



Maori Ora

Redevelopment of Mental Health and Addiction
Services in the Lakes District

Draft model of care — did we capture your views?

Lakes DHB has been running a co-design process for the development of a future model of care for mental health services across the Lakes district since early April.

There have been 22 hui and workshops held across the Lakes DHB district and over 200 people from diverse perspectives, contributed their ideas, feedback and aspirations through the five core questions asked.

People could also provide their ideas, and feedback via a survey which had 191 responses.

During June the Model of Care Working Group has been reviewing all of that feedback - with pages and pages of ideas, personal stories and practical examples for the future. The Model of Care Working group read everything people said. They developed some common themes,

then refined these to the core elements in the first draft of a proposed model of care. The working group is seeking feedback on this first draft, before the model is finalised in August.

If your organisation would like a presentation and to give feedback on the draft new model please contact: marita.ranclaud@lakesdhb.govt.nz

You can also find information and feedback on the model here:

<https://www.surveymonkey.co.uk/r/LakesDHBModelofCareConsultationJuly2018>

The Model of Care Working Group would like to thank everyone who gave their time and energy to share their views and experience and is looking forward to reporting back to the community to know if they have got it right.

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Introducing.....Te Roopu Hauora o Te Arawa representative Harata Paterson

Te Roopu Hauora o Te Arawa (TRHOTA) representative on the Maori Ora governance group, Harata Paterson says it's important Maori are involved in the decisions of the health system at every level and right from the start of a project.

"It reflects the Treaty partnership and as far as we (TRHOTA) are concerned Maori need a place where



the majority of the decisions are made."

Harata has been on Te Roopu Hauora o Te Arawa as the Ngati Rangiwehi representative for six years. She also affiliates to Te Arawa Whanui, Ngai Te Rangi and Te Rarawa. Her

involvement in health stems from a personal and practical interest in her family's health and the service they encountered in the health system.
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Key features for Model of Care directions

My experience matters

People are experts in their own journey. They will be listened to and valued as contributors to their own healing and recovery.

The experience of people will be understood within the context of the community and family/whanau within which they live. Lived experience brings a unique perspective to the recovery journey.

Family/whanau

Often at the heart of a person's support network, the caring and practical help provided by family/whanau will be valued by services.

Family/whanau will be meaningfully included in care, enabled to develop their own skills and capacity to support the recovery of their loved one and will themselves be well supported by services to maintain their own wellbeing.

Diverse, supported, skilled and enabled workforce

Staff working in services will be supported, well-led, skilled and supported to use the right person to do the right job, at the right time.

Workplaces protect and promote the wellbeing of staff. In collaboration with others, our workforce will be very deliberate in what they do and how they do it to achieve the best outcomes for people. The experience of people accessing help will be service contact that is welcoming, compassionate and helpful.

Local Service Solutions

Identified spaces within communities will provide a focal point where people can access information, activities to support wellbeing and a range of help options if needed.

These "hubs" will be individualised to the community they serve and through development of non-traditional workforce opportunities, will help build community assets and resilience.

Strongly reflects a Maori world view

Matauranga Maori is accepted as a valuable knowledge base on which effective services, systems and practice will be grown. Reflecting a Maori world view recognises the importance of kaumatua as the key holders of that knowledge



and the importance of weaving together both Maori and non-Maori ways of understanding and working.

Easy access to help when I need it

People are more likely to seek help earlier because they are confident they will be treated with respect,

free from stigma or discrimination and that threshold for service entry acknowledges distress without being limited to diagnosis or disorder. "Virtual solutions" e.g. internet based or phone advice will be comprehensive and simple to use.

Protecting and promoting wellbeing is a priority

Attention to prevention/resiliency building activities is evident, whether people are well or experiencing ill-health.

While well we work to protect and strengthen well-being, and when unwell (or somewhere in between), attention to retention and retaining wellbeing is a priority.

This includes providing help earlier when health is deteriorating, or at the start of ill-health (early intervention). A focus on parenting, children and young people as a strategy to prevent ill health in adulthood is a central purpose.

Promotion and protecting wellbeing includes enabling and/or preserving opportunities for having purpose and being connected.

Connectedness

From birth, fostering relationships is an innate part of human nature. Being well connected to and with others has application at an interpersonal level as well as across communities, organisations and agencies.

The way we interact is important to growing community skills and assets while navigating the regional and national landscape of health.

Achieving equitable outcomes

Given the interdependence of body and mind, the health of each is equally cared for by people and by health care providers. We will not allow diagnosis, cultural background, social inequalities, gender, sexual orientation or age impact on our actions towards addressing inequities.



Te Roopu Hauora o Te Arawa representative (contd.)

“You are thrown into the hospital system because of family health issues and begin to see things that are less than optimal. Some staff are more helpful than others. We are relatively articulate and can make our needs known, but I often wonder how do other whanau cope? There’s a lot of anger and frustration.”

Harata has recently been appointed to the Mauri Ora governance group and likes the way the group works, it quickly gets to the point, everyone knows what tasks they are responsible for, it works quite efficiently and everyone is prepared, she says.

As a teacher of governance at Te Wananga o Aotearoa, Harata understands systems, institutions and processes. She’s still in the early stages of knowing about health and the Mauri Ora developments in mental health, but she understands well the context she’s required to work in and the dynamics of systems.

“Governance is hard because you are elected to represent your iwi, but governance requires being strategic and looking after everyone’s health interests. Governance has taught me to be patient. Sometimes we get on these committees and groups and are unrealistic about what we can achieve and the timeframe we can achieve it in. We need to set realistic goals and recognise that governance can only do certain things. As Maori we need to be in all these spaces, there’s not one solution to improve the health system, it’s multi-level and multi-faceted.”

Harata is a firm believer in the need for people who can foster relationships and bridge the cultural divide. Making a difference requires good relationships and that takes time. Once you have relationships in place you can start to make a bigger shift, she says.

“I would like Maori values, traditions and systems to be reflected in the mental health system and any facility in meaningful ways not just a Maori

design on the door. That there’s a real appreciation of what these things are and how they work and are integrated into the system in the way we do things.”

Harata would like to see more Maori staff, not just security guards, but clinicians; nurses and doctors. And if they speak Maori that would be better still, she says.

“Not all Maori are familiar with Maori things, but the way you are treated and spoken to isn’t even a Maori thing. Some staff are great at treating



people with respect, but some are not and they shouldn’t be there or need more training. Some are very helpful and caring.”

Harata has a Masters in Law and taught at the Waikato Faculty of Law for 10 years. She also worked here for East Brewster and was a treaty negotiator for Ngati Rangiwewehi.

“I feel at home with the law and teaching governance is a small part of it, especially if you are working with entities, because they are governed by one piece of legislation or another.”

“I don’t miss the law. Like any other institution it has its foibles. It’s interesting to see how even people teaching human rights were unable to see their own prejudices within the faculty. I was naive and thought I’ll be a lawyer and change the world. Now I know, the law doesn’t guarantee justice just like a hospital doesn’t guarantee good health. You have to find a way to work within the system. That’s another lesson I’ve learnt.”



Taupo/Turangi project also informs Mauri Ora

A project in Taupo/Turangi to strengthen the capacity of primary care to respond to people with mental distress will feed in to the model of care work for Mauri Ora.

The project consulted with people and organisations in Taupo and Turangi to look for a better way of working to ensure people get services when they require them.

A working group included representatives from: REAL (Youth Mental Health Service), Pinnacle Midlands Health Network, arc Counselling (adult drug and alcohol service) as well as Lakes DHB's mental health service and planning and funding staff.

The recommendations of the project are influenced by a shift in ideology and thinking from the

current state known as "Big Psychiatry" which sees mental disorder as a health deficit and is responded to in a medical model. The proposed shift is to a new ideology called "Big Community" where mental distress is viewed as a recoverable social, psychological, spiritual or health disruption.

This new ideology promotes a stepped approach to mental wellbeing with different interventions for people at different stages, that make a difference to their wellbeing, from health promotion and prevention of mental distress to the very acute end in the inpatient unit in hospital.

The project recommends community based solutions, not facility-based solutions. It

proposes a model that recognises a Maori world view and acknowledges that people who need these services are not engaged with primary care. The following are the different steps and possible interventions:

Self management; how do I look after myself and my wellbeing, where can I get information to be proactive, including use of technology and health and social sector information (to make sure needs like housing are addressed).

Mild to moderate distress: access to brief targeted interventions that can be delivered by health coaches, peer supports, other agencies or GPs to ensure they are treated early. Currently it is necessary to have a classifiable mental health functional disorder that warrants a brief intervention.

Moderate needs: talking therapies can be delivered by the PHO and psychological services or trained non-clinical workers.

Moderate to severe symptoms which have a significant impact on one's life,: shared care arrangements where both secondary and primary care look after the patient, but primary care is the lead provider (with mental distress capability and capacity development).

Acute and complex needs which require secondary services specialist support or time in the inpatient unit in hospital.

Using this proposed model Lakes DHB and Pinnacle Midlands Health Network will co-design service solutions and plan what a new service at each level will look like.



PMHN team at the Turangi community health forum early 2018.

Feed back on the draft Model of Care Did we get it right?

Click on the link to see the new model of care and give us your feed back.

<https://www.surveymonkey.co.uk/r/LakesDHBModelofCareConsultationJuly2018>

