

An eMental Health and Addiction Framework to support Te Ara Tauwhirotanga



Report Commissioned: 31 October 2018

Report Delivered: 8 March 2019



CONFIDENTIAL:

This is a confidential report prepared by HealthTRx for Lakes DHB

Health **TRx**

Acknowledgement

HealthTRx would like to acknowledge the time and expertise generously given by the stakeholders, key informants and hui participants for this project:

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Belinda Walker	Health Share	Wi Te Tau Huata	Link People
Karen Evison	Lakes District Health Board	Kylie McKee	Link People
Marita Ranclaud	Lakes District Health Board	Dominic Lepa	Ministry of Social Development
Ian Vickers	Lakes District Health Board	Nicola (Nicky) Cooney	NZ Police
Michael O'Connell	Lakes District Health Board	Philip Taikato	NZ Police
Alex Wheatley	Lakes District Health Board	Sheree McKenzie	Te Ara Tauwhiroatanga Advisory Group
Michael Bland	Lakes District Health Board	Jodi Fata	Pathways
Darren Malone	Lakes District Health Board	Pen Blackmore	Pinnacle Midlands Health Network
Jacqui Gregory	Lakes District Health Board	Amanda Bradley	Pinnacle Midlands Health Network
Lauren James	Lakes District Health Board	Chris Walmsley	Rotorua Area Primary Health Services
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Project Team

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Executive Summary

The nature and volume of demand for mental health and addiction services has moved well beyond any argument that face-to-face clinical systems alone are the answer. Increasingly, remote, rural and high-deprivation communities are unable to access resources and care when and where they need them.

eMental Health is oriented around the individual and their social supports. It enshrines self-managed care and customisation to deliver a seamless pathway to the appropriate care for each individual.

The Te Ara Tauwhiroitanga project has demonstrated commendable foresight in considering the application of digital solutions as part of developing a new model of care for existing Lakes DHB services. Understanding and embracing the opportunities offered by eMental Health and Addiction solutions to enhance existing approaches puts Lakes DHB in a strong position to meet the increasing demand for services, at a time when traditional methods are being stretched to their limits.

In the field of mental health, current thinking generally leads to funding of face-to-face mental health services. However, this is not financially sustainable nor will it achieve the reach and impact required to live up to its claim of universal care.

From our consultation with the Te Ara Tauwhiroitanga stakeholder group, two key themes emerged which have informed our recommendations for the Lakes DHB region:

Earlier intervention

The Te Ara Tauwhiroitanga report highlighted the need for Lakes DHB to play a role in resilience and early intervention programmes, as part of its efforts to address demand for acute and inpatient services. These can be challenging for clinical services to deliver at the scale necessary to make a significant impact. Fortunately, eMental Health and Addiction solutions support the development of self-help and self-management skills amongst service users, in a cost-effective and scalable manner.

Consultation with stakeholders during this project revealed a strong network of community-based healthcare providers, but also a notable gap in the referral criteria between their services and DHB mental health and addiction services. The impact of this is that many whaiora are having to wait until their situation deteriorates further and they are then eligible.

Better cultural fit

Additionally, Lakes District faces challenges delivering clinical services that engage effectively with Māori – especially young males. Whilst this is not unique to the area, the high proportion of the population this represents makes the need more critical. There has also been a pattern observed amongst Māori whaiora of not recognising early symptoms of mental health issues, causing them to seek help only once they reach crisis point.

This pattern of behaviour may in part be related to a disparity between Māori world views (Te Ao) and the established medical explanations of mental health and addiction. The Te Ara Tauwhiroitanga model of care is strongly focussed on addressing Mauri Ora and we must find a way for any digital solutions to help achieve that goal, as well as the clinical outcomes.

The potential for using technology to support health is very broad, but this report focusses on addressing the challenges outlined above using the strengths of various eMental Health and Addiction solutions. Whilst a range of solutions to augment existing services are outlined across the continuum of the Model of Care, our recommendation is that focus is given to the following:

CATEGORY

1

Supporting mental health and addiction service clinicians with evidence-based digital solutions as an adjunct to their existing therapeutic practices. Whilst these solutions attract a higher cost to implement, Lakes DHB can ensure they are being deployed with the groups in greatest need, whilst lower-cost solutions are made available to milder cases (Category 2).

Benefits may include:

- Reducing clinician workload
- Providing post-discharge monitoring and support
- More options to reach people at a time and place that is convenient for them
- Enhancing the mana of whaiora with greater self-management
- Service the needs of rural and remote communities more effectively

CATEGORY

2

Giving mental health and addiction team members and community-based health and social sector workers (e.g. health navigators/tiwhana) a set of solutions for their whaiora to use when dealing with distressing situations that put their mental health at risk – either self-guided or with the support of their mental health team/tiwhana. Most are free-to the-public and available nationwide. However, services can add considerable value by contextualising these programmes for their local community and providing motivation to engage with them. Tailored dissemination of these solutions will maximise the adoption and benefit for Lakes DHB mental health services.

Benefits may include:

- Convenience
- Community services are engaged with people when they first encounter difficult situations, offering earlier intervention and support
- Local services are able to contextualise (digital) solutions to whaiora's culture or situation
- Whaiora can begin to empower themselves through their recovery

Recommendations

From our discussions with stakeholders and hui participants, it was noted that solutions for community services may have the highest impact – because they leverage existing assets and only require resource to drive adoption. Therefore, we recommend implementing the solutions detailed in this report with priority given to the following:

1. Promote all free-to-the-public solutions (from Category 2 in this report) to mental health, addiction and select community services
2. Build the Resource Portal for ongoing use by DHB mental health, addiction and community services
3. Install eHealth Kiosks in selected community locations as a pilot
4. Increase uptake of Beating the Blues with Primary Care providers* in the Lakes DHB region
5. Implement Recovery in Hand within mental health and addiction services* (e.g. community alcohol and drug services)
6. Deploy Mentegram in mental health and addiction services* for better engaging with patients

*services most ready to adopt eMental health solutions should be selected for first implementation.

Background to the project

HealthTRx has been engaged by Lakes District Health Board (DHB) to develop an eMental Health and Addiction Framework, with a focus on digital initiatives related to; psychosocial, mental health, addiction and wellbeing. This framework includes recommendations regarding health and psychosocial eHealth initiatives which will address or support the objectives of the Lakes DHB.

This eMental Health and Addiction Framework has been developed to sit alongside Te Ara Tauwhiroatanga, Lakes DHB's future model of care which aspires to achieve better wellbeing, health, and life outcomes, and to reduce inequities. The themes and principles of Te Ara Tauwhiroatanga laid a strong foundation for the Framework, alongside findings of the consultation process.

Project goals

What will success look like? Supporting the wider goals of Te Ara Tauwhiroatanga:

- Healthier population, everyone more engaged (autonomy /self-agency)
- More emphasis on protection and promotion of wellbeing alongside prevention activities to reduce need for other services, relapse and or experience of multiple on-going health issues
- People will know where to go for help
- Services and staff will be clear about what they do, how and where they fit in the wider continuum
- Responses to a crisis, or needed with some urgency, will be swift / rapid.
- Family and or Whānau are more included in care process's (*planning, deciding, providing support etc*).
- People will experience workforce as helpful because they feel supported, have access to developing their skills, know how they contribute and how to access a range of resources.
- Make up of workforce would be different – to reflect change in demographic and more recognition use of peers/people with lived experience.
- A wider range of healing options available, other than medication e.g. yoga, Rongoa, more talking therapies, mindfulness, health and lifestyle coaching, mental health/addictions education and literacy building resilience, confidence and skills in self-management, help with housing and getting a job.
- Multi-agency one stop-shop (community hubs) where anyone can get help (not age specific), The hospital is not the hub the community is.

About HealthTRx

HealthTRx Global is a specialised consulting organisation with more than a decade of focused work in eMental health and addictions across New Zealand, Australia, USA, Canada, Hong Kong and the United Kingdom. We specialise in developing, implementing and supporting eMental Health technologies that enable consumers to live their best lives. from wherever they choose.

Benefits of adopting eMental Health

Evidence-based eMental Health solutions have shown to be as effective as face-to-face services, but more importantly as a highly complementary adjunct to face-to-face treatment services. Not only do they result in more people accessing support, but also have the potential to improve the quality of care delivered and overcome challenges that are present in our current healthcare system such as workforce challenges and the high cost of face-to-face services.

Many individuals, including youth with mental health challenges are not able to (or choose not to) access the kinds of professional support or treatment they need. Due to regional, workforce or resource limitations, access to care can be difficult. In both rural and remote areas, as well as more urban settings, the time between the onset of symptoms and getting the help that is right for them often takes far too long.

The use of technology is transforming the way we receive healthcare in new and exciting ways. By using our smartphones, social media and virtual reality, people are becoming empowered to make informed decisions about how they want to manage their health, and service providers and peer communities are able to deliver care across vast distances, in cost-effective and innovative ways. Working with and through technology is ‘speaking the language’ of the youth in our communities.

For the purposes of this report, we use a globally recognised and accepted definition from Professor Helen Christensen at The Black Dog Institute in Sydney, Australia. She defines eMental Health as:

“Mental health services and information delivered or enhanced through the internet and related technologies”

How eMental Health and Addiction solutions augment existing services

Greater tangata in the recovery journey

Better information about the journey reduces uncertainty.

Self-management enhances a person's mana by giving them more influence over their situation.

Self-guided solutions and better pathway visibility give people the dignity of making their own choices.

Giving people options

People can select the treatment modality they prefer i.e.; face-to-face, self-help, peer supported or a combination.

We can support the tikanga of whaiora by offering programmes designed to better reflect the culture of different audience groups (and maintaining anonymity if desired).

Engaging the right service

Navigator solutions can help people approach the right service for their needs (rather than the first one they find).

Basic screening tools can help identify the underlying condition and triage severity.

Supporting less severe presentations

Self-help solutions can be used to support whaiora at the less severe end of the clinical spectrum which may reduce the demand for clinical services. Such tools can either be used entirely self-guided, or with a healthcare worker supporting the individual.

Improving health literacy during treatment

Self-guided learning helps staff educate whaiora during treatment. By reducing the time spent explaining a condition and/or treatment the clinician can focus on contextualising the information for the whaiora and resolving any obstacles.

Reducing clinician workload

Digital tools involving automation can take care of routine tasks such as monitoring whaiora's outcomes – clinicians can easily review whaiora-reported data within a single report.

Improving access

Online self-management and self-learning solutions allow whaiora to get assistance in their own time and place of choice.

Helplines offer triaging or counselling services outside clinic hours and any location.

Video conferencing, or telemedicine appointments give greater access to clinicians for whaiora who cannot travel to central clinics. They are also found to improve efficiency, through reduced travel for clinicians, greater convenience for whaiora and improved attendance rates.

The HealthTRx eMental Health and Addiction Framework

This quadrant model reflects the stages a person (generally) goes through during their recovery journey. The model is used to evaluate solutions and services, to ensure all a person's needs are being met. Missing, confusing, or contradictory steps may prevent a person from recovering effectively.

Note that people do not necessarily follow this flow sequentially and may only need to complete the earlier stages in order to progress along their recovery journey.

We use this framework to map digital and telehealth solutions in this report, however it can also be used to evaluate 'traditional' services. Mapping all the services available to whaiora can help design integrated approaches and identify complimentary approaches.



Stages in the Framework

INFORMATION



As an individual becomes aware of challenges they are facing, they begin to SEARCH for information, explanations and/or solutions to their situation. Such information may also be provided to them by others such as their care provider, family or whānau, and is one of the key elements throughout their recovery journey. It's critical that information being accessed is New Zealand-centric, peer reviewed and can be trusted by both individuals and clinicians.

In all areas of their life, over 75% of people begin their research online. It is worth remembering that a person may not even understand the health dimension in their situation and could be looking for non-medical information.

People are generally looking for information to help them:

- Understand the problem they face
- Normalise their situation for reassurance
- Learn more about problems
- Seek advice from social circles (digital)
- Find solutions (services, apps, people)
- Seek recommendations for solutions

ENGAGEMENT



Once a person is aware of their options, and acknowledges the situations warrants it, they will then DECIDE what action to take. For any treatment intervention to be effective, individually tailored engagement with the care provider is vital. Effective engagement can be enhanced by having contact in-between sessions and care providers having access to relevant information when they need it. This leads to whaiora feeling more cared for and motivated for their recovery, and a stronger therapeutic alliance being forged with their care provider. This is also important as the organisation is able to accurately report on patient reported outcome and experience measures.

Engagement includes:

- Making contact with a provider
- Signing up for a digital solution
- Providing screening and whaiora information
- Providing timely and responsive information about all domains of wellbeing
- Monitoring outcomes between sessions
- Providing feedback about their involvement in a service
- Keeping people motivated

INTERVENTION



In its broadest sense, this stage is when a person begins to RECEIVE something from their care provider or via online tools to help mitigate the challenge/s whaiora are facing. This could be by way of advice, prescription or self-help-self-management tools to keep whaiora well.

eMental Health intervention options may include self-help, self-management tools as part of Nationally-funded public health initiatives, and eTherapy solutions which augment either face-to-face services or are standalone (depending on the model of commissioning). These intervention options are applicable from general wellbeing to primary, secondary and tertiary mental health and addiction services as part of a stepped care approach.

Successful intervention requires that the whaiora:

- Understands what they need to do
- Believes that it will make a difference
- Practices new skills
- Attends sessions

SOCIAL SUPPORT



Simply treating a problem is no guarantee it will stay resolved, especially if the person in recovery returns to the problematic behaviour or environments that contributed to their issues in the first place.

Long term wellness requires a SUPPORTIVE ENVIRONMENT AND COMMUNITY NETWORK. Social support functions enabled through digital means help ensure a person receives relevant support from within the communities where they reside, sustaining long-term recovery and ultimately reducing re-presentations at hospital services.

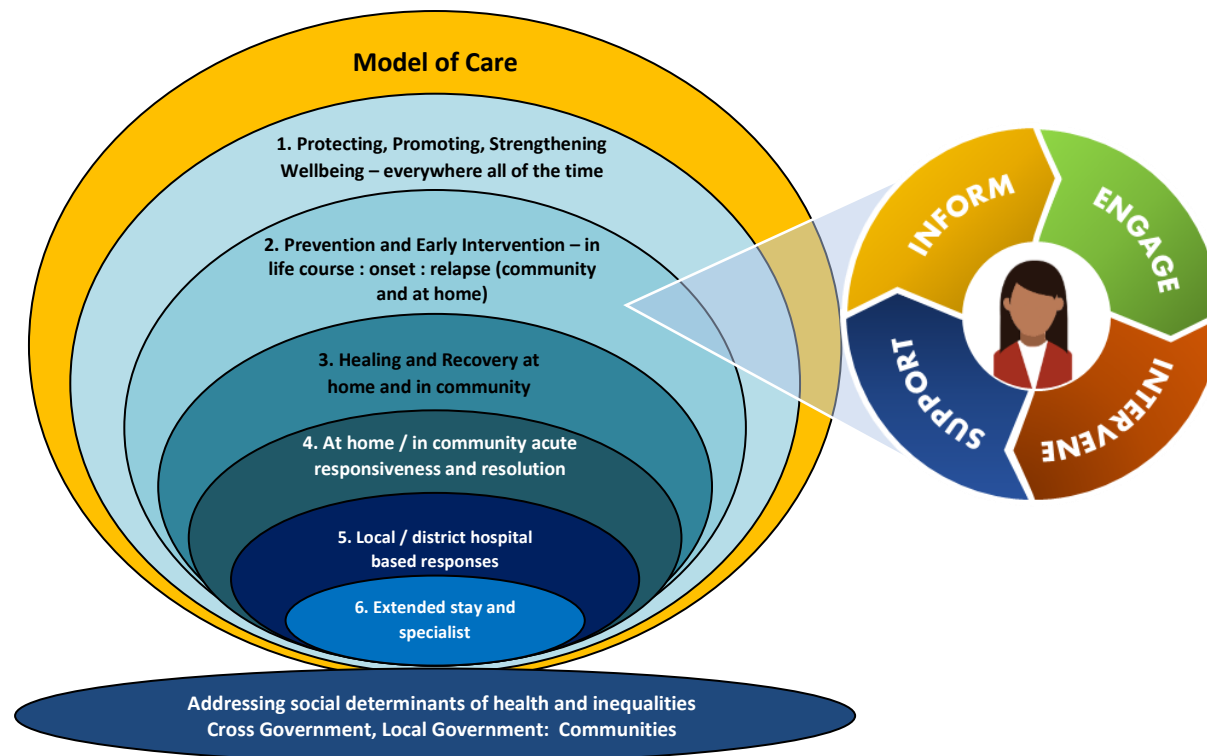
Social support may include:

- Connection to physical or virtual groups and community networks
- Connection to services to help them live independently and healthy in the community
- Support to engage in meaningful work and wellbeing opportunities.

Applying the framework

The Te Ara Tauwhiroitanga service system view maps the stages of a person's journey from wellness to acute treatment, according to their location and medical requirements.

Existing services can be assessed using the eMental Health and Addiction Framework to determine if they are attending to all the four quadrant needs (inform, engage, intervene, support). Any gaps can be identified easily, and a suitable solution identified from the recommendations in this report. The system levels are highlighted in the 'when' section of each recommendation. These recommended solutions can also be used to offer people alternative options to those already in place (e.g. a better cultural fit).



Examples include:

1. A healthcare provider facing challenges meeting demand from whaiora could recommend any of the self-help programmes from the **Intervene** quadrant to cases of low-level risk
2. Secondary care services managing moderate to severe cases could use an **Engage** solution to help automate monitoring and routine communications with whaiora
3. Whaiora moving out of acute care into the community could be connected with a solution from the **Support** quadrant
4. Healthcare navigators can use a resource portal to identify relevant resources to help **Inform** whaiora as they begin finding solutions together.

Recommendations

Noted below are two areas of focus with implementation approaches.

Category 1 Implementation

Supporting mental health and addiction service clinicians with evidence-based digital solutions as an adjunct to their existing therapeutic practices. Whilst these solutions attract higher cost-to-implement, Lakes DHB can ensure they are being deployed with the groups in greatest need, whilst lower-cost solutions are made available to milder cases (Priority 2).

Solution implementation

Implementation of a specific *initiative or solution* within one, or more, organisations based on a combination of their needs and the system requirements.

Cost: Specific to each solution (outlined in the recommendations section)

Timeframe: Specific to each solution (outlined in the recommendations section)

Implementation overview:

Implementing digital mental health solutions (e.g. eTherapy solutions) involves consideration of the requirements of the technology and clinical processes – therefore will need to be defined in a scoping phase for each solution adopted.

Specific considerations may include:

- Phased implementation or pilot trials
- Operational requirements and workflow of an organisation delivering the solution
- Customisation for the local context of deployment
- Technical integration with existing systems

Category 2 Implementation options

Giving mental health and addiction service team members and community-based health and social sector workers (e.g. health navigators/tiwhana) a set of tools for their whaiora to use when dealing with distressing situations that put their mental health at risk – either self-guided or with the support of their mental health team/tiwhana. Most of these tools are free, nationwide assets - however services can add considerable value by contextualising these programmes for their local community and providing motivation to engage with them. Tailored dissemination of these tools will maximize the adoption and benefit for Lakes DHB mental health services.

Option 1: Self-guided implementation

Partner organisations and DHB-funded services are provided the eMental Health and Addiction framework report, and they can use this to map their own set of solutions to adopt. A series of hui with organisations will disseminate the framework and solutions to introduce them in person. Staff will be provided a simple document with the framework and solutions for future reference. Following this roadshow, the DHB could facilitate a working group to support agencies in ongoing implementation efforts.

Cost to DHB: Low <\$50,000 (one-off)

Timeframe: Dependant on number of organisations the DHB nominates

Option 2: Resource Portal

An interactive resource portal (digital ‘guide’) is developed to help a service provider/navigator to select the most appropriate solution/s for the whaiora’s situation or reported symptoms.

Cost: Refer to *Resource Portal* in the recommendations section

Timeframe: Refer to *Resource Portal* in the recommendations section

Option 3: Process Integration

An additional in-depth assessment of a specific *DHB service or partner organisation* to be conducted, involving mapping their current patient engagement process and identifying the best digital solution/s to recommend at specific points. This level of integration is only recommended for those providers who have existing methodologies for helping whaiora self-manage their situation. Examples include PATH (Te Arawa Whānau Ora) and Whānau Tahi (Tuwharetoa Health).

Cost: Low <\$50,000 (per organisation)

A combination of options 1 & 3 could be run simultaneously to gain some cost efficiencies.

Timeframe: 6 months (subject to availability of people for workshops)

Recommended digital solutions

Overview

SOLUTIONS

INFORM

depression.org.nz
Health Navigator
Te Ao Māori Health Navigator
thelowdown.co.nz
1737 helpline
Depression helpline
The Lowdown helpline
Quitline
safetotalk sexual violence helpline
Gambling helpline
Alcohol & Drug helpline

ENGAGE

Mentegram
Telemedicine centres
eHealth Kiosks
The Lowdown promotion
Resource portal

INTERVENE

The Journal
eCoached Journal
Aunty Dee
Te Ao Māori version of Aunty Dee
Sensibility
Recovery in Hand
Beating the Blues
SPARX
ePST
Puāwaitanga

SUPPORT

Peer Talk (phone-based)
Big White Wall
Rākau Roroa ambassadors

WHAT: www.depression.org.nz
depression.org.nz/is-it-depression-anxiety/outer-signs/
depression.org.nz/get-better/self-help/

WHO: Navigators and Mental Health & Addiction Services team members

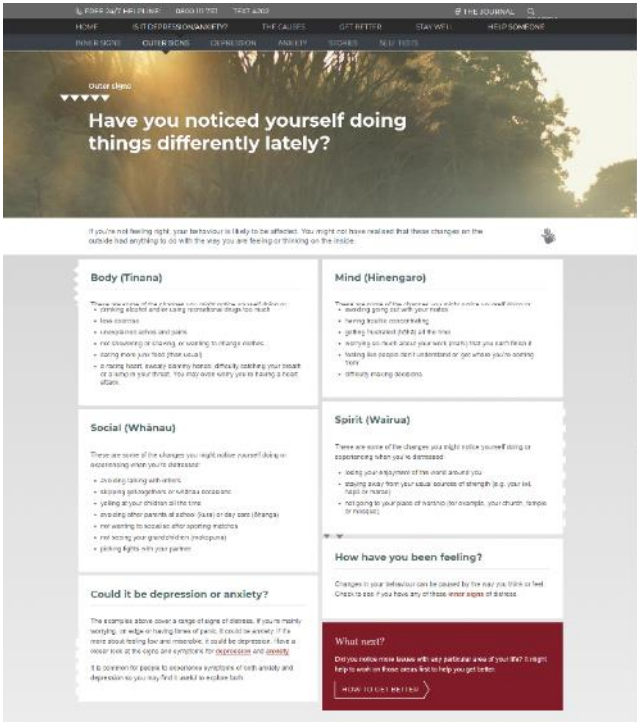
WHEN: **Early Intervention**
 Use with whaiora during early discussions about mental health.

HOW: The site structures its content using the Te Whare Tapa Wha model and may be useful for Navigators to explain the contributing factors of depression or anxiety to whaiora. It also offers simple, helpful actions people can take using the same categorisation system.

Website users are also able to contact the Depression Helpline through the site.

TIME: **Immediate**
 The site is already running

COST: **Free**
 The site is free for the public to use



WHAT: **Health Navigator**
A NZ-based information site with clinically reviewed content
www.healthnavigator.org.nz

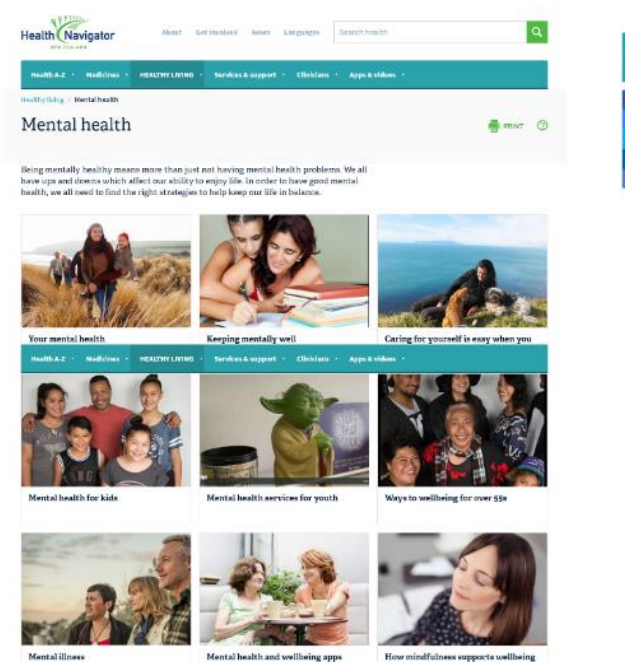
WHO: **Navigators, Mental Health & Addiction Services team members and non-health services**

WHEN: **Early Intervention**
Providing explanations and easy resilience steps for people encountering difficulties that are impacting their mental health.

HOW: 'Dr Google' is often perceived negatively by healthcare professionals, however all the information on the site has been clinically reviewed by NZ registered professionals. Health Navigator aggregates information on all aspects of health and features a specific Mental Health section. People who are dealing with stressful situations can be directed to the site, to find out more about why they might be feeling particularly distressed – and what they can start to do about it. As an online resource, Health Navigator can help professionals educate their whaiora about mental health - giving them time to assimilate the information and empowering them to participate more actively in their treatment planning.

TIME: **Immediate**
The site is already running

COST: **Free**
The site is free for Lakes DHB under their existing contract



- WHAT:** **Te Ao Māori Health Navigator**
A version of the existing content, presented using Māori concepts
- WHO:** **Māori health services working with distressed people**
Specifically, those seeking holistic or Mātauranga Māori approaches
- WHEN:** **Protecting**
People searching for information about their state of mind, or wellbeing information
- HOW:** Lakes DHB has an existing contract to use the content provided on Health Navigator. DHB funded community groups would be offered access to the content as well, in exchange for reciprocal use of their adapted Māori content.
Examples include; structuring content using Te Whare Tapa Wha, adding Wairua content, deepening whānau health content
- TIME:** **Medium-term**
The Health Navigator content already exists, but time will be required for adaptation of this content.
- COST:** **Medium \$50-150,000**
Base content can be made available through the existing Lakes DHB contract with Health Navigator.
Resource will be required to write Te Ao Māori content and source imagery/illustration.

NEW SERVICE Consultation highlighted a need for health information that reflects holistic Māori approaches.

WHAT: www.thelowdown.co.nz

WHO: Navigators and Mental Health & Addiction Services team members

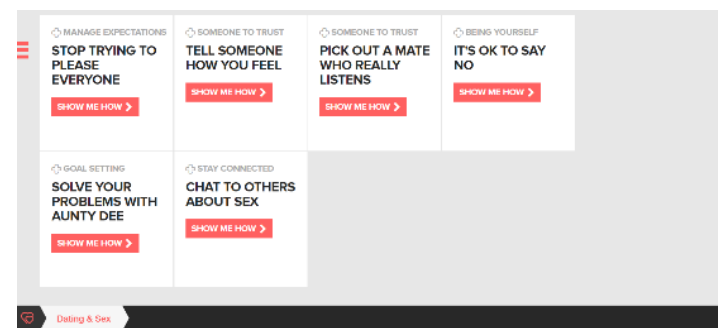
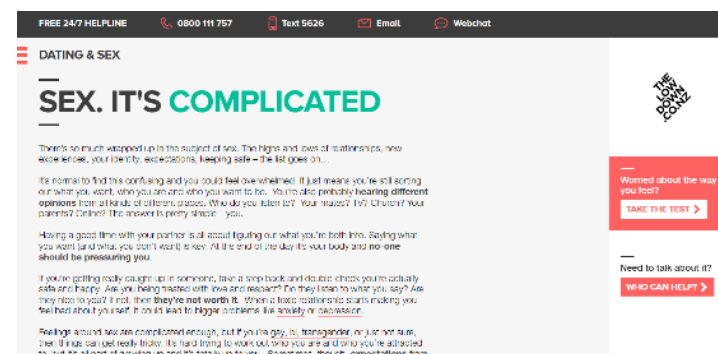
WHEN: **Early Intervention**
Use with young whaiora during early discussions about mental health.

HOW: The site can be used to help teens explore the problems causing their distress, which may be leading towards mental ill health. It can also be used as a source of simple, everyday activities people can use to improve their mood and give them the energy to tackle the practical problems in their lives. Care providers working with the teen may play a coaching role – providing motivation and help with completing tasks.

Website users are also able to contact the Lowdown Helpline through the site.

TIME: **Immediate**
The site is already running

COST: **Free**
The site is free for the public to use



WHAT: 1737

Phone-based triage and support for mental health delivered by the National Telehealth Service

WHO: Navigators and Mental Health & Addiction Services team members

WHEN: Prevention & Early Intervention

Free call or text 1737 any time, 24 hours a day with a trained counsellor, for whaiora who are:

- Feeling anxious or just need someone to talk to
- Feeling down or a bit overwhelmed
- Know someone who is feeling out-of-sorts or depressed

HOW: Increase promotion of the helplines to frontline staff in health and social sectors.

Note: during consultation it was noted on several occasions that it may be helpful for people to get a better sense of what the service offers when someone calls.

TIME: Immediate

The services are already running

COST: Free

The site is free for the public to use.

NEED TO TALK?**free call or text
any time**

WHAT: Depression Helpline
Phone-based triage and support for depression and anxiety

WHO: Navigators and Mental Health & Addiction Services team members

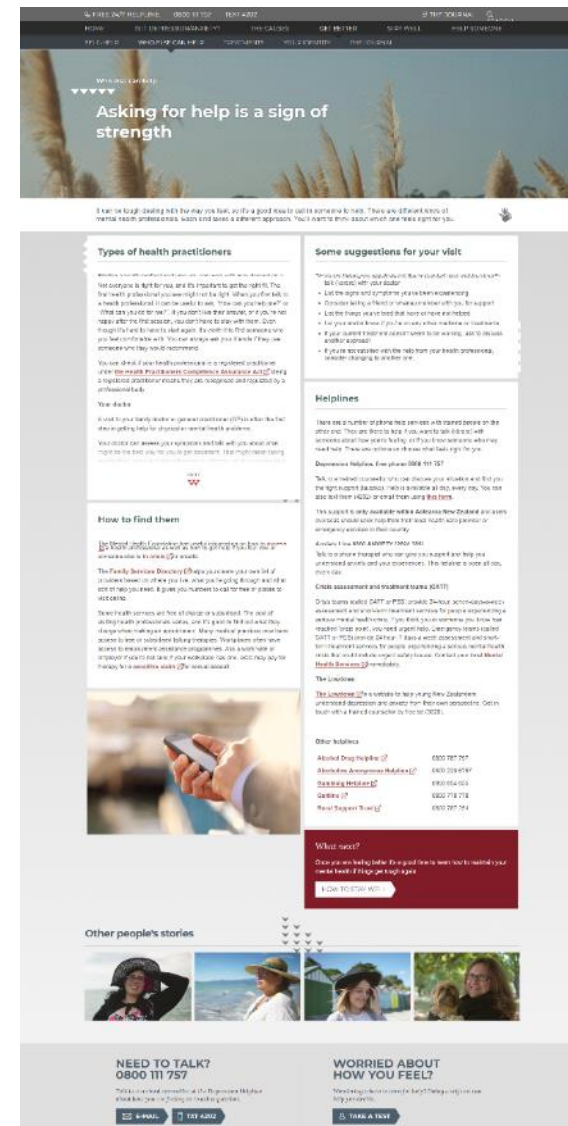
WHEN: **Prevention & Early Intervention**
The depression helpline offers support, tools and information to whāiora, including those using the depression.org.nz website and The Journal.

HOW: Increase promotion of the helplines to frontline staff in health and social sectors.

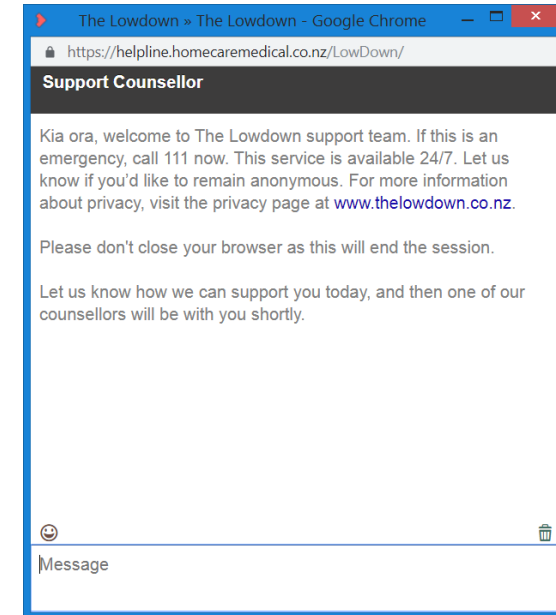
TIME: Immediate
The services are already running

COST: Free

The site is free for the public to use.



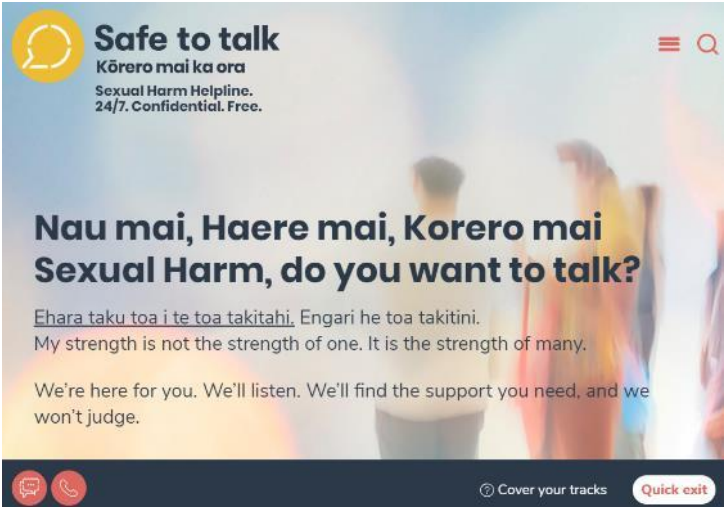
- WHAT:** **The Lowdown Helpline**
Mobile and web-based support for 14-20 year olds
- WHO:** **Navigators and Mental Health & Addiction Services team members**
- WHEN:** **Prevention & Early Intervention**
The Lowdown helpline offers support, tools and information to whāiaora, including those using thelowdown.co.nz website via webchat.
- HOW:** Increase promotion of the helplines to frontline staff in health and social sectors.
- TIME:** **Immediate**
The services are already running
- COST:** **Free**
The site is free for the public to use



- WHAT:** **Quitline**
Phone and web-based support to help quit smoking
- WHO:** **Navigators and Mental Health & Addiction Services team members**
- WHEN:** **Prevention & Early Intervention**
Quitline offers free information and an online plan to help whāiaora quit smoking:
- Phone support
 - Online support
 - Text support
 - Nicotine patches, gum and lozenges
 - Referral to a face-to-face service
- HOW:** Increase promotion of the helplines to frontline staff in health and social sectors.
- TIME:** **Immediate**
The services are already running
- COST:** **Free**
The site is free for the public to use.



- WHAT:** **Safe to talk**
Phone support for those who have experienced sexual harm
- WHO:** **Navigators and Mental Health & Addiction Services team members**
- WHEN:** **Prevention & Early Intervention**
The service offers free confidential contact with trained specialists or connects whaiora to support services in their community.
- HOW:** Increase promotion of the helplines to frontline staff in health and social sectors.
- TIME:** **Immediate**
The services are already running
- COST:** **Free**
The site is free for the public to use.



- WHAT:** **Gambling Helpline**
Phone-based triage and support problem gambling
- WHO:** **Navigators and Mental Health & Addiction Services team members**
- WHEN:** **Prevention & Early Intervention**
Gambling Helpline is a 24 hour, freephone helpline for those worried about gambling or the gambling of others. Whaiora can call to receive immediate support, be referred to another gambling support organisation, or for information services for problem gambling.
- Specialist services include:
- Māori Gambling Helpline - 0800 654 656
 - Vai Lelei Pasifika Gambling Helpline - 0800 654 657
 - Youth Gambling Helpline "In Ya Face" - 0800 654 659
 - Gambling Debt Helpline - 0800 654 658
- HOW:** Increase promotion of the helplines to frontline staff in health and social sectors.
- TIME:** **Immediate**
The services are already running
- COST:** **Free**
The site is free for the public to use.



WHAT: Alcohol and Drug Helpline

Website and helpline for substance abuse issues

WHO: Navigators and Mental Health & Addiction Services team members**WHEN: Prevention & Early Intervention**

The Helpline offers a range of services that aim to provide people from different cultures and backgrounds with appropriate advice, information and help from trained counsellors, that recognises their unique needs. Our services include.

- Māori Line
- Pacifika Line
- Youth Line
- Services Directory

HOW: Increase promotion of the helplines to frontline staff in health and social sectors.**TIME: Immediate**

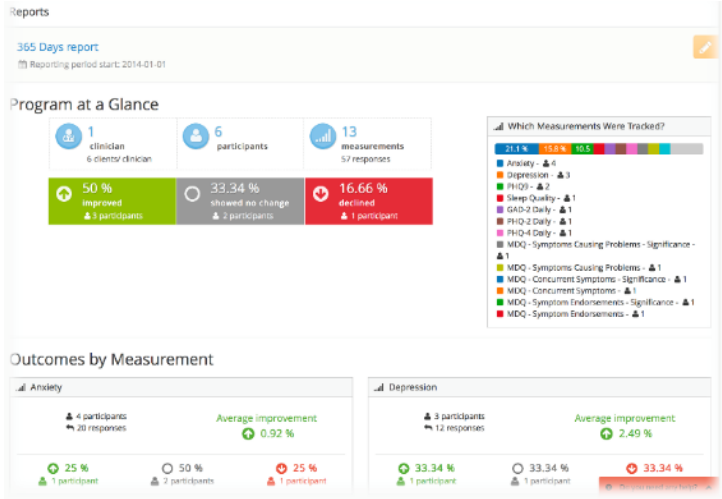
The services are already running

COST: Free

The site is free for the public to use.



- WHAT:** **Mentegram**
Patient engagement platform
- WHO:** **Mental Health & Addiction Services clinicians, Primary and Secondary mental healthcare providers**
- WHEN:** **Healing and Recovery**
Engagement during the course of treatment, while on a waitlist, and follow-up after treatment
- HOW:** Collects service user-reported outcome measures and experience measures, delivers information and CBT homework to a client. These allow tracking of acuity for those on a waiting list, monitoring progress during treatment and engage the service user in their care, follow-up outcomes post-discharge.
Assessment measures would be aligned to the Lakes DHB services.
- TIME:** **Short-term**
Mentegram and its clinical tools and questionnaires are available now.
- COST:** **Medium \$50-150,000**
Costs will be dependent on the scale of implementation and volume. It will include:
- Licence cost (per clinician)
 - Schedule programming
 - Email/communications copywriting



WHAT: Telemedicine centres

Digital connection to remote and rural whaiora

WHO: Regional support services

Those in smaller or remote communities for whom access to services is a challenge.

WHEN: Healing and Recovery

For whaiora who require assessment, treatment, or monitoring, but cannot easily access main centres.

HOW: Care providers can connect with remote whaiora via video conferencing (e.g. Skype) to conduct 'face-to-face' sessions, or coach them through online programmes (e.g. The Journal, Beating the Blues).

The centres would be staffed by community workers who can assist those whaiora with low technical literacy.

Between live sessions, the centre could be used to access self-guided programmes for those with no access to technology.

TIME: Long-term

Suitable venues need to be found (potentially within existing community organisations).

Staff will require rudimentary IT training (healthcare providers and community centre).

COST: High >\$150,000

Technology and facility budgets would need to be established. Ongoing connection costs will also need to be met.

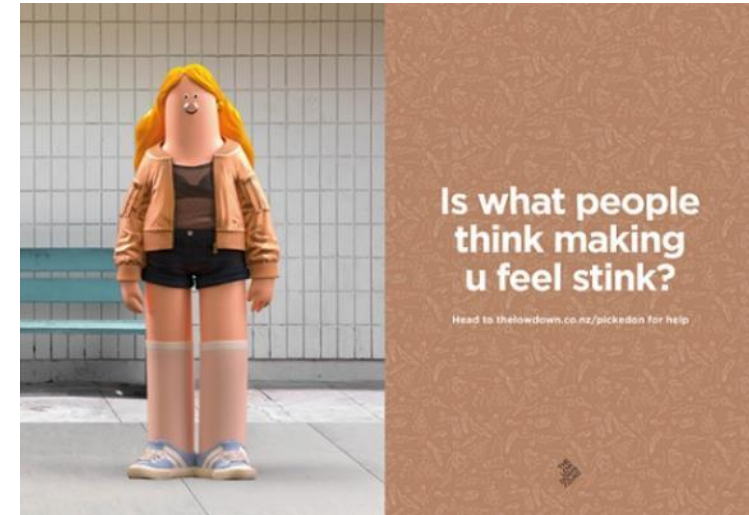
NEW SERVICE

Consultation revealed that smaller rural communities are not receiving mobile services with enough frequency to meet demand or provide convenient access.

- WHAT: Resource portal**
An interactive guide to eMental Health and Addiction service options and initiatives.
- WHO: Navigators and Mental Health & Addiction Services team members**
- WHEN: Early Intervention**
Providing ‘first aid’ information and self-help solutions to whaiora in distressing situations.
- HOW: The guide would help navigators identify the best digital solution (from these recommendations) for the symptoms a person is reporting, e.g.: anger.**
It would most likely be a simple online resource that provides a simple test/questionnaire for navigators and whaiora to complete together. The recommended solutions would be emailed as links to both parties.
- TIME: Short-term**
The guide would be designed in consultation with Lakes DHB community providers and produced.
- COST: Medium \$50-150,000**
HealthTRx will scope the project in more detail once approved. Production costs are one-off, but maintenance of the information and hosting will require ongoing budgets.

NEW SERVICE The NZ Police Awhi app has proven to dramatically increase uptake of support services – because it is contextualised to the situation and directly links whaiora to service personnel.

- WHAT:** **The Lowdown promotion**
“Issue tissues” and general campaign for the website
- WHO:** **Youth healthcare providers e.g.**
- School counsellors
 - Tiwhana
- WHEN:** **Early Intervention**
Engaging teens when they are facing stressful situations
- HOW:** The campaign promotes the site to people who are looking for answers to the problems they are facing in life. The Lowdown helps them to identify if mental health issues are affecting them and offers simple strategies to maintain their wellbeing, or who to approach for help
- TIME:** **Immediate**
The website is already live and the promotional material is available (there may be a short production lead time in some cases)
- COST:** **Free/Low**
The HPA will provide promotional assets on request



- WHAT:** **eHealth Kiosks**
Self-management facilities for remote and rural whaiora
- WHO:** **Regional support/community services**
Whaiora who do not have access to the technology to use eMental Health and Addiction solutions.
- WHEN:** **Early Intervention**
For whaiora with mild/moderate symptoms using a self-management solution.
- HOW:** Whaiora can access online tools through computers set up in private locations in their local community e.g.: marae, community service offices, schools
- TIME:** **Medium-term**
Suitable venues need to be found within existing community facilities.
Support staff will require rudimentary IT training.
- COST:** **Low <\$50,000**
Technology and facility budgets would need to be established.
Ongoing connection costs and maintenance will also need to be met.

NEW SERVICE Lower socio-economic groups may not have easy access to computers or smart-phones.

WHAT: Beating the Blues

CBT eTherapy for adults developed in the UK – available ‘on prescription’

www.beatingtheblues.co.nz

WHO: Primary Care**WHEN: Healing**

For whaiora with mild/moderate levels of depression or anxiety, who have access and comfort with online learning and self-management.

HOW: GPs prescribe the programme to whaiora using ManageMyHealth (online or via MedTech) with mild/moderate symptoms. Whaiora complete the sessions in their own time, in their own space.

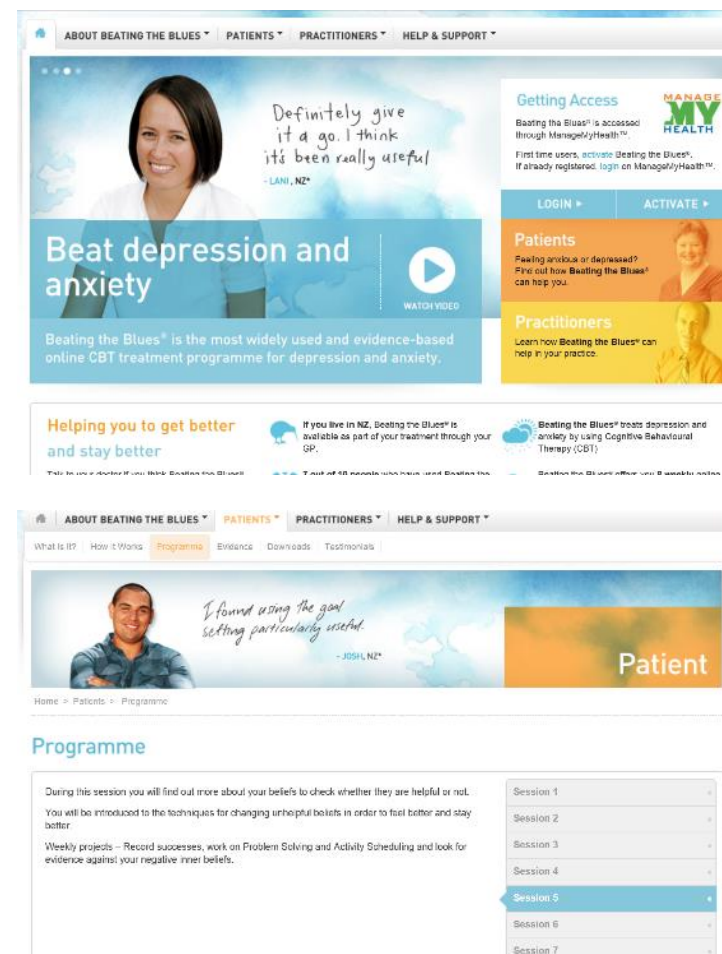
1. GPs register themselves (once)
2. GPs then register whaiora
3. GP gives ‘prescription’ print-out to whaiora
4. Whaiora access the programme through MMH
5. GPs review whaiora progress

TIME: Immediate

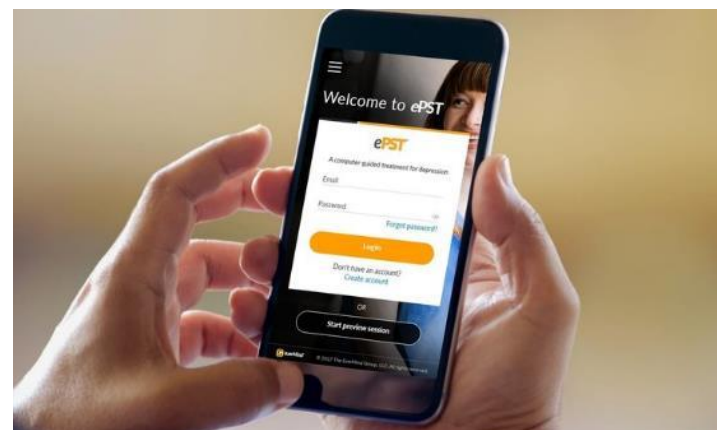
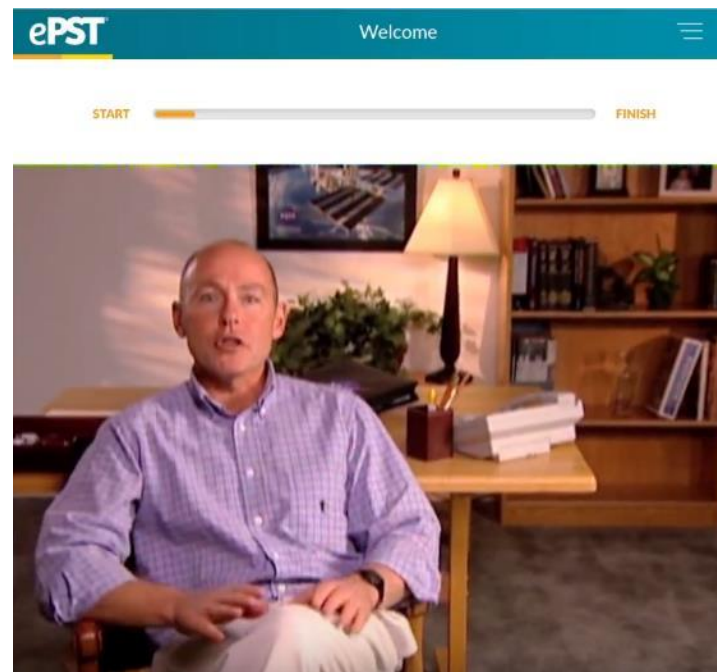
Beating the Blues is available already.

COST: Free

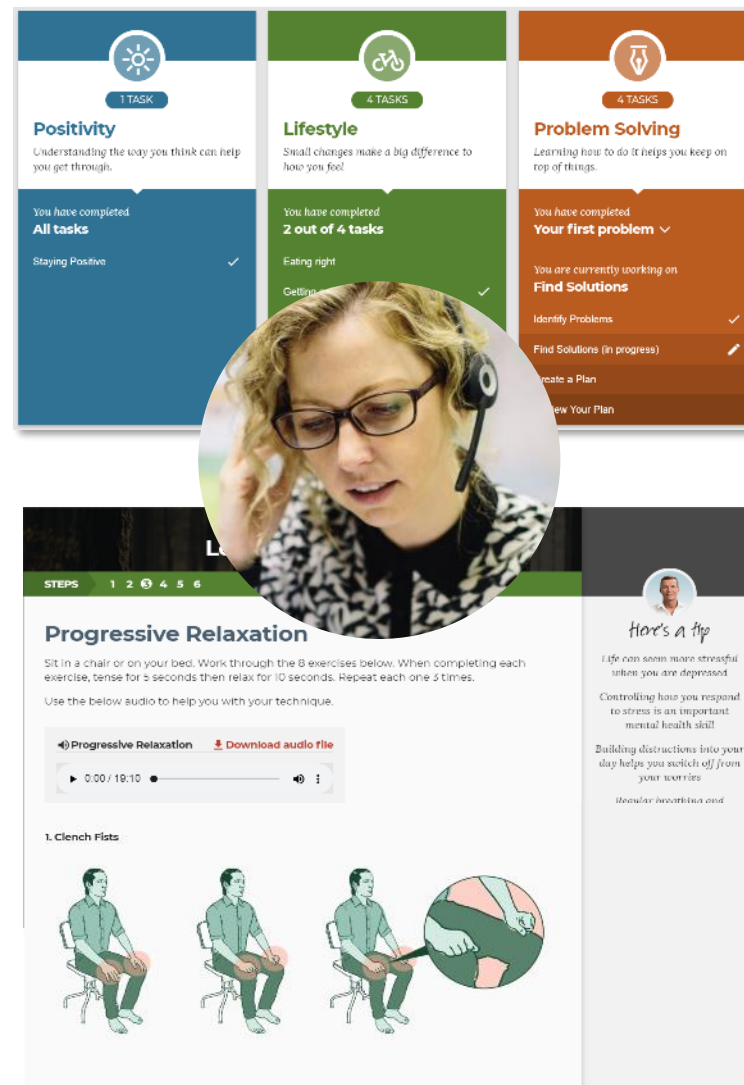
The programme is free to the public



- WHAT:** **ePST**
Problem-solving eTherapy from EverMind (international)
- WHO:** **Primary Care and Mental Health & Addiction Services clinicians**
- WHEN:** **Healing**
Whaiora showing signs of mild to moderate depression can be prescribed an ePST course to help them self-manage the difficult or stressful situations in their lives that might be contributing to their mental ill-health.
- HOW:** The whaiora is signed up to the course and completes six sessions with a virtual (video) therapist, who conveys the warmth, encouragement, and support of live therapy. The on-screen clinician guides whaiora through each session, with tailored responses to their inputs. This recreates the patient-therapist dynamic, keeping whaiora engaged, on-track, and focused on results.
- TIME:** **Short-term**
ePST is available for deployment immediately
- COST:** **High >\$150,000**
The programme requires implementation funding for use by Lakes DHB residents. Specific costs available once needs are scoped.



- WHAT: eCoached Journal**
The Journal online programme, coached by a telehealth team
- WHO: Primary Care and Mental Health & Addiction Services clinicians**
- WHEN: Early Intervention**
For mild/moderate cases, or when more severe cases are expecting long wait times for referral.
- HOW: GPs can refer whaiora to a telehealth service to receive support from a coach as they do The Journal.**
- The whaiora receives a series of sessions with their eCoach (via phone, email or text) to review their progress each lesson. Note: the eCoach is there to help the whaiora complete the programme of activities and help contextualise learning. They will not be offering medical support and will refer back to clinician, or helpline teams, if the situation requires it.
- TIME: Mid-term**
The eCoaching service is currently being designed and is soon to commence a pilot implementation. Lakes DHB could be part of the phase 2 trial in 2020.
- COST: TBC**
Lakes DHB would need to invest in implementation costs if they wish to the part of the pilot phases. Once nationally available, the service would most likely be free.



WHAT: Recovery in Hand

An American eTherapy tool for addiction recovery and relapse prevention, localised for New Zealanders

www.chessmobilehealth.com

WHO: Mental Health & Addiction Services clinicians**WHEN: Recovery**

The platform is best used as an adjunct to face-to-face therapy for whaiora in recovery from addictions.

HOW: A-CHESS is an international product but has been adapted for NZ use in the Waikato region as Recovery in Hand. There is a strong evidence base internationally, including large randomized controlled trials.

The platform consists of:

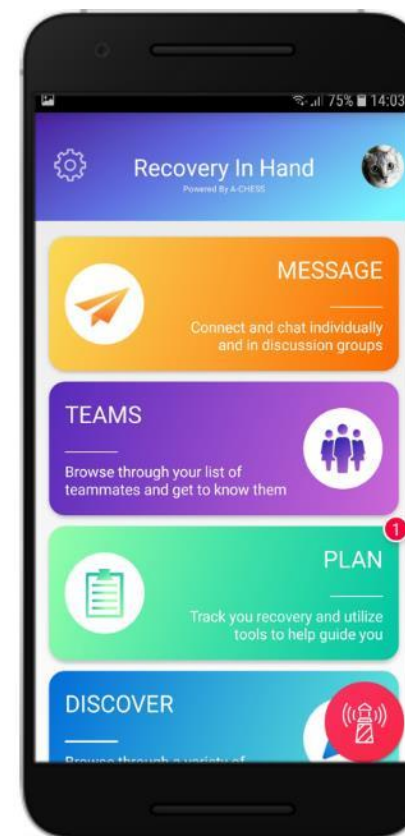
- Whaiora mobile app
- Clinician dashboard
- Clinician app

TIME: Medium-term

The programme is ready for deployment but requires a local implementation and training project.

COST: Medium \$50-150,000

Available once requirements are scoped.



WHAT: **Puāwaitanga**
Telephone-based brief intervention counselling service

WHO: **Primary Care**

WHEN: **Early Intervention**
Ideal for whaiora who want anonymity

HOW: Whaiora are referred by a GP for up to six, free 45-minute sessions. Counsellors are provided by Homecare Medical 7am until 10:30pm, seven days a week.

TIME: **Immediate**
The service is currently running.

COST: **Subject to requirements**
The service is free to whaiora and GPs.
DHB funds each whaiora session (volume dependant)

- WHAT:** **Aunty Dee**
www.auntydee.co.nz a free site developed by Le Va
- WHO:** **Navigators and Mental Health & Addiction Services team members**
- WHEN:** **Early Intervention**
 For whaiora who have identified some factor/s creating distress in their lives that may be contributing to substance abuse or unhealthy thoughts
- HOW:** Navigators can discuss the situation/s with their whaiora and suggest they use the site to investigate the problem more – then find solutions to resolving it. The whaiora can complete the programme by themselves, or navigators could play a coaching role.
- TIME:** **Immediate**
 Aunty Dee is already live and navigators only require simple PST training to understand what the whaiora requires.
- COST:** **Free**
 The site is free to use.



WHAT: **Te Ao Māori version of Aunty Dee**
Create a variation of the site aimed at Māori whaiora

WHO: **Navigators and Mental Health & Addiction Services team members**

WHEN: **Early Intervention**
For whaiora who have identified some factor/s creating distress in their lives that may be contributing to substance abuse or unhealthy thoughts

HOW: Navigators can discuss the situation/s with their whaiora and suggest they use the site to investigate the problem more – then find solutions to resolving it. The whaiora can complete the programme by themselves, or navigators could play a coaching role.
The adapted programme would have a unique visual design and avatar character and would introduce Māori health concepts. It might also place greater emphasis on including whānau.

TIME: **Short-term**
The programme structure is already live. Permission to reuse the infrastructure will be required from Le Va.

COST: **Low <\$50,000**
A new visual design and character will need to be created.
Copywriting will be required to repurpose existing content.
New voice over will need to be recorded.
Development time to create a second version.

NEW SERVICE Consultation highlighted a need for services that appeal to young Māori.

WHAT: SPARX

Resilience training for young people, developed in NZ by The University of Auckland

<https://www.sparx.org.nz/about>

WHO: People working with teens e.g.

- Youth workers
- Youth carers
- Maternity providers

WHEN: Protection

For teens who are encountering situations causing them distress. An early intervention that teaches them how to prevent negative thoughts becoming overwhelming.

HOW: Teens can be recommended the site and use it self-guided to understand more about how to protect themselves from negative thought patterns. SPARX is designed using gaming techniques and uses an adventure storyline to engage whaiora. It is available online and as an app on Apple and Android phones.

TIME: Immediate

SPARX is available now.

COST: Free

SPARX is free for the public to use.



WHAT: The Journal

Part of www.depression.org.nz, a NZ-built programme provided by Health Promotion Agency

WHO: Navigators and Mental Health & Addiction Services team members**WHEN: Early Intervention**

Once a whānau tahi, or PATH roadmap has been completed with the whaiora – whilst waiting for referral appointments

HOW: The whaiora signs up to use The Journal (in self-guided mode) after a discussion with their navigator about which lessons to use to achieve some of their planned goals;

- *Staying Positive* for general motivation
- *Lifestyle Choices* for improving physical health
- *Problem Solving* for other goals

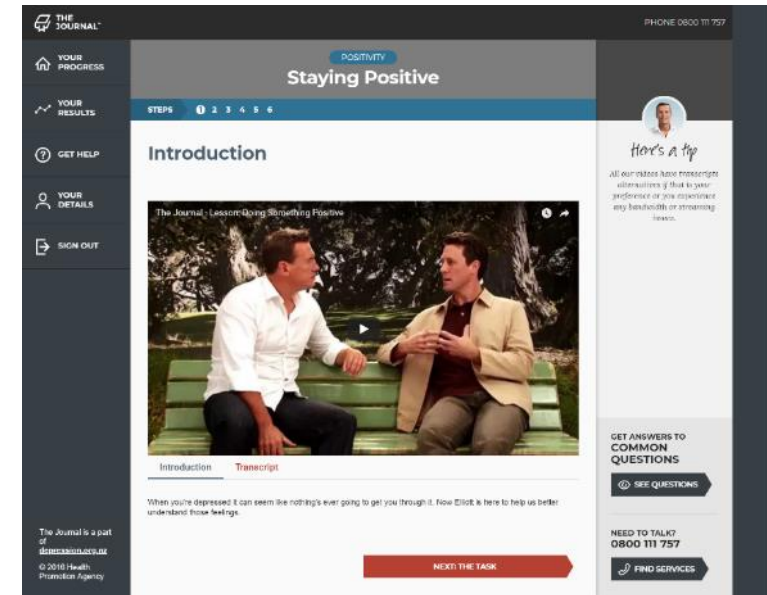
Then use current catch-ups with the navigator to review their progress.

TIME: Immediate

The Journal is already running

COST: Free

The Journal (and associated support services) are free for the public to use



- WHAT:** **SenseAbility**
Schools-based resilience programme www.beyondblue.org.au
- WHO:** **Secondary School educators** with students aged 12-18
- WHEN:** **Strengthening Wellbeing**
Building mental resilience in teens, to prepare them for distressing times
- HOW:** The programme consists of a suite of modules developed to enhance and maintain emotional and psychological resilience. Whilst it was created with classroom delivery in mind, the modules can easily be adapted to benefit young people in other structured environments such as marae and youth organisations. The lesson plans and materials are all available online for download. Its seven modules are self-contained and educators can deliver however many they think will benefit their students. Skills covered include;
- self-worth
 - sense of control
 - sense of belonging
 - sense of purpose
 - sense of future
 - sense of humour
- TIME:** **Medium**
This initiative was developed by BeyondBlue for Australia so may need some adaptation for New Zealand audiences
- COST:** **Free**
The programme itself has no associated costs



WHAT: Peer Talk

Advisors with similar experiences supporting people

WHO: Peer mentors**WHEN: Recovery**

Post-discharge from acute stay or secondary treatment

HOW: Peer Talk is a telephone support service where whāiora are matched with an advisor who has had a similar experience to theirs. This gives the ability to redirect individuals to less intensive services, matching services to their needs. The service is managed on systems provided by Homecare Medical, whilst staff are trained and managed by Connect Supporting Recovery

TIME: Medium-term

The service is currently running in Counties Manukau region but could be implemented for the Lakes region.

COST: Medium \$50-150,000

Ongoing infrastructure and service delivery costs

**NEW
SERVICE**

Consultation highlighted a need for services that connect better with Māori whāiora. Peers provide a way to support people through services that may not be a natural cultural fit.

WHAT: **Rākau Roroa ambassadors**
Local people reducing discrimination and self-stigma

WHO: **Mental health champions**

WHEN: **Treatment and Recovery**
Encouraging people to start (and maintain) their recovery

HOW: The Rākau Roroa programme trains and supports people to use their personal lived experience of mental distress to create change in their communities, reducing discrimination and normalising the experience of mental distress.
A group of champions from the Lakes region would be culturally relevant role models for others making their recovery journey, drawing on evidence-based concepts from Māori and Pacific wellbeing approaches.

TIME: **Medium-term**
The training course for champions will be available online in the near future.

COST: **Low <\$50,000**
Training is likely to be at minimal cost



Rākau Roroa



WHAT: **Big White Wall**
Social support website

WHO: **Primary Care, Secondary Care, Acute Care providers**

WHEN: **Recovery**

HOW: Treatment providers recommend Big White Wall as a place to connect online with people going through similar experiences (through forums).
It also offers short courses on self-help skills for mental health and addictions, with help available via email.

TIME: **Immediate**
The site is currently live

COST: **Low <\$50,000**
The site is free to use for the public once the DHB funds their area.

The consultation process

DHB stakeholder engagement

The Te Ara Tauwhiro tangā project involved a stakeholder group representing a range of services connected to the delivery of Mental Health and Addictions with Lakes DHB. This group was also consulted during the process of developing the digital framework.

Nov 29, 2018: Stakeholder Hui

A workshop was held with the wider stakeholder group who expressed a clear desire to understand more about the possibilities of digital health solutions. HealthTRx introduced the general approach to their framework and illustrated it with several examples of existing solutions in the eMental Health and Addiction sector.

Dec 5, 2018: Online survey

Following on from the hui, HealthTRx consulted the stakeholder group members with a survey to understand their individual organisation's challenges and unmet needs which may be helped by digital solutions.

Recipients were asked:

What is the greatest unmet mental health or addictions need in your community, that digital technology could try to address?

1. What obstacle/s are currently preventing this need being met?
2. What could digital technology do to help your organisation deliver better mental health and addictions outcomes?

Responses are listed below

Q: What is the greatest unmet mental health or addictions need in your community, that digital technology could try to address?

- Several. Youth suicide, depression, P epidemic
- Access to tikanga based practices and practitioners. Access to employment and housing
- Young Māori who are distressed, self-harming or participating in other risky behaviour

The Te Ara Tauwhiro tangā stakeholder group represents the following organisations:

- Lakes DHB
- Tuwharetoa Health Services
- Pinnacle Midlands Health
- RAPHS
- MSD
- Corrections
- Link People
- Health Share
- Pathways
- NZ Police
- Whānau Ora

- Sharing of information, Accessibility to services. Collating and prioritising individual cases with referrals to identified and appropriate support & assistance
- Anxiety/depression and loneliness
- Counselling
- early intervention for personal distress where that distress would typically be defined as mild mental health concerns
- Support out of hours and where there are long waitlists - people in distress need help before things escalate
- better communication
- it is not connected
- Professional clinical support in a timely and consistent manner
- The need for early intervention when warning signs or signs of relapse are clear but services either don't recognise them, or they are not considered severe enough to warrant any treatment or support. Where people are distressed or having suicidal thoughts or intentions but don't meet the criteria for a mental illness diagnosis
- availability of services and service provider information.

Q: What obstacle/s are currently preventing this need being met?

- Understanding the problem in detail, the individuals needs and then how technology can be applied
- Tohunga, Kaumatua/Kuia involved from initial presentation through to diagnosis, treatment and discharge. Poverty
- Not sure there is an e-option. Young people don't know about it/don't have confidence in it
- Unity of stakeholder agencies (Including one unique Iwi entity) and services available, funding and the sharing and collation of the necessary information in a coherent manner
- Distance to support services, untrained workforce, funding
- Not enough services available
- Lack of knowledge around emental health options. Unwillingness of at-risk populations to view their person health circumstances as in need of intervention. Health literacy issues
- A belief that Crisis services are only option
- Lack of services provided out of hours, lack of staffing, lack of commitment by services to operate outside of 9-5
- knowledge base. Time

- clinicians don't see this as a viable option
- Geographical location, mobility/transport problems, waiting lists, triage/prioritisation problems, lack of trust, fear
- Services that have rigid criteria, including severe levels of distress required to access specialist care. Lack of trust that GP's will understand and be able to help. Lack of proper assessments with family present or involved to get a true and full picture of the situation
- focus on facilities and facility groups rather than individuals.

Q: What could digital technology do to help your organisation deliver better mental health and addictions outcomes?

- (Lakes DHB) Digital support groups, instant access to trained psychological staff when they need it, connecting community groups to those in need
- (Linkpeople) have a good spread of digital technology from the Well to linked in digital phones. We may improve our delivery through access to social media as this is where a lot of rangatahi are at the moment
- (Lakes DHB Planning and Funding) More people accessing support across the population
- (Police) a fluid communication line between stakeholder services/agencies will ensure improved processes and delivery of services
- Reaching our rural areas, better accessibility for youth and the disabled
- (Tuwharetoa Health) Our non-regulated workforce could use technology while working for with whānau while they are waiting for appointments etc. Keeping them engaged and feeling like they are getting somewhere.
- Provide a broader cluster of options for confidently referring people onto. Some use of digital technology very appropriate for SMI whaiora also
- Provide people with options that they can choose to partake in
- Streamline referral system
- increase options and access for people when face to face not available or out of hours
- LinkPeople would benefit from a tool to allow us to share real time information about whaiora, their key workers, risks etc with the DHB and other support agencies, but in a secure way
- (Linkpeople) In my role I would like to set up a local peer support online network that people can access and use to ask questions, chat, and generally support each other. Digital technology could make this possible. I work as Consumer Leader
- Connection to service groups or online self-help with escalation pathways.

Dec 17, 2018: Follow up meeting

The group meet again via teleconference to review their responses and discuss as a group. Key themes from this discussion included:

- Smaller Lakes communities are not receiving an adequate level of face-to-face support (because they do not classify as rural or ‘hub’ locations)
- Māori (especially low socio-economic groups) are not engaging with services until reaching crisis levels – placing strains on acute services
- There is a critical lack of solutions for people who do not meet severity levels for existing, funded services
- Travelling is a key barrier to access for many people (either cost or distance)
- Access is also being impacted by traditional clinic open hours
- Poor cultural fit is a barrier for many groups in the Lakes area, especially Māori and youth
- The existing workforce has a high trust in face-to-face modalities of treatment, but requires convincing of the efficacy of digital approaches
- Existing services will be wary of funding impacts from any new (digital) services being introduced
- The non-regulated workforce may be more open to adopting new solutions.

Jan, 2019: Stakeholder Interviews

Specific groups were interviewed one-on-one to investigate their specific requirements in detail:

- The Police’s Ahwi creator explained the mechanisms behind their digital referral tool
- Willow Salvador discussed how Tuwharetoa Health Services employ whānau ora approaches and navigators to help their whaiora address health holistically. She gave an overview of their technical platform Whanau Tahi
- Lauren James (Lakes DHB) expressed a vision for incorporating Matauranga Māori into care for Lakes residents – particularly young Māori

Feb 20, 2019: Project team review

The immediate DHB project team reviewed the Framework and recommendations, prior to the wider group presentation.

Feb 28, 2019: Stakeholder Presentation

The wider stakeholder group meet again to discuss the recommendations and final framework.

Conclusion & Priority Recommendations

With the commissioning of this eMental Health and Addiction Framework, Lakes DHB has already placed itself amongst the forerunners in adopting digital solutions in the New Zealand public health sector. Likewise, the Te Ara Tauwhiroatanga Report and its Model of Care is a bold initiative to innovate in the delivery of healthcare services.

This report has outlined a combination of eMental Health and Addiction solutions that can be applied by different organisations across the entire patient journey and meet the key values laid down in the Model of Care. But however good the strategy may be, the real benefit lies in the successful implementation of solutions at front line services. Whilst many of the solutions proposed are existing national assets with little or no cost to run, they will require some effort and resource to ensure they are adopted. The energy and shared vision held by the coalition of stakeholders provides a firm foundation from which to begin that work.

To continue building on the energy of the Te Ara Tauwhiroatanga stakeholder group, the following are recommended as key priorities:

Priority	Recommendation	Category	Rationale
1	Promote all free-to-the-public solutions from this report to mental health and addiction services and select community services	2	Immediate impact with least investment
2	Build the Resource Portal for ongoing use by DHB mental health and addiction services and community services	2	To provide a central repository for workers to go to for guidance and trusted information
3	Install eHealth Kiosks in selected community locations as a pilot	2	Will help those with limited access to internet and devices to access resources within their own communities
4	Increase uptake of Beating the Blues with Primary Care providers in the Lakes DHB region	1	Optimising the uptake of an eTherapy programme which is currently funded by the Ministry of Health
5	Implement Recovery in Hand within mental health and addiction services (e.g. community alcohol and drug services)	1	Using an evidence based digital tool to support and enhance current treatment
6	Deploy Mentegram in mental health and addiction services for better engaging with patients	1	Enhance patient engagement, manage risk and improve outcomes