

07 May 2019

Tēnā koutou,

It gives me great pleasure to release the final evaluation document for Te Kūwatawata.

Many of you will know we embarked on a pilot project in 2017.

Simply put, the pilot sought to test:

1. The ability for our services to reduce barriers to care for people in our community suffering from mental distress.
2. The provision of a model of care centered in Te Ao Māori.
3. Access to services for people who would not normally be seen (unmet need).
4. The degree of existent unconscious bias and institutional racism and an approach to reduce the impact of this.

The findings provide us with an excellent platform to move forward. As we should expect within service delivery that is being established and developed, not all things ran smoothly and not all participants were satisfied about the different elements discussed.

As you will read, however, there was a consistent message that this pilot has significant value to the whole community and that we should continue to progress this work through to the next stages.

The Board has formally received the evaluation and is now interested in supporting the implementation of these prioritised recommendations.

RECOMMENDATIONS

To ensure the success of the Te Kūwatawata project in Te Tairāwhiti

1. **Create a 'Shared Agenda'**
Continue the co-design process around the SPoE - maintaining the aim of bringing all partners increasingly together around the future of a SPoE that includes primary care services
2. **Develop a 'Common Measurement'**
Institute a database that enables efficient data collection of aggregated data feeding into a comprehensive set of measureable outcomes
3. **Agree on 'Mutually Reinforcing Activities'**
Introduce the opportunity of Te Kurahuna and Feedback Informed Treatment training across the Tairāwhiti mental health sector
4. **Facilitate 'Continuous Communication'**
Introduce a comprehensive communication plan that includes the primary care and secondary mental health sectors, Māori health networks and the wider community.

5. Strengthen the ‘Backbone Support’

Clearly define the range of leadership roles in Te Kūwatawata - management, clinical and workforce development. Clarify and strengthen the governance oversight of this leadership.

Complete the development of Te Kūwatawata documentation. Many of Te Kūwatawata policy and procedures documents have been either inherited from Te Kupenga Net Trust or have become outmoded as processes have changed across the implementation.

Develop a formal quality improvement process for Te Kūwatawata.

Create dedicated ‘office space’ for Te Kūwatawata staff. While inviting, comfortable and interesting for whānau, the present space is not the ideal working environment for staff.

Ensure structured human resources support and clinical supervision of Te Kūwatawata staff to prevent workers from becoming overloaded and stressed under pressures of high service demand.

To further develop the lessons of Te Kūwatawata

6. Further develop workforce development training opportunities

Develop the cultural competency of mental health staff across Te Tairāwhiti. Te Kurahuna working alongside Te Kūwatawata has been formative and similar opportunities across Hauora Tairāwhiti and the wider mental health sector need to be created.

Develop wider cultural competency workforce training opportunities with Te Kurahuna among collaborating organisations in the social sector.

7. Formalise the Mataora role

Formalise an “accredited, integrated mental health practitioner able to meet the needs of the full spectrum of clients and able to be adapted to build effective therapeutic relationships when working with Māori” as per the Network 4 Platform Trust model.

8. Formalise documentation of Mahi a Atua

Mahi a Atua requires robust documentation and description of how it performs clinically, that is, a description of Best Practice so people have assurance around clinical risk.

9. Implement Feedback Informed Treatment across the mental health sector

10. Establish a shared Patient Management System

This would be across the primary and secondary mental health sectors to assist smooth transitions of whānau and their information.

To scale Te Kūwatawata

11. Assist other regions who wish to develop programmes similar to Te Kūwatawata.

They will differ slightly because of according to the needs of local people and mana whenua but should be availed of all the experience and lessons that the Te Kūwatawata experience has afforded us.

12. Insist on expert specialist change management person/team in the implementation.

There is no reason to think that change management will be any easier in other areas if the project includes a Māori approach.

13. Preserve the experience of Te Kurahuna.

The content of Te Kurahuna as a cultural competence teaching programme needs to be carefully documented.

14. Consider the 'location and structure' of any new mental health initiatives in the NGO sector.

This includes the possibility of a separate NGO structure with its own governance board that includes clinical and cultural expertise and local iwi representation.

15. Form a coalition of Māori mental health initiatives.

This will allow for an overview of policy development and strategy around funding at a national level, the coalescing of power and influence to advance that policy, the advancement of the new mental health worker (Mataora) model and leadership in Māori mental health.

We look forward to this next stage of consolidation of this work.



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Chair
Hauora Tairāwhiti