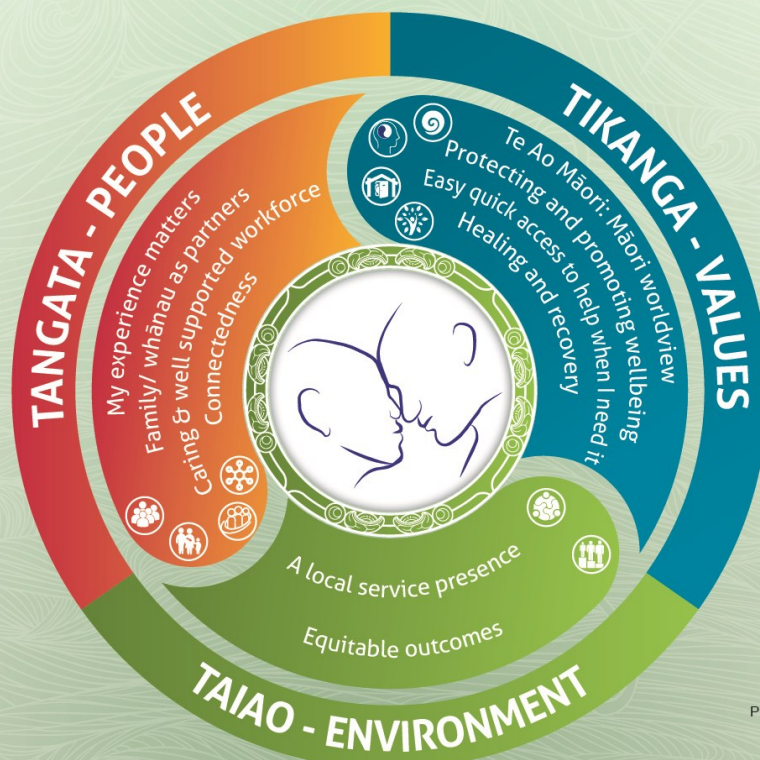


Mauri Ora

Redevelopment of Mental Health and Addiction Services in the Lakes District

Te Ara Tauwhirotanga - Pathways that lead us to act with kindness

Model of Care for Mental Health and Addictions for Lakes DHB area



See themes and descriptors of the MoC page 3

Please see over for details of the themes/ principles of the model of care.

September 2018

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New Model of Care for Lakes district mental health & addictions

The mental health system's new model of care is the product of a five month co-development process with tangata whaiora, people with lived experience of mental illness, whanau/ family members, communities and a range of local service providers (DHB clinical staff, NGOs and primary care).

It is based on what people described as important to them to improve their well-being. In August, the draft model of care was taken back to Lakes DHB communities to check it captured correctly what people had shared of their experiences.

The final version of the mental health model of care, has now been named Te Ara Tauwhirotanga to echo the aspirations of the Lakes DHB communities that services and

systems be designed to "act with kindness." Some changes have also been made to the graphic representation in response to feedback. Portfolio Manager Marita Ranclaud says, during consultation people said they wanted the graphic representation of the model of care to reflect more of a Lakes feel and to be distinctly "of this place" (see page 2).

What is a model of care?

A model of care informs the end user of a service/system and gives them a sense of what they can expect from it in the future. It describes what's most important as a service user to improve their wellbeing. Marita says if you look at the descriptors, what people can expect to see is clear (see page 3).

Explanation of the final graphic representation of the Model of Care

Contd. from page 1

Marita Ranclaud says overall what the model of care working group heard about most, was connectedness, kindness and compassion. That services and staff reflect a Maori world view is also important to the new model.

Marita explains that some of the descriptors are task oriented (early support and information, community based centres offering a range of interventions) and others are more values based (staff who are helpful, caring and kind) that drive paradigm shifts, she says.

"It's the values based things that if we incorporate them into our workforce; that's what changes people's practice. It was really powerful that everywhere we went people talked about how good practice made them feel and - how they treasured and relished what was amazing and why other practice was poor. Usually it came down to lack of acknowledgement of cultural difference and poor connection either personally or with family members. People felt, in their relationships with some staff and services, they were treated as an illness or diagnosis or just a number with no emphasis on thinking about an individual's wellbeing and on giving people a sense of hope."

Another circle has been added to the new model of care graphic which incorporates elements of the traditional Te Arawa and Tuwharetoa designs representing Te Pupu and Te Hoata, sisters of Ngatoroirangi the tohunga of the Te Arawa canoe. When Ngatoroirangi was climbing the summit to Tongariro he faced many challenges, including a blizzard. Seized by the snow, he called to his sisters Kuiwai and Haungaroa to send fire. Upon hearing the calls of their brother they sent two demigod siblings; Te Pupu and Te Hoata to take heat to their brother.

The colours reflect our region; the green reflects the maunga, forests and outdoors; the red reflects the geothermal nature of the area and the blue reflects

the sky and lakes.

Ngati Whakaue representative Kingi Biddle bequeathed the name Te Ara Tauwhirotanga, pathways that lead us to act with kindness.

The centre picture depicting faces with pressed noses (hongis) represents people being at the heart of everything. It speaks also to connection.

"When things are well connected and services are collaborating and working together services operate better. This includes everything from personal, individual connection with self, family other people and staff members... through to systems and mechanisms," Marita says.

Marita says the early work on Te Ara Tauwhirotanga has focused on what's needed for the business case for the new mental health facility and will influence its design. It provides an overarching framework that will determine how DHB funded services will work together, the type of services required to best meet the needs of the Lakes population and how the DHB itself will interface with other sectors to influence their approaches to protecting, promoting and strengthening wellbeing. Te Ara Tauwhirotanga will provide a framework against which service solutions are designed and evaluated.

Some early work informed by model of care has started already

Lakes DHB has already started some of the work on the ground as a result of the model of care. This includes contributing funding to a new national health directory, *Health Navigator* and *Health Point* to ensure people have direct access to web based information about local services.

Health Navigator is a web based application that provides public information that is reliable about specific conditions. It will be available to the Lakes population soon. (*Contd. page 4*)

For more information on the new model of care see www.lakesdhb.govt.nz



The Model of Care Steering Group at one of its regular meetings.



Tangata - People



My experience matters - E aro ki te hā o te tangata kia motuhake ai taku hīkoi

- My journey is unique to me.
- Mutual respect and trust can develop from listening to and valuing my understanding of what is happening for me.
- No judgement is made of my cultural or religious background, or sexual orientation.
- When I am part of the workforce, my lived experience can support others in their healing journey.



Family/ whānau as partners - Ko te whānau te whakaruruhau o te tangata, me hīkoi ngātahi

- A network of people who love and care for us can sustain us in times of wellness and ill health.
- When my chosen supports are kept well informed and are actively involved in my journey things go better for me.



Caring and well supported workforce - He hunga tauwhiro, te tāngata mātau hai awihina i taku hīkoi

- Sometimes, I may make choices not to involve my family/ whānau.
- Service options that maintain family/whānau wellbeing are essential.
- What matters most to me is that people who work in services, are competent in what they do, are helpful, caring and kind.
- When service staff are listened to and nurtured professionally, this reflects in their relationships with me and my family/ whānau, those they serve.
- Workforce across services mirrors the community they work within.



Connectedness - He ara tukutuku ka pakari taku hīkoi

- Being connected to and with others is the most important aspect of my wellbeing.
- Local, regional and national systems work well together so that my experience of them is as seamless as possible.

Tikanga - Values



Te Ao Māori: Māori worldview - He Māori ahau, me Māori hoki taku hīkoi

- If I am Māori I am supported to feel secure in my own traditions and Māori worldview (matauranga Māori).
- Concepts that I recognise such as whakapapa, tikanga and kawa are woven into all service delivery.
- The mana whenua of the Lakes DHB region - Te Arawa and Tūwharetoa are recognised and meaningfully involved at a strategic level in service planning or development.



Protecting and promoting wellbeing - Whakateiteihia, whakahaumarutia te hauora o te tangata

- Activity that strengthens and promotes wellbeing is a priority for everyone, whether well, at the start of or experiencing ill health.
- Growing healthy babies, children and young people is a focus.
- My neighbourhood, school, work and home are safe places for me and/or my family/ whānau to be and thrive.
- Early support, intervention and information is easily available at the times that I need help.



Easy quick access to help when I need it - He ngāwari te toro atu i taku ringa ki te kapo i tāku e hiahia ana

- My family/whānau and I are able to self-manage many things when given the right information or online tools.
- Connecting with services takes courage and effort.
- Receiving a warm welcome acknowledges our distress and need for swift support.
- If a service is not the right one for us, we are supported to move to another that is a better fit.



Healing and recovery - Kia piki te kaha me te maramatanga i roto i ahau

- My wellbeing is fluid. Maintaining, restoring, relapsing and recovery are all a part of my journey, meaning I may need services short term, one off, episodically or long term.
- Recovery happens when hope is present, and my strengths are recognised and developed.

Taiao - Environment



A local service presence - Nō taku rohe, he pātaka tauwhirotanga

- Information, service navigation or first-level support for me or my family should be available using virtual technology or in a physical location within my community.
- This community-based centre may offer a range of help options such as rongoa, lifestyle and health coaching, talking therapies, mindfulness, peer support, help with employment, and access to specialists if needed.



Equitable outcomes - He motuhake te hīkoi o i a tangata, arotahia, poipoia

- Mind, body, spirit – people are a combination of all these things.
- Health services will ensure that my physical health and psychological health needs are taken care of together in partnership with me.
- Sometimes, groups of people in our community need more support than others.
- This is recognised by services who will be deliberate about who they deliver to and why their work should be a priority for specific groups.



Some early work informed by new model of care has started

Contd. from page 1

Lakes DHB is starting to use data to identify where people are situated who are at risk and vulnerable to developing mental health issues and beginning to develop initiatives in the community that address people's needs before they require more intensive services. At the moment people who are experiencing distress are referred directly to secondary services.

Lakes DHB is discussing with the Ministry of Social Development how to co-design and co-fund a programme to support young people to get jobs when many are currently failing drug tests.

There is also a nurse practitioner working with the Police who is able to assess and address people's health needs in the Police hub, rather than having to refer to CATT.

A project to transfer stable mental health patients, who have been in the community mental health system for a long time, to a GP who will support them to manage their health is in development.

What's next for models of care?

Marita Ranclaud says it's Lakes DHB's Planning and Funding division that is driving /sponsoring Te Ara Tauwhirota and it's important to remember its about the whole of the system not just the new facility.

"If we strengthen what happens in the community and the range of interventions available early, we reduce the need for secondary services."

An implementation plan will now be developed to set out how the model of care will become real. Tangata whaiora and providers will be involved in the implementation planning and in the next few months will be invited to participate. Lakes DHB is also awaiting the results of the government's inquiry into mental health services due at the end of

November. The on-going work developing the model of care will inform future commissioning (contracts), how the DHB interacts with other agencies and how the DHB will invest in the future.

What's next for the new mental health facility

The Project Mauri Ora Strategic Assessment (SA) outlining the case for a new mental health facility is a requirement of the government's business case process, prior to proceeding to the Single Stage Business Case stage.

The SA was presented to the Lakes Board in October and given the green light for the document to be submitted to the Capital Investment Committee (CIC) for the approval processes.

Having a fit for purpose acute inpatient unit is a key enabler for the achievement of positive outcomes for consumers. Investment in a modern facility will help facilitate the delivery of better acute care.

While the imperative to have buildings and

facilities that are contemporary, fit for purpose and provide a therapeutic environment was a catalyst for change, the opportunity was also taken to co-design a new mental health and addictions model of care for the Lakes region.

To test the need for investment an Investment Logic Mapping (ILM) process identified four major problem areas, including the fact that the current facilities are affecting quality of care.

The ILM also described three core benefits that will result from the development of the new model of care and the new facilities.

The first benefit is that there would be a safer and more therapeutic environment for service users, their whanau and for staff.

