

8 August 2022

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Kia ora [REDACTED]

Thank you for your email, in which you requested information under the Official Information Act 1982. You asked: I would like to know how much funding has our region Tairāwhiti received regarding mental health services upgrades since 2019?

Please provide the following information:

1. **Total funding from 2019-2022?** \$67,017,833
2. **Breakdown yearly: 2019, 2020, 2021, 2022?**

2019/2020	\$18,608,765
2020/2021	\$23,282,037
2021/2022	\$25,127,031
3. **Each year's funding targets – what was 2019, 2020, 2021, 2022 funding used for/intended to be used for?**

*Mental Health and Addiction funding is utilised for a range of services that include:*

  - *Specialist acute inpatient care;*
  - *Crisis and planned respite;*
  - *Addiction services;*
  - *Child and youth;*
  - *Maternal;*
  - *Older persons;*
  - *Day activities;*
  - *Advocacy and peer support*
  - *Community residential support*
4. **Why is there a lack of whānau involvement in the care of mentally distressed individuals?**

*Whānau are encouraged and supported to engage in their whānau member's health care at multiple entry points into the mental health support system. This is most evident at a community level in which substantial work has been progressing in recent years.*

*It is not unusual to find caregivers experiencing burn out or individuals mentally distressed wanting different things to their whānau. Furthermore, whānau is a flexible construct in which services seek to identify the key support people and ensure they are also supported to manage their whānau members' health care. This includes funded respite care for the whānau and access to the information and services (if needed) to strengthen response to the whānau member and also themselves.*

*At the acute end of services the new inpatient unit will ensure whānau can be supported to 'room in' at the High dependency area or in a central whānau room. For the first time, the addition of a Short stay unit has been added to the design to be more conducive to those in a situational crisis and having whānau involvement. For example younger people, and mothers with their babies.*

**5. Whānau have expressed their distrust with the mental health system, how does Health NZ aim to rebuild it?**

*This is an ongoing challenge for the Mental Health and Addiction sector regionally and nationally that has evolved over time. It is acknowledged at all levels of the system that addressing this is a priority and will take concerted effort sustained over time. At a local level, the development of Whāriki: He Huarahi ki Mua (Systems Framework) signals the service sectors commitment to change in a systematic way. This includes ensuring the whānau voice is central to current and future decisions regarding the design, development and allocation of services and support in communities. A key objective within this, is to increase line of sight and shared accountability across the service continuum.*

*This is aligned to the current health reforms giving effect to a localities approach to health care in which whānau, our community and everyone who delivers primary or community health care will come together to decide how and what they focus on to support the health and wellbeing of their communities. This is the biggest change to the health system in over 20 years.*

**6. If whānau don't trust the system and are being failed by kaimahi who are supposed to care for them, what is the use of the funding being put out there?**

*Current reporting and feedback mechanisms demonstrate that overall whānau accessing support at all entry points of the service system are happy with the support they receive and feel confident engaging with services. This does not, detract from whānau who report a lack of trust and do not feel supported. In response to this feedback, the Mental Health and Addiction sector is taking steps to address these challenges. Removing valuable and scarce resources and therefore services in communities, is not a viable option. In direct response to a call from whānau and communities the mental health and addiction sector has committed to:*

- 1. Increased Kaupapa Māori supports and services.*
- 2. Dedicated resource for prevention and early intervention initiatives.*
- 3. Increased resources and supports in remote rural and marginalised communities.*
- 4. Ongoing professional development for the workforce to uptake whānau centred strength-based solutions to health and wellbeing*

**7. Why is there a lack of accountability options whānau can take when the mental health system fails them?**

*This is difficult to answer without tangible examples of when whānau have been denied accountability options/processes. This is a matter we take seriously and address when it comes to our attention. There are well established accountability mechanisms across the sector at both an individual service level and systems level. For example, some providers have adopted 'Feedback Informed Treatment' – a methodology that enables whānau to participate in the development of health plans as well as safely provide feedback 'in time'.*

There are also statutory and legislative levers in which clinical teams and service providers must comply with privacy laws and ethical codes of conduct to ensure best practice, protect confidentiality and safety. This includes ensuring whānau have access to all the information they need; their right to have their concerns investigated and responded to; their right to access support from the Health and Disability Commission and a number of other independent advocacy services. However, all providers are expected to actively enable whānau engagement and feedback to ensure whānau receive the supports they need. Thereby mitigating the stress associated with having to seek help via the Health and Disability Commission and a number of other independent advocacy services nationally and locally for example the Health Consumer Service, Te Waharoa and Tūranga Health have advocates and Kaimahi that are able to support whānau voice.

### Te Whare Awhiora:

1. **Copy of the plan slides shared in the DHB Board Meeting?**

*Please see slides attached.*

2. **Are ten beds enough to meet the demand?**

*The determinants of the required number of inpatient beds for Tairāwhiti was completed in 2020 when the business case was submitted. This includes the region's demographic, demographic changes, average length of stay at the unit, admission rates, and bed occupancy rates. Whilst numbers ebb and flow those planning is based on averages over a period of time. The projected number of beds required has been reviewed again as part of developing the current design brief which includes more flexible accommodation options.*

3. **What about people wanting support now?**

*If you or someone you know needs help you don't have to do it alone. Tairāwhiti has a lot of specialised dedicated people ready to help.*

- Contact your **GP** or **medical centre**.
- Phone **Te Waharoa** 06 868 3550 – weekdays 8.30 am to 4.00 pm. Call in to **Te Waharoa** 73 Peel Street.
- On the coast (Anaura Bay to Potaka) contact Ngāti Porou Hauora service **Te Oranga Hinengaro**. Phone 06 864 6803 or 021 392 772.
- **Community Mental Health & Addiction Services**. Phone 0800 999 014 – weekdays 8.00 am to 4.30 pm.
- **Primary Mental Health** – free therapy service (up to four sessions with onsite therapists). Speak to your GP for a referral.

### **Mental Health Emergency**

- If you feel that you or someone else is at immediate risk or harm phone **111**.
- Contact the **Psychiatric Assessment Triage Team (PATT)** 24 hours a day, 7 days a week. Phone **0800 243 500**. After 10.00 pm phone **06 869 0512**.

**Need to talk to someone else?:** all services are available 24 hours a day, 7 days a week.

- Free call or text **1737** any time for support from a trained counsellor.
- **Lifeline - 0800 543 354** or **(09) 522 2999 Free text 4357 (HELP)**.
- **Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO)**. Trained counsellors will put the distressed person in touch with Tairāwhiti services if it was an imminent crisis.
- **Youthline – 0800 376 633**.
- **Samaritans – 0800 726 666**.

4. **How much did the design process cost?**

*This information remains commercially sensitive at this phase of the project and cannot be released at this time.*

5. **What will Hauora do differently to build trust again with the community that mentally distressed whānau will not be turned away?**

*Access to inpatient services is through a Psychiatrist with support of the Psychiatric Assessment and Treatment Team, Clinical Specialist or Te Waharoa. The process of assessment and admission is designed to enable staff to work in partnership with service users and their family/ whānau. Service users, wherever possible, will be actively involved in decisions around admission. Admission is at their consent unless they are assessed as requiring a compulsory psychiatric assessment and treatment order or the subject to the legal framework covering this.*

*Hauora have a priority that is building a well-trained and resourced workforce. The key component of effective response in mental health is a well-resourced and supported workforce.*

*Over the preceding three years many improvements have been made to Acute Mental Health Services at Hauora Tairāwhiti, with particular focus on risk assessment, training, good clinical policies and practices.*

6. **Need for seclusion suite? What's different?**

*Seclusion rates in Tairāwhiti, are steadily reducing. This is care of those working on the 'zero seclusion' project which is a long term project to this goal. One space to offer more intensive support is designed into the new facility which is a shift away from the three seclusion spaces in the existing unit. Hauora Tairāwhiti, looks forward to the day in the future where both system and societal change means that space can be repurposed.*

If you are not satisfied with this response you may contact the Office of the Ombudsmen, phone 0800 802 602.

Please note this response, or an edited version of this response, may be published on the Hauora Tairāwhiti website. Your personal/identifying information will be redacted from any responses published.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Ngā mihi



Jim Green

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