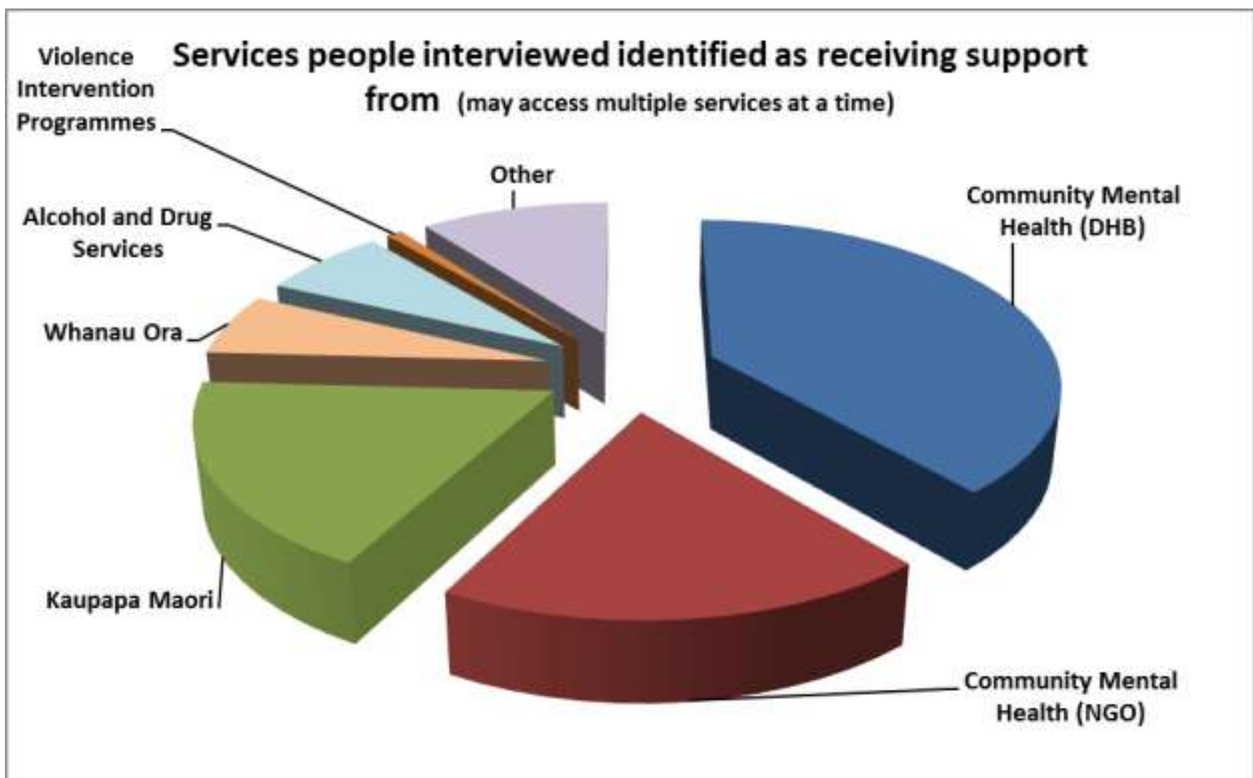
1. Knowledge – *provide people who have a culture awareness, understand Tikanga Māori, helped me find my mana*
2. Service – *use of karakia, needs included in assessments, very safe and sensitive".*

Cultural gaps:

1. Flexibility and access – one model only does not meet needs of all, need options
2. Meeting need of *Māori* in mainstream services

Whānau engagement appears to be low with only 26% of Whānau reporting that they were invited to be involved with recovery planning. Barriers identified were:

- Meeting arranged/appointments during working hours
- Living out of area
- Consent not given



Graph 9: *Services People Identified as Receiving Support*

What type of community service support have you accessed?	Percentage
Key Worker (NGO)	77%
Community Support	56%
Case Worker (DHB)	42%
Housing support	33%
Peer Support	23%
Recovery Group	21%
Employment support	19%
Cultural support	15%

Length of time with services	CMH (DHB)	CMH (NGO)	Kaupapa Māori	Whānau Ora	AOD
Do not use this service	6%	24%	36%	71%	62%
Under 6mths	2%		12%	2%	8%
6mths - 1 year	2%	4%	4%		6%
1-3yrs	15%	20%	10%	10%	6%
3-5yrs	6%	4%	4%		4%
More than 5 years	69%	50%	34%	17%	15%

How many times have you used the service in the last 12 months?	Percentage
Not at all	4%
Once	6%
Twice	6%
Three times	4%

How many times have you used the service in the last 12 months?	Percentage
Four times	4%
Five to 9 times	14%
10 or more times	62%

Whānau engagement	Yes	No
Have Whānau/significant others that support you been invited to attend any meetings with your community provider?	75%	25%
Were your Whānau/significant others invited to be involved in developing your Recovery plan?	61%	39%

Does the service communicate well with people from your culture?	Percentage
Tremendous amount	20%
Quite a bit	35%
Somewhat	16%
A little bit	25%
Not at all	4%

Knowing you	Definitely	Somewhat	No
Does the community service have relevant information about your history?	70%	16%	14%
Do you think the people that worked with you knew about your history?	44%	32%	24%

DHB interface with NGO	Yes	No
Did CMH (DHB) share information with community based services that would assist with your recovery?	81%	19%

My community based services and my hospital based services worked well together	Percentage
Strongly Agree	18%
Agree	46%
Neutral	12%
Disagree	6%
Strongly Disagree	18%

Satisfaction	Excellent	Very good	Good	Fair	Poor
Overall rating of services received in the community	35%	35%	15%	10%	5%
Overall how would you rate service you received from staff in the community	48%	35%	9%	4%	4%

9. INPATIENT SERVICE

The final touchpoint, Inpatient Service provides a higher level of expertise and is often considered the most complex time for Whaiora. The survey focused on their experience while in an inpatient unit and any key areas that may impact on their transition back to their communities.

72% of the respondents had not been admitted to an inpatient unit in the last 12 months or more.. They were asked what was the most helpful and least helpful about receiving inpatient services. Consistent themes emerged about, environment and service providing some insight and further opportunity for service providers to consider. A list of options was presented to the participants on what supported their recovery during the period they were inpatients. The four highest scores were for access to refreshments (79%), Whānau/other visits (75%), activities (69%) and understanding what is going to happen after discharge (67%).

The important supports identified by whaiora post discharge from hospital?

1. Relationships – *Whānau, friends, having kind people around, understanding, support*
2. Staff –*follow up visits and appointments*
3. Service - *having 24 hour staff support, helpful information, medication support/oversight, residential support, support to get back in my life, help dealing with agencies like WINZ*
4. Wellbeing – *activity, good food, being able to do what I want*

Some of the gaps highlighted were;

- Karakia
- Whānau
- Oversight of medication
- Ongoing support
- Integration back into the community

When last admitted to an Inpatient Unit	Percentage
Less than 1 month	10%
At least 3 months but less than 6 months	10%
At least 6 months but less than 12 months	8%
12 months or more	72%

Types of support that enabled my recovery while there	Percentage
Access to refreshments	79%
Whānau / Other visits	75%
Activities	69%
Understanding what is going to happen when I leave	67%
Visit from key worker/case manager	52%
Staff with same ethnicity	46%
Staff who can speak my language	27%
Facility design	23%
Other (please specify)	15%

Other support - specified
Little things like, celebrating my birthday
Talk to me not at me
Don't judge me

Outings/drives
Occupational Therapy

Recovery & Transition	**Yes**	**No**
Were you involved in developing your Recovery plan?	78%	22%
Was your whānau/significant other invited to be involved in developing your Recovery plan?	61%	39%
Where you involved in developing your Transition plan?	76%	24%
Was your whānau/significant other invited to be involved in developing your transition plan?	69%	31%
Did you community – based key worker/case manager visit you while you were on the ward?	90%	10%
Was your medication clearly explained to you prior to you leaving?	84%	16%
Did your community – based key worker/case manager visit you with 7 days of being discharged?	80%	20%
When you went home, did you feel you had enough community supports in place that supported your recovery?	87%	13%

Does the service communicate well with people from your culture?	**Percentage**
Tremendous amount	20%
Quite a bit	35%
Somewhat	16%
A little bit	25%
Not at all	4%

Satisfaction – Inpatient Services	**Excellent**	**Very good**	**Good**	**Fair**	**Poor**
Overall rating on their keeping you involved in your recovery	24%	43%	14%	14%	5%

10. CONCLUSION

The evaluation provided both hard and soft benefits for those involved in the process of writing this report, whether that is from a service provision perspective, Whaiora or Whānau. The soft benefits can be clearly identified with putting Whaiora at the center of the evaluation, with the development of 85 question survey and participation.

The process reaffirmed the Midland Region's commitment to a client centered practice at all levels of service provision with Whaiora providing their lived experience of CTO to assist with any future quality improvement programs.

Whaiora predominantly expressed positive experiences as they transitioned from across the continuum of care. But in all areas they noted components of the transition where things could have assisted them on their journey. The hard benefits are found in the responses from the survey.

- In general they scored medium to excellent in all aspects of health with the majority being socially connected to their communities, with high numbers living independently and feeling safe. A potential area for further conversation is in options for maintaining recovery or building resilience.

- The high percentage of people having been exposed to violence (87%) reinforces the need for continued workforce development on trauma informed care along with greater collaboration with District Health Board (DHB) Violence Intervention Programs (VIP).

- The other noticeable areas were a large number seeking employment. It is difficult to know whether alternative employment has been considered such as 'micro businesses or whether employment is defined by another set of measures.

- Over half of the participants benefited from being under a S29 and expressed insight as to what is helpful and least helpful for them from services. This insight represents a sense of self-determination with their mental health and an ability to provide a learning opportunity once discharged from a S29.

- Nearly 90% are registered with a General Practitioner (GP) and have positive experience with the GP clinic. The area where more value could be added for Whaiora is with the length of GP visits allowing them additional time to understand what is being discussed and the impacts on them managing their mental wellbeing.

- There are a number of community based services available to support Whaiora. The majority are engaged with at least one if not more of these services. Again there were a number of positive experiences expressed by the participants. However it was suggested that more time communicating, services being aware of the impact other clients maybe having on them, and increasing supports from other services if needed.

- With regards to Inpatient Services, once again the majority reported positive experiences during their stay. Whaiora reported being included in their recovery planning. They also reported feeling supported by staff and remarked on the environment providing them time 'to organise their thoughts'. A few learning opportunities mentioned were, "not enough time from staff", "too many other patients" and "the need for Karakia".

Recommendations:

1. Identify systems that can be put into place to help with resilience building. For example, increased Peer and or Whānau Support, Self Help websites, Single Session Family Consultation workshops to name a few.
2. Community based service staff are trained to implement service recovery plans with family/whanau involvement and this is measured as an outcome to demonstrate community service improvement.
3. Whānau are provided education and understanding in order to have a healthier and more supportive relationship with their loved one. For example, access to Whānau Support Workers, Single Session Family Consultation workshops, local support groups, self help websites to name a few.
4. Undertake a stock-take of Trauma Informed Care capability across the region and ensure that integration with the Violence Intervention Programme is included as part of the stock-take.

5. Identify mechanisms to extend General Practitioner visits to ensure Whaiora feel their needs are being met.

6. Identify systems to ensure Whaiora and Whanau are not burdened with the cost of medication if the Whaiora chooses to come off the Mental Health Act. Primary mental health reforms could assist to ensure that Whaiora and Whanau are not further stigmatised.
7. Identify ways to increase both access to Addiction services and increase mental health skill base to include Addiction screening. Increase Addiction peer support options to specifically address addiction misuse leading to relapse of mental health conditions.
8. Identify ways to improve integration between Provider Arm, Non-Government and Primary Health providers with the Transition Project being undertaken by the Health Quality & Safety Commission.

APPENDIX 1: INFORMANTS FOR THE EVALUATION

Bay of Plenty

Name	Role	Organisation
Dr David Chaplow	Acting DAMHS	Community Mental Health & Addiction Services (CMH&AS - DHB)
Hester Hattingh	Clinical Co-ordinator Adult	CMH&AS, Western Bay (DHB)
Sherida Davy	Consumer Advisor	CMH&AS, Western Bay (DHB)
Kim Hansen	Clinical Team Leader	CMH&AS, Eastern Bay (DHB)
Patricia Bennett	Consumer Advisor	CMH&AS, Eastern Bay (DHB)
Ian Linton	Manager	Te Pou Oranga O Whakatohea
Anau Aparuni	Practice Leader	Te Pou Oranga O Whakatohea
Arana Pearson	Peer Support Worker	Te Pou Oranga O Whakatohea
Claire Pye	Manager	Eastern Bay A Trust, Whakatane
Jeff Orr	Manager	Vincent House Recovery Trust, LINC Support Services Trust
Cindy Mokomoko	Managing Director	Te Puna Hauora, Eastern Bay

Hauora Tairāwhiti

Dr Sue Mackersey	Acting Clinical Director and DAMHS	Mental Health & Addiction Services (DHB)
Debbie Barrow	Manager	Medical and Mental Health
Maraea Craft	Quality	Mental Health & Addiction Services (DHB)
Cilla Allen	Community Mental Health Manager	Mental Health & Addiction Services (DHB)
Letecia Embling	Te Oranga Hinengaro Team Leader	Ngati Porou Hauora
Nepia Stewart	DAO	Ngati Porou Hauora
Guy Baker	Service User Lead	Te Kupenga Net Trust
Hine Moeke-Murray	Manager	Te Kuwatawata
Laura Biddle	Manager	Turanga Health
Lisa Baty	Family and Whānau Advisor	Turanga Health

Lakes

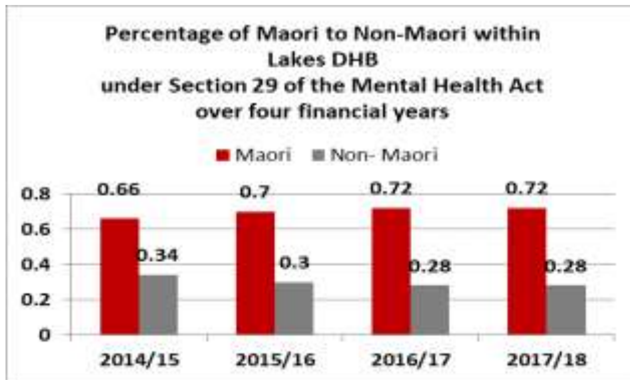
Dr Darren Malone	Clinical Director and DAMHS	Mental Health & Addiction Services (DHB)
Vicky Greeks	Manager	Karldon Trust
Miri Candid	Social Worker	Braemore Lodge Ltd
Te Pora Apirana	Registered Health Professional	Lifewise
Wi Te Tau Huata	Consumer Advisor	Link people

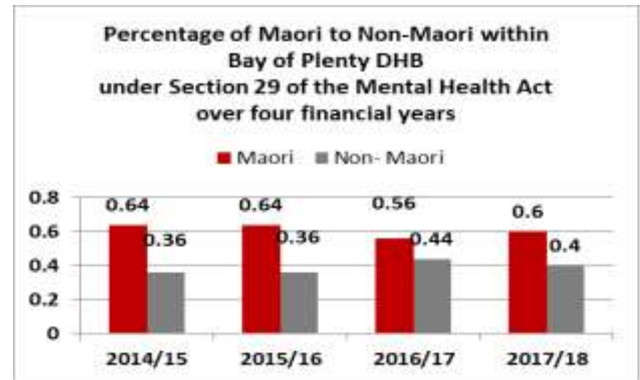
Taranaki		
Dr Sharat Shetty	Clinical Director and DAMHS	Mental Health & Addiction Services (DHB)
Pene Te Puni	Operations Manager	CMH&AS (DHB)
Victor Verveer	Team Leader, Residential Services	Oranga Hinengaro, Tui Ora
Shane Smith	Service & Relationship Manager	Pathways Health Ltd
Kynan Bright	Co-ordinator	Workwise
Angela Gates	Acting Team Lead	Link people
Carleen Broughton	Manager	HCNZ
Sarah Gillington	Consumer Advisor	Mental Health and Addictions (DHB)
Wendy Baikie	Housing Case Worker	LinkPeople

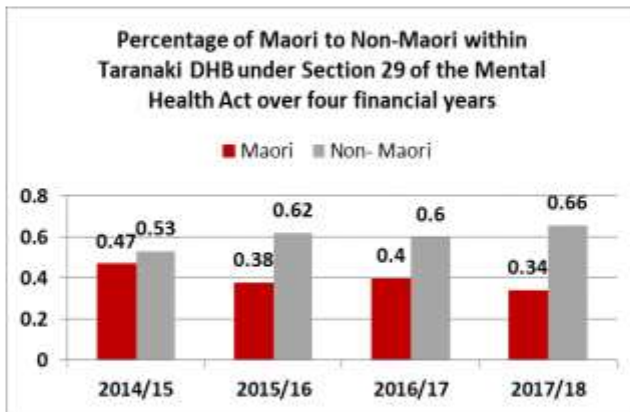
Waikato		
Dr Rees Tapsell	Clinical Director and DAMHS	Mental Health and Addictions Services (DHB)
Vicky Aitken	Executive Director	Mental Health and Addictions Services (DHB)
Dr Patte Randal	Psychiatrist	Mental Health and Addictions Services (DHB)
Shirley Titoko	Service Leader – Kirikiriroa	Te Awhi Whānau Charitable Trust
Laurie Hakiwai	Tumuaki	Te Awhi Whānau Charitable Trust
Karen Covell	Chief Executive	Progress to Health
Petar Druskovich	Service Manager	Mental Health NZ
Wayne Hunt	Senior Recovery Facilitator	Mental Health NZ

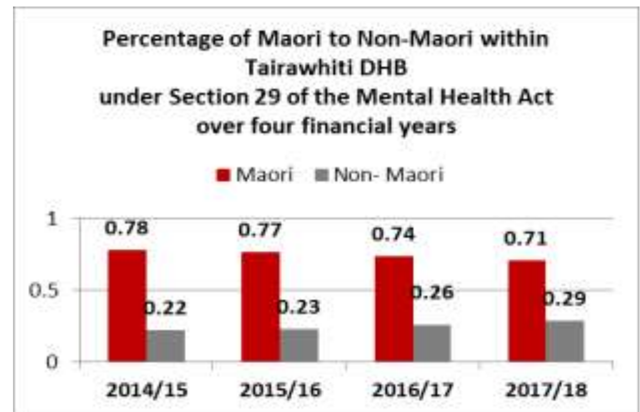
Nga Kōpara O Te Rito		
Ann Grennell	Director	Rostrevor House, Waikato
Arana Pearson	Peer Support Worker	Whakatohea Trust, Eastern BOP
Brendon Dolman	Consumer Advisor	Waikato DHB
Brian Thomas	Trust Manager	Family Link, Western BOP
Guy Walker	Service User Leader	Te Kupenga Net Trust, Tairāwhiti
Herewini Rangi	Youth Peer Support & Advocacy	Te Kupenga Net Trust, Tairāwhiti
Hine Moeke Murray	General Manager	Te Kupenga Net Trust, Tairāwhiti
Tau Moeke	Kaumātua	Te Kupenga Net Trust, Tairāwhiti
Jade Dix	Coordinator	Needle Exchange, Taranaki
Jim Dickinson	Family Whānau Advisor	Taranaki DHB
Jimi Ropiha-Stewart	Family Whānau Advisor	Taranaki DHB
Libby Moeke	Mataora, Te Kuwatawata	Hauora Tairāwhiti
Lisa Baty	Family Whānau Advisor	Turanga Health, Tairāwhiti
Marlane Sherbone	Consumer Leader	LinkPeople, Lakes
Sarah Gillingham	Consumer Advisor	Taranaki DHB
Wi Te Tau Huata	Family Whānau Advisor	LinkPeople, Lakes

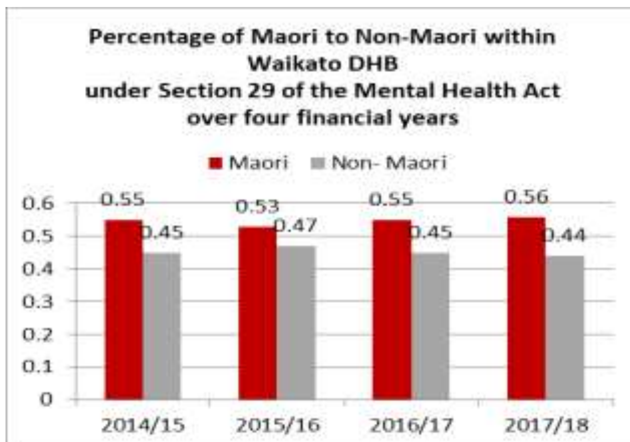
APPENDIX 2: MIDLAND DHB CTOS OF MĀORI – NON MĀORI (4 YEARS)











APPENDIX 3: SECTION 29 SURVEY

Introduction: Background information

We have supplied a Karakia if you need one to open the interview process.

E te Atua	Lord
Manaaki tia mai	Support us
Awhina tia mai	Guide us
Aroha mai	Love us
Ake ake	Forever and ever
Amene	Amen

There are SEVEN SECTIONS in the survey:

1. Introduction
2. Primary Health
3. Mental Health and Well-being
4. Community Services
5. Inpatient Services
6. Whānau
7. Conclusion

1. What is your gender?

- ○ Female
- ○ Male
- ○ Other

2. What is your age?

- ○ 17 or younger
- ○ 18-20
- ○ 21-29
- ○ 30-39
- ◉ 40-49
- ○ 50-59
- ○ 60 or older

3. Please describe your ethnicity.

- ○ NZ Māori
- ○ NZ European
- ○ Pacific
- ○ Asian

Other (please specify) ____________________

4. Which of the following categories best describes your employment status?

- ○ Employed, working full-time
- ○ Employed, working part-time
- ○ Not employed, looking for work
- ○ Studying / Training
- ○ Retired
- ○ Disabled, not able to work
- ○ Full-Time Parent / Caregiver

5. What District Health Board area do you live in?

- Bay of Plenty
- Hauora Tairāwhiti
- Lakes
- Taranaki
- Waikato

6. What describes your living situation the best?

- Boarding with others
- Living in an emergency situation
- Living in own home
- Living with others without financial contributions
- Living on the street
- Living in a car
- Supported living

7. How safe do you feel where you live?

- Extremely safe
- Very safe
- Somewhat safe
- Not so safe
- Not at all safe

8. Do you have parenting responsibilities?

- Yes
- No

9. If your answer is yes, were they included in your Recovery Plan?

- Yes
- Not Applicable

10. Have you been in or witnessed a situation of violence in the past?

- Less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than 12 months
- 12 months or more

11. Do you have a safety plan in place as a result?

- Yes
- No
- Not Applicable

Primary Health

12. Do you have a GP?

- Yes
- No

13. When was the last time you visited a GP?

- Less than 1 month
- At least 6 months but less than 12 months

- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- 12 months or more

14. During your last visit, did your GP know important information about your history?

- Yes, definitely
- Yes, somewhat
- No

15. Do you believe your GP understood your mental health needs?

- Yes, definitely
- Yes, somewhat
- No

16. Overall, how would you rate the service you received from your GP clinic?

- Excellent
- Very good
- Good
- Fair

17. Do you feel confident discussing your medication with your GP?

- Yes
- No

18. How could you be better supported when you are discussing your medication with your GP?

19. Is your medication subsidised in any way?

- Yes
- No

20. If the answer is yes, how and by who?

Mental Health and Wellbeing

21. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

22. In general, how would you rate your overall mental health?

- Excellent
- Very good
- Good
- Fair
- Poor

23. In general, how would you rate your overall emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

24. In general, how would you rate your overall spiritual health?

- Excellent
- Very good
- Good
- Fair
- Poor

25. In general, how would you rate your overall physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

26. In general, how would you rate your whānau health (connections with others)?

- Excellent
- Very good
- Good
- Fair
- Poor

27. How do you maintain your mental health and wellbeing

- Exercise
- Medication
- Healthy Eating
- Friends
- Community Groups
- Cultural Groups
- Hobbies and Interests
- Work

28. Does your substance use impact on your Health and Wellbeing?

- Definitely does
- Probably does
- Probably does not
- Definitely does not

29. What is your Diagnosis?

30. When was the last time you were on a CTO?

- Less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than 12 months
- 12 months or more

31. Have you been on a CTO more than once?

- Yes
- No

32. If you have been on a CTO more than once. Why do you think this happened?

33. What could have been done differently that would have prevented being on a CTO more than once?

34. What was most helpful about being under a CTO?

35. What was least helpful about being on a CTO?

36. If you could choose, would you prefer to stay on a CTO?

37. If you answered yes, why?

Community Service Provider

38. What services are you involved with?

- Community Mental Health (DHB)
- Community Mental Health (NGO)
- Kaupapa Māori
- Whānau Ora
- Alcohol and Drug Services
- Violence Intervention Programmes
- Other

Other (please specify)

39. What services do you use the most?

- Community Mental Health (DHB)
- Community Mental Health (NGO)
- Kaupapa Māori
- Whānau Ora
- Alcohol and Drug Services
- Violence Intervention Programmes
- Other

Other (please specify)

40. What type of service support have you accessed?

- Key Worker (CMH NGO)
- Community Support Worker
- Recovery Support Group
- Housing support provider
- Employment support provider
- Cultural support provider
- Peer Support Worker
- Case Worker CMH DHB)

41. How long have you been involved with CMH (DHB) services?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Not Applicable

42. How long have you been involved with CMH (NGO) services?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Not Applicable

43. How long have you been involved with Kaupapa Māori services?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Not Applicable

44. How long have you been involved with Whānau Ora services?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Not Applicable

45. How long have you been involved with Alcohol and Drug services?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Not Applicable

46. What was most helpful when accessing these services?

47. What was least helpful when accessing these services?

48. Does your most utilised service (refer to Q39), have all the relevant information about your history?

- Yes, definitely
- Yes, somewhat
- No

49. If no, what were the gaps?

50. Do you think the people that worked with you knew about your history?

- Yes, definitely
- Yes, somewhat
- No

51. If no, what were the gaps?

52. Overall, how would you rate the service you received from the staff at this services ?

- Excellent
- Very good
- Good
- Fair
- Poor

53. Have Whānau / Significant others that support you been invited to attend any meetings?

- Yes
- No

54. In your own words, what are the things you would most like to see improved for the service?

55. In the last 12 months, how many times did you visit this service?

- None
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

56. Does this service communicate well with people from your culture?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- A tremendous amount

57. How does this service align with your cultural needs?

58. If no, which cultural needs are not being met?

59. Was your Whānau / Significant Other invited to be involved in developing your recovery plan?

60. My community-based services and my hospital-based services work well together?

- Strongly Disagree
- Disagree
- Neutral/Neither agree nor disagree
- Agree
- Strongly Agree

61. Did CMH (DHB) share information with community-based services that would assist with your recovery?

- Yes
- No

Inpatient Service

62. When was the last time you were in an Inpatient service?

- Less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than 12 months
- 12 months or more

63. What was most helpful about receiving inpatient services?

64. What was the least helpful about receiving inpatient services?

65. What types of support enables your recovery while there?

- Activities
- Whānau / Significant Other visits
- Access to refreshments i.e tea /coffee
- Staff with same ethnicity
- Understanding what is going to happen when I leave
- Facility design
- Visit from my key worker/case manager
- Staff who can speak my language
- Other (please specify)

66. Do you believe being under a CTO is making you better or worse?

- Better
- About the same
- Worse

67. When you went home, did you feel you had enough community supports in place that supported your recovery?

- Yes
- No

68. If yes, what were the important supports?

69. If no, what was missing?

70. Were you involved in developing your Transition plan?

- Yes
- Not Applicable
- No

71. Was your Whānau / Significant Other invited to be involved in developing your Transition Plan?

- Yes
- No

72. Were you involved in developing your Recovery plan?

- Yes
- No

73. Was your Whānau / Significant Other invited to be involved in developing your Recovery Plan?

Yes No

74. Did your community-based Key Worker / Case Manager visit you?

Yes No

75. Did your community-based Key Worker / Case Worker visit you within 7 days of being discharged?

Yes No

76. Was your medication clearly explained to you prior to you leaving?

Yes No

77. Does this service communicate well with people from your culture?

Not at all
Quite a bit
A little bit
A tremendous amount
Somewhat

78. How does this service align with your cultural needs?

79. Does being on a CTO affect your mana (prestige, authority, control, power, influence, status, spiritual power, charisma)?

Yes No

80. If yes, in what ways?

81. What do you think could reduce this effect?

Whānau / Significant Other

82. In general, how well do you understand their mental health?

Excellent
Fair
Very good
Poor
Good

83. Overall, how would you rate the community services to keep you involved in their recovery?

Excellent
Fair
Very good
Poor
Good

84. Overall, how would you rate Inpatient services to keep you involved in their recovery?

- Excellent
- Very good
- Good
- Fair
- Poor

85. Is there anything else you'd like to share about your care?

We have supplied a Karakia if you need one to close the interview process.

Mehemea ka moemoea ahau	If I am to dream
Ko au anake	I dream alone
Mehemea ka moemoea e tatou	If we all dream together
Ka taea e tatou	Then we will achieve