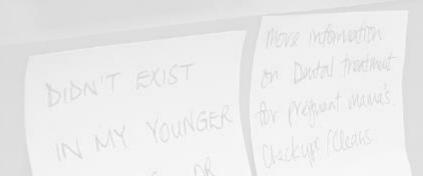


### Te Wāhi Tiaki Tātou – Reimagining Sessions

Mental Health – Rangatahi, Community & Service Providers

2nd, 3rd, 4th, & 5th October 2023





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#### **Executive Summary**

The purpose of Te Wāhi Tiaki Tātou is to share the aspirations and priorities of whānau and individuals in the Porirua community, enabling their voices to inform the transformation of hauora in our rohe. Te Wāhi Tiaki Tātou represents a unique opportunity to define and determine how the local health and disability system operates to better meet the needs of the Porirua community.

The community have shared what is important to them, and now the focus is on working together through Reimagining Sessions to create change. The goal of the Reimagining Sessions is to facilitate **community/whānau-driven change** to redesign how health and well-being services are delivered **to achieve equitable outcomes in Porirua**.

Individuals with lived experience and passion for the topics are invited to participate in the Reimagining Sessions and be part of the journey to transform hauora in Porirua.

This slide pack is a record of the Reimagining the community has done on mental health services in Porirua, with a strong focus on prevention. It is important to note that our community shared a lot of examples that their need for the necessities of life including access to good kai, a healthy home, and employment are closely linked to their mental well-being.

#### **Recommendations:**

We have recommended five initiatives to progress now and be funded as 'quick wins'. These have been estimated to have the largest impact on whānau, alongside low to medium estimated timeframes and cost to implement. Most of them relate to themes linked to prevention, access to services/hauora services and education, and information provision.

Additional initiatives that carry increased cost, complexity, risk and timeframes have been documented for further scoping analysis. Many of these initiatives relate to population health determinants and have also come up in previous reimagining sessions including; access to healthy kai, quality housing; and the cost of living. These will inform the medium to long term ambitions for Te Wāhi Tiaki Tātou.

Now is the time to implement community-led solutions!



Reimagining Sessions for Mental Health were held across four days from Monday 4th to Thursday 5<sup>th</sup> October 2023. The first day was a rangatahi only session held at the 502. The next two days were for community members with lived experience, with the final day was with mental health providers. These sessions were held at Te Wānanga o Aotearoa.

Over the course of the reimagining sessions we heard strongly from community and providers the need for both systemic level change at a national level, and locally driven initiatives that would create tangible impact for whānau in the immediate/short term.

This document sets out a record of what we heard in the reimagining sessions, in addition to our key recommendations of initiatives that will be undertaken and driven by Te Wāhi Tiaki Tātou.

"Not enough focus on preventative measures, rather a focus on what happens at the end" - Focus Group Participant "Counselling sucked cos they weren't very enthusiastic about getting to know me and why I feel the way I do"
- Focus Group Participant

"Counselling sucks over all cause feeling and getting better is based off you and what you want to do about it and how you decide to handle your 'issues' every decision is based off yourself"

Focus GroupParticipant

"School counselling sucked ass because they were just trying to rush the process and fix you when they haven't even investigated the root of what's broken if their broken"
- Focus Group Participant

"Its not the services that suck it's the system that sucks" - Focus Group Participant



#### **Exploring determinants of health**

A 2019 Treasury review<sup>1</sup> identified a range of determinants of health associated with low mental wellbeing in Aotearoa. We wanted to explore the connections identified between low housing quality, low job wellbeing and low mental health wellbeing, based on Porirua data.

To do this, we presented three Porirua statistics to community members and asked them to explain their connection to mental health. In doing so the community told us that there are important links between housing quality and affordability and job wellbeing and their mental health.

"When your house is damp you have visible mould, and people think your home is dirty "

"It makes you feel yuck, you have low self-worth, and causes isolation due to embarrassment '

"It affects our physical health, like getting infections, pneumonia and asthma. Being sick makes people isolated and affects their mental health."

"A damp house causes my kids to be sick. It's extra hard work for me as a mother, and impacts my mental health"

They may feel whakamā about the state of their home

"Damp houses are not safe for our people"

In Cannon's Creek, 55% of people live in a house that is damp all or some of the time.<sup>2</sup> Whānau told us that:

They experience increased physical illness which impacts their mental health

"Damp houses trigger sickness, mean costs for GP and medicine, and add to my financial struggle "

Feeling unsafe and insecure in poor housing impacts their mental health

"Bad housing is not stable and may not feel safe. It affects mental health because of the lack of security "

"I can't focus on anything due to concerns about my damp home"

Added heating and medical costs add to financial pressure and stress levels

"I have no time to work on myself. This house isn't going to heat itself and love don't pay the bills"

"A damp house skyrockets the power bill for extra heating "

"Young people full of worry are unable to learn and thrive"

"Trying to make ends meet triggers anxiety and stress"

"Unaffordable housing has affected my mental health because the insecurity of not knowing if you have a home in the future and always having to move house to house. I could never stay with the same friends for long.



Financial stresses from housing significantly impact their mental health

"It feels more like 90% of young people experience this"

They may fear losing their home and becoming homeless

"I'm struggling to live, unable to meet cost for essentials"

In 2019, 41% of young people said housing costs in Porirua are unaffordable.<sup>3</sup> Whānau told us that:

"There is a lot of fear about becoming homeless"

#### Financial burdens mean that they can't invest in their own mental wellbeing

"It's hard to put health and wellbeing first when you have rent to pay"

"There's an inability to 'fill your cup' due to the focus on keeping a roof over your

"Young people don't have their own spaces, and that affects their mental health"

"We are living paycheck to paycheck '

Overcrowding and inappropriate housing harms mental wellbeing

"When families are not able to get into the right housing they overcrowd. It's stressful."

"There are high petrol and transport costs to get to work "

"All the sick days get used for the kids being sick so there are none for when you aet sick"

"You can't make yourself a priority "

challenging when working full-time

"I am just stuck in survival mode"

Finding and paying for childcare and transport adds significantly to their mental burden

"There are heaps of challenges finding childcare to even allow you to work "

"I have no time to care for my wellbeing"

In 2022, 39% of people in Porirua in paid work were not satisfied with their work/life balance.<sup>4</sup> Whānau told us that:

Incomes are not enough to meet their living costs and prevents them from caring for themselves

"When things are bad you don't want to go to work, and feel a lot of hopelessness" Accessing mental health services is

They have challenges in the workplace which cause mental distress "Understaffing can be a big problem"

"Experiencing discrimination at work really impacts your mental health"

"Jobs can have challenges with culture, colleagues, pressure and stress"

"I have to prioritise work over getting support for my mental health'

"Services aren't open at times that match work hours "

"We are all products of our upbringing; we are gifted the good and ugly traits from our parents and whatever trauma they were handed" - Focus Group Participant "I rang four organisations for support, and they all said there's nothing available to support me"

- Focus Group Participant

"We need well trained staff to deal with mental health" - Focus Group Participant "I would choose to seek all kinds of help to feel good again" - Focus Group Participant

"Sometimes we just need to figure out who we are" - Focus Group Participant "Understanding your goals and what drives you. Your passion" - Focus Group participant



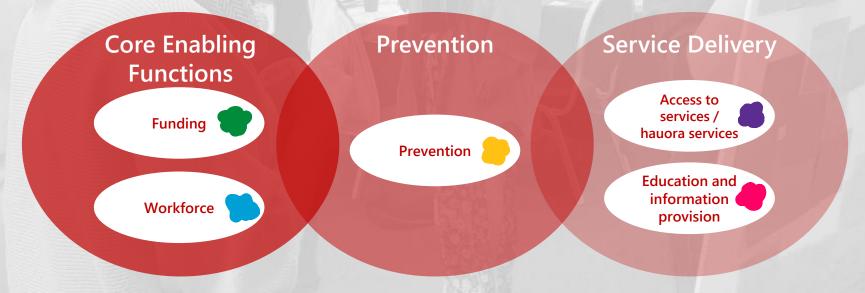


#### Recommendations

Key recommendations from the Reimagining Sessions are themed into five core areas; funding, workforce, prevention, access to services/hauora services, and education and information provision. These groups interrelate and fit into broader groups of core enabling functions for mental health services, prevention of poor mental health wellbeing, and service delivery.

Five key initiatives are proposed to be further developed, funded and delivered, details of these are provided on the following page. Appendix B summarises the priority opportunities identified by both the community and providers in more detail. This summary enabled us to understand which opportunities were supported across different groups and allowed us to identify our recommendations.

A wide range of other opportunities were identified during the Reimagining Sessions, these are recorded in the appendices. Many of these opportunities will require strategic change at a national level, significant investment and have an increased complexity to implement. These opportunities will be analysed and will inform the medium to long term ambitions for Te Wāhi Tiaki Tātou.



#### Recommendations (cont.)

#	Initiative	Impact for Whānau	Impact for Providers	Estimated Timeframe	Estimated Cost	Complexity to implement	Detail	Theme
1	Promotion and access of free/low-cost community hauora activities e.g. classes accessible for a small koha (like a gold coin)	High  Community want access to classes like martial arts and gym classes	Medium  Providers  discussed not  knowing what  else is available  to support  people	Short-term	Low-medium	Low	Enable access by promoting what's available in Porirua and developing a koha/voucher system to remove all access barriers	
2	Extend Hauora models of care. E.g. access to Rongoã Māori and other culturally led initiatives.	High Community said they'd like cultural models of care like Rongoā.	Medium  Providers said  they'd like  people to be  able to choose  to attend Māori  practitioners.	Short-term	Medium	Low-medium	Extend Te Rünanga o Toa Rangatira - Rongoā service provision and a Pacific service provision to people in Porirua	
3	Culturally led activities that connect to Taiao, with a focus on self-identity and whānau cycles.	High  Community prioritised a number of similar initiatives with a strong focus on connection to self, whānau and Taiao	Medium  Providers said they want to collaborate. Opportunity to utilise diverse provider strengths.	Short-term	Low-Medium	Low-medium	Develop appropriate programme and deliver collaboratively through existing providers and schools.	•
4	Cultural capability training for service providers	High	High	Short-term	Medium	Low-medium	Option – Rūnanga expands service. Same for the Pacific culture specialist	
5	In school programme and promotion of services	High  Rangatahi were passionate about needing to normalise mental health in schools and understand services	Medium	Short-term	Medium	Low	Existing programmes in Porirua were identified as useful and reasonated with the community. E.g. Real Talk	



Five initiatives emerged from the Reimagining Sessions which have links to opportunities identified by both whānau and providers. These have been estimated to have the largest impact for whānau, alongside with low-medium estimated timeframes and costs to implement. Most relate to themes of prevention, access to services/hauora services and education and information provision.

Additional initiatives that carry increased cost, complexity, risk and timeframes have been documented for further scoping analysis. Many of these initiatives relate to population health determinants and have also come up in previous reimagining sessions including; access to healthy kai, quality housing; and the cost of living. These will inform the medium to long term ambitions for Te Wāhi Tiaki Tātou.

#### Key

Funding	
Workforce	
Prevention	•
Access to services / hauora services	
Education and information provision	

#### **Appendices**

**Appendix A:** Overview of Reimagining Hui

**Appendix B:** Opportunities – Priority Overview

**Appendix C:** Current State Journey Map - Rangatahi

**Appendix D:** Challenges - Rangatahi

**Appendix E:** Moemoeā Journey Map - Rangatahi

**Appendix F & G:** Current State Journey Map – Community

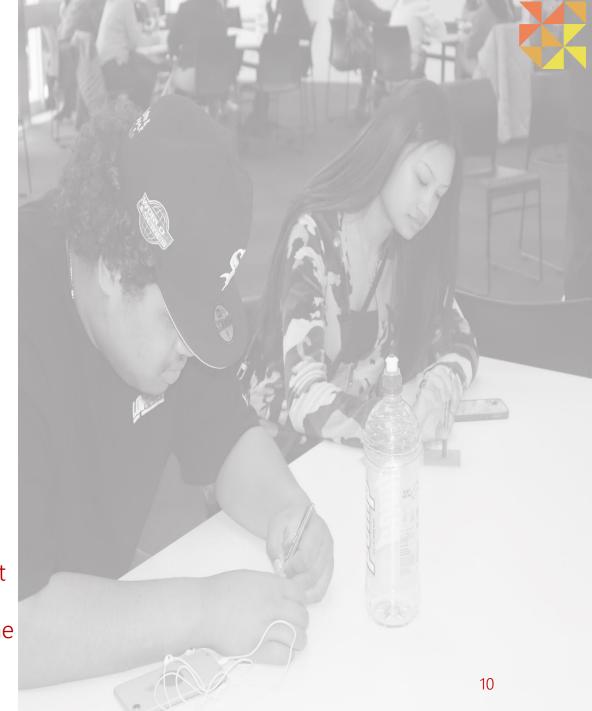
**Appendix H:** Challenges– Community

**Appendix I & J:** Moemoeā Journey Map – Community

**Appendix K:** Challenges – Provider

**Appendix L:** Opportunities – Provider

The appendices in this document serve as a record of the korero received from the rangatahi, community and providers throughout the Reimagining Sessions. Ensuring we accurately document the voices of community is part of our commitment to be kaitiaki of the mauri of this work and the korero gifted to us from our whānau, which is a taonga.

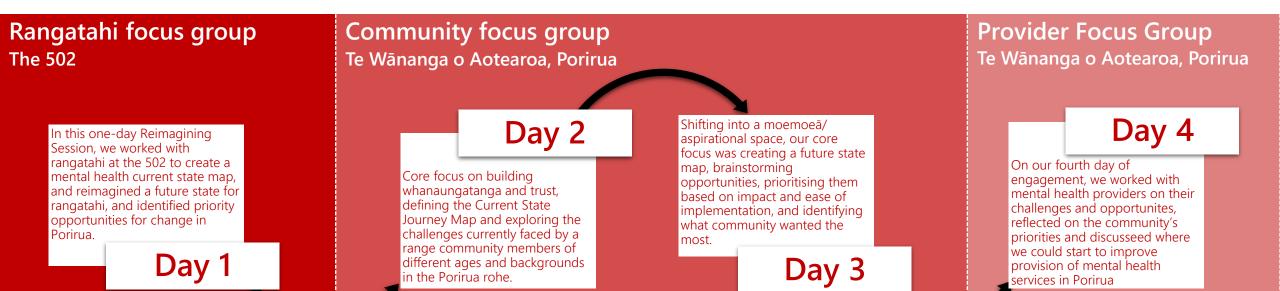




#### Appendix A: Overview of Reimagining Sessions

Reimagining Sessions for mental health were held over four days in Porirua. The Appendices in this document provide detail of the exercises which the community and providers undertook. We focused on understanding the Challenges and Opportunities that the community and providers experienced, mapped the opportunities on a priority matrix based on 'impact for whānau' and 'ease of implementation', created a current state map and a future state moemoeā map.

The diagram below sets out the process we went through to get to the recommendations in this report and to develop the content set out in the appendices.



#### Appendix B - Opportunities

Community and Provider Priority Opportunities Overview

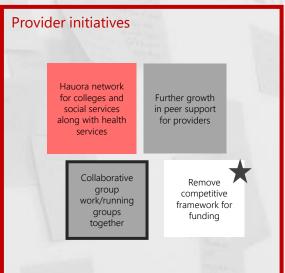
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Rangatahiidentified priority

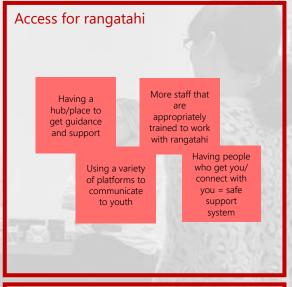


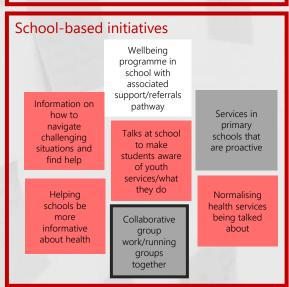
= community opportunities that <u>community</u> voted as the most important to them = community opportunities that providers voted as the most important to them



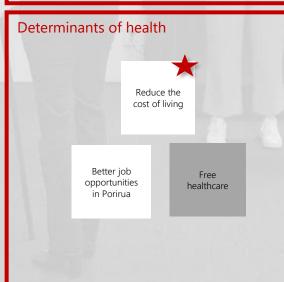






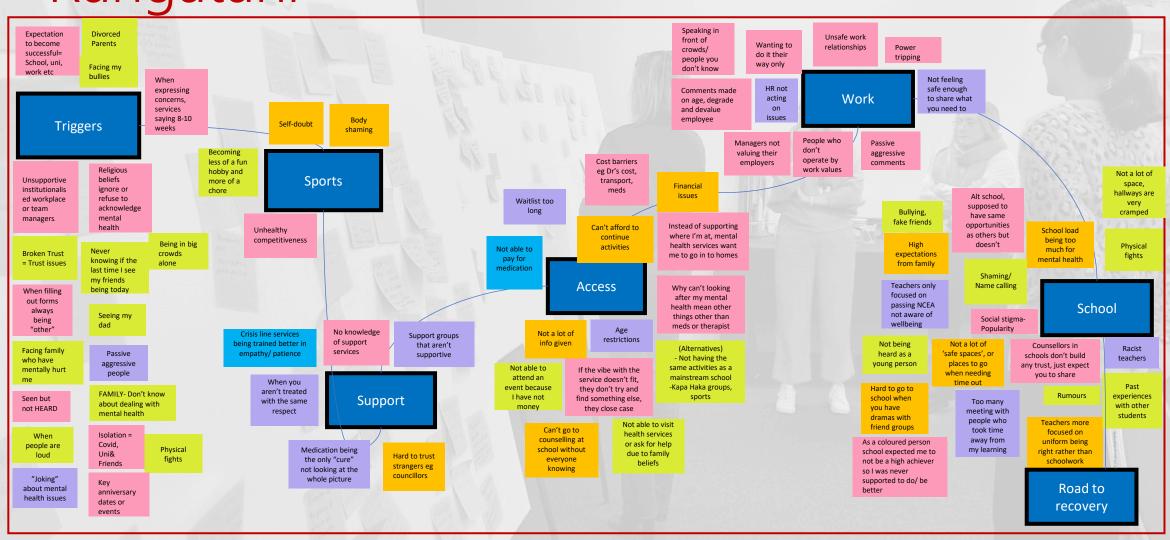








### Appendix C- Current State Journey Map -Rangatahi

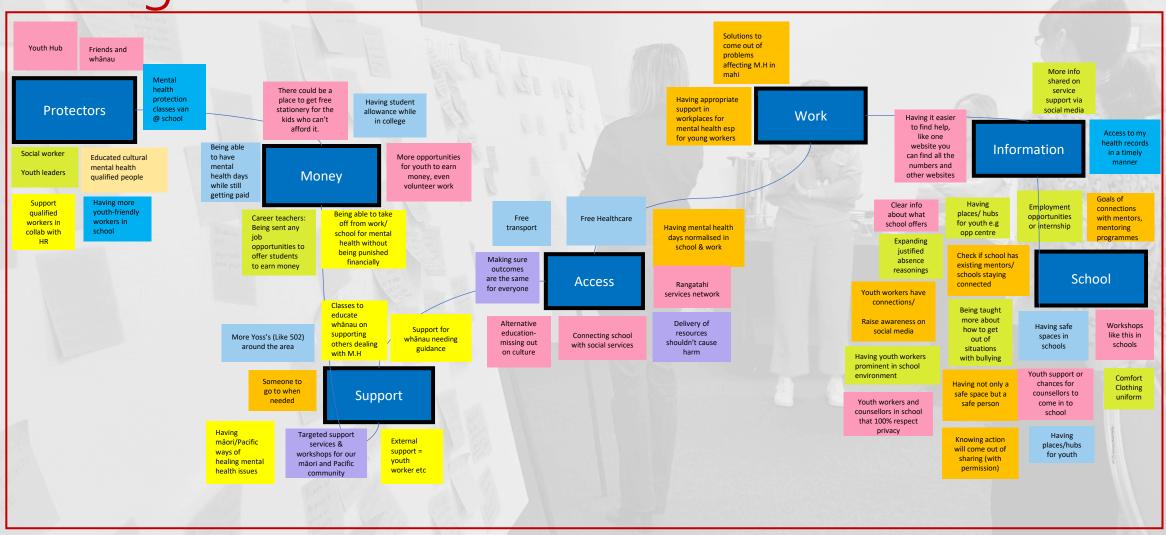


## Appendix D Rangatahi - Challenges

Theme	Detail
Access	<ul> <li>Prefer talking to trusted people</li> <li>Having a variety of people to talk to</li> <li>Having regular service reviews</li> <li>Not having enough knowledge and support to deal with mental health</li> <li>Not having many options to talk to</li> <li>Not knowing about services available for parents, groups, financial</li> <li>GP services not being well equipped for young person's services</li> </ul>
Emotion	<ul> <li>Not feeling trusted</li> <li>Want to go back to school but don't know how to handle myself in tough situations</li> <li>Elections anxiety</li> <li>Not having the opportunity to make own decisions</li> <li>Walking into the unknown</li> <li>Not knowing how to handle my social anxiety</li> <li>Anxiety holding me back from opportunities</li> <li>Imposter syndrome</li> </ul>
Pūtea	<ul> <li>Free sanitary products</li> <li>Not having what others have</li> <li>Housing crisis</li> </ul>

Theme	Detail
Whānau / logistics	<ul> <li>School pressure/home pressure</li> <li>Extracurricular pressure</li> <li>High expectations from parents</li> <li>Bullying</li> <li>'unjustified absences'</li> <li>Moving schools!</li> <li>Don't like sharing my problems because i feel like it puts too much on them</li> <li>Starting something new alone i.e. gym, work, workshop</li> <li>Not knowing what to do next</li> <li>Not knowing about the election or policies</li> <li>Work or school judgement</li> <li>Having to take time off work or school for mental health</li> </ul>
Cultural	Learning te reo and native tongue
System	<ul> <li>Privacy is valued and respected = confidentiality</li> <li>School counsellors sharing info you shared to parents without permission</li> <li>Not respecting privacy in school i.e telling whole class you need to see counsellor</li> <li>Space at school for being on own only for some people</li> <li>Anxiety at moving back to mainstream GPs at 25: ( make it 30 please</li> </ul>

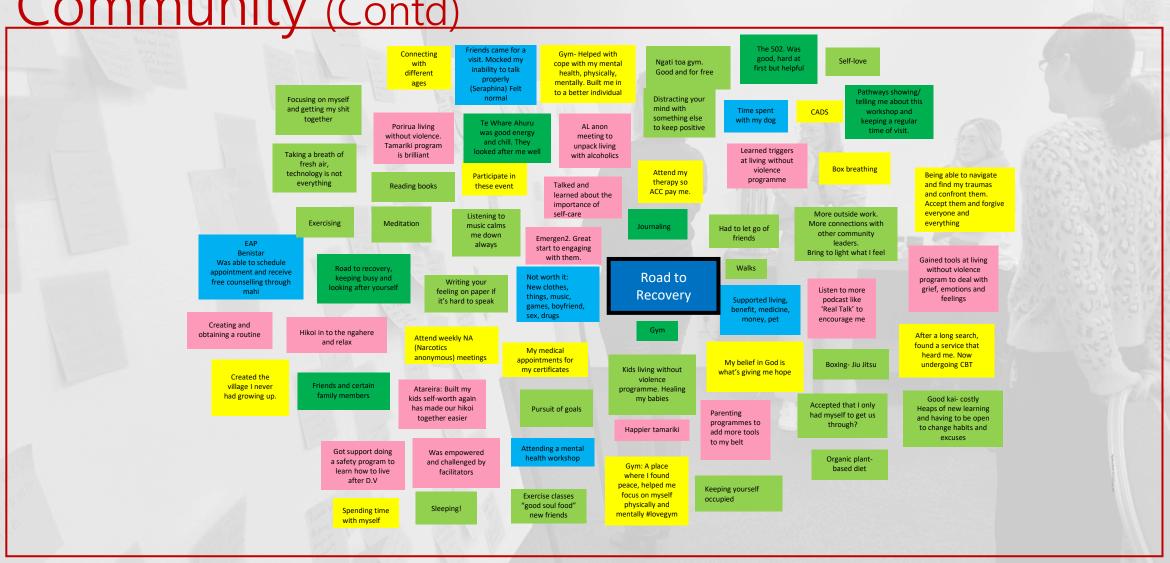
### Appendix E – Moemoeā Journey Map -Rangatahi



### Appendix F - Current State Journey Map Community



Appendix G - Current State Journey Map Community (Contd)



## Appendix H Community - Challenges

Theme	Detail
Access	<ul> <li>Cost of services</li> <li>Don't know what our entitlements are **</li> <li>Wait times for everything is too long, Crisis line, Healthline, Lifeline</li> <li>Can't do counselling as I can't leave my child, not have outside support*</li> <li>Accessibility*, transport, Wi-Fi, credit*</li> <li>Availability of MH workers</li> <li>The waiting list is long****, Patiently waiting for the process***</li> </ul>
Emotion	<ul> <li>Negative mindset, feeling uncomfortable, feeling weak, being embarrassed*</li> <li>If I don't care about myself, why would others? Especially stranger.</li> <li>Fear of judgement/being judged***</li> <li>Taking a reality check</li> <li>Reaching out and actually opening up about your Mental Health*</li> <li>Afraid of poor quality of service*</li> <li>Not building enough courage to want to ask for help.</li> <li>Fear due to experience. Sought help and was made to feel embarrassed and ashamed so I just stopped looking**</li> <li>Being afraid to ask for help, raised to think this is a weakness, raised in the HushHush generation, not wanting to open up</li> <li>Afraid of outcomes or process****</li> <li>Pride. Ego can play a big part in choosing not to seek/help.</li> <li>The inability to express how you feel, being able to talk about it in general</li> <li>Denial</li> <li>You don't feel comfortable complaining about your life</li> <li>Committing to taking action, taking the first step in getting help</li> <li>Lack of confidence, self-awareness-unsure if you qualify*</li> </ul>

Theme	Detail
Pūtea	<ul> <li>Finance *****</li> <li>Unaffordable *</li> <li>Time off mahi</li> <li>Benefits, food, clothes, house, money, power, telephone, sleep, medicine, home help</li> </ul>
Whānau/ logistics	<ul> <li>The constant battle with the referral process.</li> <li>Prolonged waiting list, just to find you need to be referred elsewhere because they don't have the right tools for you (support)</li> <li>No whānau support in understanding the need ***</li> </ul>
Cultural	<ul> <li>Cultural differences big deal**, cultural lens**</li> <li>Lack of communication</li> <li>Clarity, misinterpretation</li> <li>Misunderstanding the situation (the service provider) *, misunderstanding the language</li> <li>Misunderstood, e.g. not having Māori in these roles*</li> <li>Bringing shame to my family/culture</li> <li>The receptionists at Porirua Union are disgusting, belittle others, treat people poorly and don't follow procedures and policies</li> </ul>
System	<ul> <li>Not being educated about the mental health problems you may be facing, rights not known</li> <li>There is nothing for people to engage with while waiting</li> <li>No whānau support in understanding the need***</li> <li>Not knowing who to approach to get help</li> <li>Having to fight for and explain the need for help</li> <li>Lack of trust in systems and processes</li> <li>The people in these fields are not always equipped to handle things*</li> <li>There is no urgency for people in crisis and the process is slow, the assessment process on Crisis line was concerning. There was no humility, empathy and I had to constantly keep checking the nurse was there as there was no or little acknowledgement</li> <li>Referrals don't get processed or are delayed, no handover processess**</li> <li>Organisations aren't good at collaboration.</li> <li>Keeping up with the metal health act meeting the requirements.</li> <li>Mental health support isn't as prioritised as it should be especially when NZ has a high suicide rates*</li> </ul>

# Appendix 1 – Moemoeā Journey Map Community \*\*Ex\*\* \*\* = community opportunities that community voted as the manual community opportunities that providers are community opportunities that the community opportunities that community opportunities that the communi

= community opportunities that community voted as the most important to them = community opportunities that providers voted as the most important to them



# Appendix J – Moemoeā Journey Map Community (Cont'd) \*= community opportunities that commost important to them

**\*** = community opportunities that <u>community</u> voted as the most important to them



## Appendix K Provider - Challenges

Theme	Detail
Access	<ul> <li>Barrier of access to secondary MHAID services, a need to be high acuity to be heard/seen, access to secondary services often declined by clinicians working outside the scope of mild – moderate, strict criteria for certain services *</li> <li>Limited prevention mahi, limitation of session numbers provided</li> <li>Six-session model for a number of sessions; despite complex, intergenerational needs*</li> <li>Feel like you have to fight to be heard/seen</li> <li>Lost in cyberspace – waiting times for progress with services</li> <li>Hard to get a diagnosis – access/criteria</li> <li>Removing challenges/barriers in regard to social anxiety for people</li> <li>Limited rooms to see whānau too small for large whānau</li> <li>Cost to get to services, transport/time of mahi. 9-5 session availability</li> <li>Patients can't articulate symptoms – lack of awareness/health literacy</li> <li>Negative past experiences hold people back from wanting further help</li> <li>Whānau are often sensitive or reluctant to be diagnosed or medicated – stigma</li> <li>Continuity of care? In particular with high staff turnover</li> </ul>
Emotion	<ul> <li>Having to repeat yourself over &amp; over and then giving up because sick of experience</li> <li>Lack of programmes to address trauma, only treating symptoms not cause**</li> <li>Fear of whānau going to appointments</li> <li>We are used to suffering so missing the signs/triggers that alert us to needing help</li> </ul>

Theme	Detail
Pūtea	<ul> <li>Resources – lack of, shortage of</li> <li>Lack of community rooms</li> <li>Pūtea – transport costs, GP costs, prescription costs</li> <li>Pūtea – funding for projects</li> </ul>
Whānau / logistics	<ul> <li>Whānau often scared of repercussions when reaching out for help (AOD)</li> <li>Burnout of clinicians a lot are reducing their days/hours</li> <li>A lot of pressure and responsibility falls on Māori kaimahi = burnout</li> <li>Examples of healthy relationships need to be mirrored to our rangatahi</li> <li>break the cycle</li> </ul>
Cultural	<ul> <li>Kaupapa Māori led workshops</li> <li>Gaps in knowledge between mana enhancement and front-line health staff</li> <li>Culturally appropriate services for diverse migrant communities</li> <li>Disconnect – people not have connection to whakapapa to gain a sense of belonging</li> <li>Expectation to do "cultural" and "clinical" mahi in the same number of sessions/with the same resourcing</li> <li>Lost in translation, communication, language barrier</li> <li>Wairua Hauora – spiritual health needs more attention</li> <li>Māori conceptualisations are often dismissed or minimalized by health professionals</li> <li>Lack of Māori counsellors for rangatahi</li> </ul>
System	<ul> <li>Health Literacy - Health practitioners need to be more sensitive</li> <li>Not enough trained kaimahi**, workforce – hard to fill roles*</li> <li>No bridge in health services &amp; MH or Wellbeing services</li> <li>Not having the flexibility to provide sessions outside of our offices</li> <li>Resistance to collaboration between organisations*, lack of integration***</li> <li>AOD &amp; clinical mental health services are often separate?? May perpetuate inequities </li> <li>Too much to do and not enough time energy or resources to get the mahi done</li> <li>The number of high complex/risk clients is increasing. No mild to moderate</li> <li>Service Specifications that reflect local need not generic</li> <li>Meaningful reporting</li> <li>Additional health &amp; wellbeing issues are being missed due to only focusing on one!</li> </ul>

#### Appendix L Provider - opportunities

Rein-visioning the way we deliver mental health

Whole restructure of our current system

Free Health care

Co design + evaluation with communities

Greater Recognition of kaumātua role in MH AOD

Greater resources of kaupapa Māori primary mental health + addiction services

Being able to choose to attend Māori practitioners and non-Māori

\*\*\*\*

Hononga – Connection

Genuinely want to help every individual you connect with

Wellness wänanga for whänau

Create Māori led workshops in

- Rongoā Māori
- Mahi Toa
   Maramataka
- Taha Tinana
- Taha hinengaro
   Ongoing + consistent

Cultural wānanga which build resilience and mental health resources but don't feel "mental healthy" Transition of secondary mental health + addiction services into the community

e.g.: Toward NGO services

Collaborative group work – organisations running groups together

Collaborative funding for services

Other therapists funded like movement i.e.: Dance. etc

Produce strategic based contracts that promote kotahitanga + non competition

\*\*\*

Services in primary schools that are proactive

More flexible working hours so people can access services after work Whānau involvement

Funding for sports + other things for youth

Preventative in community wānanga, building coping strategies before they

\*\*\*\*

are needed

Health pro's contracted to marae locations

 Safe environment for whānau

Emotion regulation in schools = right people

Workshops that provide childcare for tamariki so our wähine can attend

Greater resourcing of primary based Rangatahi and whānau services +kai read redu

Access to assessment – self testing
Micro analysis
Surveys, etc

Mental Health

assessments more

accessible

Create safe spaces to discuss trauma = to be heard to release mamae

Trauma informal care

\*\*\*\*
Introduction of outcomes frameworks

such as Hua Oranga

Greater focus on early detection + intervention

+kaimahi in "hard to reach" the community, reduces stigma + builds trust. So, people know whānau who are mental

**Building resources** 

health workers

Recognition of different experience to work in sector

Indigenous recognition of different skills and value

Look after service provider hauora to help keep energy levels high to continue to deliver best service

Alcohol prohibition

Further growth in peer support

\*\*\*\*

Peer led services

Therapeutic communities

le: wet house (wgtn)

Services promoted that people don't know exist

Platform for success stories

People of Porirua

- Videography series
- Interview our people on camera
- Negative to positive outcome

One website with all services available

Opportunities for college student experience the mental health sector as observer

22



#### Ngā Mihi

Mā te rongo, ka mohio; mā te mohio, ka marama; mā te mārama ka mātau.

Through listening comes awareness; with awareness comes understanding; through understanding comes knowledge and the ability to effect change.

He mihi nui ki ngā tāngata katoa i whai wāhi ki tēnei mahi

Ngā mihi nui and acknowledgement for the time and energy, community and providers have dedicated to supporting Te Wāhi Tiaki Tātou Localities Programme, without whom this work would be unable to happen. The Project delivery team and Rūnanga are deeply grateful.

