SECTOR LEADERS' DAY

Friday 4 December 2020

PRESENT: Arran Culver, Ashley Koning, Barb Long, Bev Huttley, Bronwyn Dunnachie, Bronwyn Pagey, Charmaine Gupta, Clare Couch, Clarissa Ventress, Deirdre Richardson, Emily Hughes, Exeter Alofi, Grant Christie, James Knight, Jane Kinsey, Janice Bowers, Jenny Boyle, John Zonnevylle, Karin Isherwood, Katie Sherriff, Kylie Sutcliffe, Leanne Eruera, Liz Barker, Lynlee Snell, Mali Erick, Peter Kennerly, Philip Yearley, Rachel Lawson, Sharon Kipling-Adamson, Stuart Jenkins, Sue Dashfield, Synthia Dash, Tafadzwa Mavhunga, Tanya Wright, Tracy Silva Garay, Valerie Black

Introduction and Welcome – John Zonnevylle

Ministry of Health Update

Arran Culver, Chief Clinical Advisor, Mental Health and Addiction - Ministry of Health	- Adding to series of rolling updates that have been given throughout the year: for those who haven't seen this data before - it goes up to three months ago - Shows access rates over the course of the year into CAMH services, includes NGO & DHB data. - Recently a bit of a drop off in the referral rate - Access rate is starting to dip as pressure of exams or other school requirements drops off / school holidays - Referral pattern similar to last year with FtF contacts at this time of year - Effects of lockdown on FtF contact – drop made up for by an increase in virtual contacts - most of those contacts by phone - Attempt at a balancing measure in terms of the root number of referrals from emergency departments for 12 to 18-year olds - Trying to get an understanding of how much crisis is occurring - the year hasn't essentially been an increase - a little bit of an upturn a couple of months ago which has resolved again. - Gives us a bit of an overview of access to service, but not insight into demand, to unmet need or into the acuity that services are managing - Doesn't show current case mixes within services, level of complexity and acuity - Major drop off in referrals through the lockdown period, then major catch up when rate of referral increased post lockdown - MOH is interested in services' experience of the wait and referrals over that period of time, the strategies that people used in order to deal with it - Media attention recently on eating disorder services - we ran the same data from eating disorder services and found very much the same results compared to last year, so the data doesn't tell the whole story - We know eating disorder services are experiencing a significant increase in referral volume and acuity, but when we average it out over the year it's pretty similar to presentations for last year and the year before. - We're seeing a year-on-year pressure on services - The data we are using is averaging national data, so it doesn't speak to individual DHB experiences – MOH appreciate some are under more pressure than others. - We have appointed a new Principal clinical advisor child and youth within the Mental Health and Addiction Directorate at the Ministry of Health – John Zonnevylle

Mental health among NZ high school students: New findings from the Youth19 Rangatahi Smart Survey

Kylie Sutcliffe, Youth19 Researcher & Clinical Psychology Trainee, Victoria University of Wellington

(View PPT Slides attached)

- Two decades of research with over 36,000 high school students
- A couple of differences with the Youth 19 surveys, compared with previous surveys - uses a regional sample as opposed to the national - but have been able to extrapolate that data to a national level
- Data shared today is from a randomly sampled high school sample - these are people that were at school on the day of the survey
- This data is pre-COVID collected in 2019
- Today we are just presenting on male and female - there are specific analyses happening for gender diverse participants as well
- Saw positive results in terms of things like substance use and family and school
- Today focussing on the wellbeing of mental health results – unfortunately not so positive
- Wellbeing - used the WHO-5 quick scale: Fresh and restored. Life is full of interest etc. - decline from 2007
- Symptoms of depression - massive jump for both males and females from 2001 – 2019
- Doesn't mean that these peoples definitely have clinical depression - they are likely to have symptoms that are probably interfering with life.
- Working on analysis of Rainbow data, but in terms of clinically significant symptoms of depression: 22% over all of our heterosexual participants reporting these sometimes, up to 53% for sexuality minority and 57% for gender minority participants
- Results were showing up more strongly for people in higher deprivation areas
- Few slides haven't been published yet - looking at young people who are members of two or more of the groups, Māori, Pacific, Rainbow or with a disability or a chronic condition and looking at how difficulties might compound
- Asked about anyone who had difficulty getting help for emotional distress and around 20% of the sample reported that they have been unable to get help when they wanted it for emotional issues - more so among females
- Disparity amongst different socio-economic groups
- At the end of the Youth-19 survey, participants were offered a suite of online support options
- Among those with symptoms of depression, 31% said 'yes I'd like to have some more help'
- Appears to be an appetite among young people for digital help - almost equal between males and females
- Asked some open text questions allowing people to share in their own words what they think the biggest problems are – responses included climate crisis and housing affordability - young people are thinking about these things
- The big picture: prevention and health promotion - people need help now and young people want support - they want specialist support and also more wraparound community support that reaches out to them
- They want support to connect with others
- Please get in touch with Kylie If you want to be on her mailing list or and if you'd like to hear more: kylie.sutcliffe@vuw.ac.nz

Katie Sherriff, Principal Engagement Advisor for the Mental Health and Wellbeing Commission	(View PPT Slides attached) - Over the last year Katie has been engaging with priority population who have disproportionately poorer wellbeing outcomes. - Commission was set up in 2019 to hold the government to account for its response to He Ara Oranga - Also, to support the establishment of the mental health and wellbeing commission, which will be up and running for February 2021 - He Ara Oranga came out with 40 recommendations and 38 of these were either accepted in-full, accepted in principle, or required further consideration - Hard to release a very comprehensive list of recommendations and start work on all of them immediately - Focused on work for initial priority areas - first was establishing the Mental Health and Wellbeing Commission - It needs to prioritize genuine partnerships with Māori but also prioritize relationships with Pacific people, people with lived experience of mental health and addiction, disabled people, all of the priority groups that have poor wellbeing outcomes - The Commission needs to look like the communities it has been set up to serve - Preventing suicide is another focus area - incredibly complex and complicated - Largely driven by the social determinants that make up who we are and the environment we live in - The suicide prevention office has been set up and they've taken a ground up approach - Suicide prevention strategy 'Every Life Matters' released. - Communities are leading the way - Focus on repealing and replacing the Mental Health Act - the Act in its current state can be traumatising and harmful for those under a Compulsory Treatment Order - New legislation won't be transformative by itself - has to be supported by other changes in the system, expanding access and choice, addressing the housing crisis – issues that we know are relating to increasing mental distress - Expanding access and increasing choice - options that are culturally appropriate - The $1.9 billion that has been allocated to mental health and wellbeing is starting to be rolled out - Genuine partnership - people need to have ownership and be empowered to design what they want for their specific communities - System grounded in Te Tiriti o Waitangi - Need to ensure that equity is not just a buzzword - resourcing based on need where the statistics for specific people are increasingly getting worse, resources need to be targeted so that they're getting the support that they need - People and whānau need to be at the centre of absolutely everything - Stronger and visible leadership - not just at government level or political level, but also at community level - Equal decision-making powers and partnerships - The wellbeing workforce needs to have the toolkits and the capability to support evolving needs - Getting ready to deliver our next report to the Minister of Health next week. - Advice is in two parts: advice for the system level transformation and advice for specific recommendations. - Publicly releasing reports late Jan/early Feb – it will be translated into official languages - Te Reo Māori and New Zealand Sign Language and will be accessible for the disability community. - The Initial Mental Health and Wellbeing Commission is responsible for developing and monitoring an outcomes framework for mental health and wellbeing that the permanent Commission will consider adopting - The framework has very high-level concepts such as: do you feel loved and nurtured, are your rights being upheld, are you contributing?

- The aim of this outcomes framework is that government agencies and other key players in the system will all be working together to make sure that we are achieving the wellbeing outcomes that people have told us they want
- Three very foundational questions:
    1. why we are monitoring services,
    2. what services constitute mental health services and addiction services
    3. how do we monitor services
- The Commission board will hopefully be announced before Christmas
- Please contact Katie if you would like to korero around any of this: katie.sherriff@mhwc.govt.nz

The Story Behind the Data

Sue Dashfield, Director, Werry Workforce Whāraurau

What we knew before COVID

- We already knew that half of all mental health problems manifest by the age of 14, with 75 per cent by age 24 (Kessler R.C et al)
- We knew that children and young people make up 26% of the population but continue to get only 13% of the Mental Health and Addition budget.
- We know that the ICAMHS workforce was not increasing, even declining slightly despite a year-on-year increase in numbers being seen.
- We know that many areas have chronic staffing issues, particularly for experienced skilled staff, and the attraction of ACC, EAP and Corrections etc, contracting was not helping. We know that the cost of living in the main centres was beginning to impact services.
- We knew the workforce was aging and losing the experienced staff who often supported supervised and mentored newer staff (COVID returners may have provided some relief to Auckland staffing)
- More recently we know that the Youth 19 data (pre-COVID) shows the very worrying increase in young people reporting symptoms of depression – particularly girls and Māori and Pacific young people.
- Pleasingly, some of the school environment indicators are better

Arran Culver has said that the data doesn't tell the whole story – so I will talk to the narratives you have shared with us:

Recruitment and Numbers

- Ironically, it seems some services have benefited from COVID - returning practitioners and those not going away that were planning to
- DHBs in many areas have chronic staffing issues
- More rural areas are finding it hard to recruit
- New staff need extra support and coaching, and this in turn puts pressure on existing staff
- Rachel and Arran raised the "Roadblock of needing supervision for new clinical psychologists" and not enough internships
- There continues to be an issue with experience and specialist skills with new staff and not enough capacity or experience staff to provide the supervision and mentoring the newer staff need
- Competition from ACC, EAP and other services to attract staff away from Health funded services. Concerns about pay parity
- We did hear that one DHB area is aligning pay rates across DHB and community Ngo contracts to remove perverse rates

Practice

- When lockdowns eased and children returned to school, the referrals spiked, but some areas it may be evening out
- Services are reporting higher complexity, eating disorders, violence and social issues

- Aucklanders said that their teams managed well in the first lockdown but not so well in the second
- High performers tended to perform well, others struggled – regardless, staff are exhausted. (As are all of us)
- More referrals for game addiction and school refusal, and for day services and inpatient services
- Some areas seem to have increased crisis contacts for the under 17s.
- "It's hard to innovate when you are in the trenches"
- Stressed teams reduce across team / sector support work.

Leadership

- Experienced and supportive leadership appears to be a strong factor in services coping well. Reports of enthusiastic staff and leaders who can support their work.
- Some talked of the benefits of positive cultural knowledge and support and the partnerships that delivered face to face services
- Support for staff learning skills for new technologies was noted
- Thankfully for us at Werry Workforce we also heard about the benefit of making use of training opportunities during lockdown, making use of CAPA components and teams feeling more cohesive and making time for online training opportunities.

A few weeks ago, we talked to the National DHB MH GMS DAMHs etc. group. They were aware of the pressures and shortages you face. I hope that that support has been obvious to you.

Breakout Rooms – Questions for Discussion

1. How services will need to adapt to meet the needs service users and their families?
2. What are the service innovations that will help us meet the needs of people who attend our services?
3. What will our workforce need to look like?

Jenny Boyle
General Manager Operations, Odyssey

Question 1

Increased digital/telehealth options since Covid-19 – effective for young people/whanau with less severe needs

- NGO services moved quickly to these options; surveys indicated digital options useful but preferred face to face
- Whanau feedback for those in rural areas especially was in favour of digital
- The group agreed that a mixed model of interventions, face to face and digital should be offered

Improving access options and creating a more seamless continuum from primary to secondary services and aftercare

- Looking at options such as counselling in schools, pastoral care options, telehealth
- Using the One Stop Shop Model – which has been useful in CCDHB – between primary and secondary services – MOUs, support offered, training, supervision and clinical reviews

More support from secondary services in terms of training offered to NGOs and primary health services

- Create a joint approach between primary and secondary services to create a continuum of care
- Looking at better ways to reduce risk together

	Question 2 • Increased group delivery – also for young people on waiting lists • Skill sharing – specialist knowledge to NGO and primary • Stepped Care Approach – ADHB are moving towards this and looking at how people are seen and what interventions are used e.g., group work • Peer/Clinical partnership models • Increased Kaupapa Māori approaches and non-traditional approaches to build cultural competence and to address the drivers of MH and Addiction issues • Access to new e-therapies Question 3 • Workforce needs to be broader – more youth workers attached to ICAMHS services • More of a multidisciplinary approach – peer support, youth workers, AOD Practitioners, OTs, Social Workers utilised more • Looking at how to attract young people coming into the workforce into mental health and addictions – how do we do this? • Attracting skilled clinicians into NGOs and DHB services • Increase in Peer workforce • The challenge is the demand for services and how do we manage this?
Sue Dashfield, Director, Werry Workforce Whāraurau	Q1. How services will need to adapt to meet the needs of service users and their families? • Integrating virtual and Digital responses – how to utilise interventions • Less specialised support • Youth Peer to peer support (some early good results – Tanya W) • Lots in the social mild to med. • Education Support – where the people are • Into the Community – they need good quality information about MH promo and Wellbeing (Ethnic & Pacific Champions) • Youth want Peer Support and Youth spaces • Porirua YOSS development – Using Youthquake group - have decision making power. Were given responsibility and $ during COVID and they made good decisions • Being BRAVE AND BOLD! • Engagement with Oranga Tamariki – Boundary between Care and Protection vs. MH too blurred now. Young people being kept in MH services due to lack of alternatives. • *We need to think very differently about how we support and engage other sectors* Q2. What are the service innovations that will help us meet the needs of people who attend our services? • ICAMHS level groups. – but young people sometimes need support before willing to attend a group and sometimes need parallel support. However, groups often fill the social connection needs of young people and they often want to continue in groups. • Parents groups. Sensory regulation groups happening. • Should groups to primary or Secondary MH? • “Look inwards or outwards”

	Q3. What will our workforce need to look like? • Lived experience as part of the workforce. • Cultural competency • Dual identity • Grow ethnicities – Māori, Pacific, Asian • Integrated into other services like education and housing.
Arran Culver, Chief Clinical Advisor, Mental Health and Addiction - Ministry of Health	To come

Conclusion

Please ensure that you complete our short evaluation survey: https://www.surveymonkey.com/r/4DecSectorLeaders

Have a wonderful break and we will be in touch in the new year with dates for Sector Leaders' Meetings

Merry Christmas

Notes from the chat

00:38:38 Hemi: I feel like we have always lacked the critical pieces of information: case-mix, case-weight and outcomes

00:40:19 Envnn: Nelson Marlborough have not seen a decrease in referrals. We are experiencing high acuity need and significant demand on eating disorder team.

00:41:51 Bev Huttley: Our picture would be the same as in Nelson, increased referrals and high acuity. We have bolstered our Intake/duty team but all feeling quite overwhelmed and having to do lots of supporting of staff.

01:14:19 Ashley Koning: Link to substance use report: https://www.youth19.ac.nz/s/Youth19-Substance-Use-Report.pdf

01:24:14 Arran Culver: Remembering also that the survey results represent distress in the form of endorsing symptoms of anxiety and depression - it's not diagnostic for anxiety or depression and doesn't mean that everyone will need specialist care - most will benefit from brief interventions in primary care and other modalities

01:26:43 Valerie Black: We are looking at developing transdiagnostic core skills orientation for all new staff

01:26:49 Bron Dunnachie: This conversation sits well within the Choice and Partnership Approach of teams extending core skills through support from clinicians with specific sills. Great discussion!

01:40:49 Bron Dunnachie: In Christchurch today Kelly (Pope) with Stepping Stone Trust are launching the 'Reframe Wānanga' a recovery/discovery college previously discussed in this meeting.

01:54:00 Katie Sherriff: Here's the link to our monitoring framework: https://www.mhwc.govt.nz/our-work/outcomes-framework/have-your-say/ and here's my email if you want to get in touch: katie.sherriff@mhwc.govt.nz