Fit for the Future

A framework to guide the prototype of a person-centred primary and community mental health model of care
Partners

Innovate
Navigate
ProCare Health Limited (ProCare)
Auckland PHO
Alliance Health Plus
National Hauora Coalition
Odyssey House Trust
Pathways Health Limited
Mind and Body Consultants Limited
Emerge Aotearoa
Framework Trust
Malologa Trust (acting in Mental Health Service provision as Vaka Tautua)
Mahitahi Trust
Homecare Medical
Kāhui Tū Kaha
Waitematā District Health Board
East Tamaki Healthcare
A framework to guide the prototype of a person centred model of care that responds to mental health need in primary care and the community.

This framework includes principles of practice, the support landscape and some ideas to operationalise the principles of practice (concepts).
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Introduction
The focus of this project is to understand and respond to the needs of people with moderate mental health issues. There is an opportunity to upscale and develop primary care and community services in order to respond to the level of complexity of mental health and social needs. Through understanding the needs of people and providers, we will develop supports which are person-centred, timely and effective.

Auckland District Health Board and PHO and NGO partners are collaborating to develop a framework to support the development of a person-centred mental health model of care.

There was a strong desire to tap into the knowledge of those who provide services and those who access services, to co-design a framework of support for people with moderate mental health needs in primary care and the community. The framework focusses on support “closer to where people are” and early in a person’s journey that is timely, effective and meets the needs and preferences of the person. The framework is flexible and can be adapted locally to meet population needs, and differences in service delivery.
A series of phases were undertaken by a core co-design group that comprised of ADHB, ProCare, ThinkPlace, Mahitahi Trust and Emerge Aotearoa. This team worked through each phase of work together to understand the context, undertake empathy research with people and their whānau who currently or in the future could experience services, people who currently or in the future might provide services, and other key stakeholders.

The approach was generative, which means that it provides a platform for identifying opportunities for future service development, in responding to the needs of people who experience mental health issues. This is in distinct contrast to an evaluative methodology that only focuses on assessing the effectiveness of the current state of services and processes.

A prototyping phase will follow where the framework will be tested and we will ‘learn in practice.’
Our Process
Intent

Aligning project objectives across the Intent Team

Two teams developed a first iteration of the project intent simultaneously as shown below. On the following page is the final intent statement combining the two. The purpose of the intent statement was to guide the design process.
Fit for the Future Project Intent

**INTENT**

To give people who face complex issues a response to their needs that is timely and relevant, ensuring each person has a good experience and that they are treated with their whole context in mind.

**FOCUSING QUESTIONS**

- How do we better equip and support general practice teams to recognise and address needs?
- How do we simplify access to what’s needed?
- How do we understand and define what moderate mental health is and the needs of those who are in this group?
- How do we better understand the needs of individuals and what would work better for them?
- How do we create a model that draws on what currently exists and build on it?
- How do we understand and define what moderate mental health is and the needs of those who are in this group?
- How do we better equip and support general practice teams to recognise and address needs?
- How do we simplify access to what’s needed?
- How do we understand and define what moderate mental health is and the needs of those who are in this group?
- How do we better understand the needs of individuals and what would work better for them?
- How do we create a model that draws on what currently exists and build on it?

**Where We Are**

- Lack of service awareness - people who are in stress don’t know where to turn
- People are reluctant to express where they’re at because of stigma and judgement
- We know which population segments aren’t engaging, but we don’t know why
- First point of contact is ad hoc and dependent on the individual – an inconsistent experience/lack of clarity
- Clinicians/GPs/practice nurses may not want to engage
- Lack of data – we can’t identify this moderate mental health group, we lack a definition of what moderate mental health need is
- People get ‘bounced around’ because they don’t quite fit the system.
- There is a missing middle: ‘they’re bad but not bad enough for clinical support’
- We’ve built the system around bricks and mortar – instead of meeting people where they are, in their homes
- The system points people to GPs, but GPs are time pressured, lack capability to meet people’s social and mental health needs and to recognise and link patients need to resources.
- Unequal access – Māori and Pacific particularly
- Good foundations through Awhi Ora NGO PHO
- Lack of communication between sectors and providers
- Lack of early prevention and intervention
- Lack of resources creates tensions around wallists. Limited access to guidance and advice
- Amazing range of resources and services in the community – marae, school, GPs, social services etc
- Funding model is limiting – current contracts focus on psychologists
- There’s a gap before referral services

**Where We Want To Be**

- Framework that connects and supports what is on offer ie. Mental health and addiction services
- Focus on the experience (e.g. rebalance the power between patient & GP)
- Understand the people we’re working with (rather than expect them to understand us)
- Start with helping people according to what they identify as their most important need rather than what we think they need
- More choice - they know what they can access when they need to want to
- We provide acceptance and value people so they’re comfortable with seeking help
- We ensure people’s first point of contact is a positive experience
- We equip service deliverers to take a whole person approach to complex lives
- A continuum of support ranging from a self help service to face-to-face support (matching support to people’s ability to navigate and use resources and their complexity of needs)
- Understand and enhance the core general practice team - include access to advice, NGO, psychological and specialist support (e.g. employment)
- Equipped communities that provide support and navigation - enable their wellbeing
- Brief intervention available in general practice as result of project
- More access points and proactive engagement with people through telehealth

**Who is Part of Our Landscape?**

- People in moderate distress
- Pasifika, Māori, Asian and Youth
- GPs, practice nurses, psychology services
- Practice owners and managers
- PHO / DHB’s
- Private health care providers
- “On track” model of need (social, psychological and physical)
- Silver Script pilot Northland
- School based services: ESHS Enhance school based health services
- Awhi Ora NGO PHO
- GP's
- MAR health

**What are we making?**

- A structured and flexible framework that describes how we would address people’s moderate mental health within primary care
- Guidance on how we can adapt and tailor to a particular practice to make adoption easy
- Illuminating pathways to create a ‘picture’ of the experience
- Tools to help GPs/NGOs in practice to see their role
- Principled and adaptable way of working
- Capturing best practice
- Support to implement prototype/pilot
- Components that can be used and integrated by different providers and carers

**Success Factors**

- A sustainable health system that provides a flexible, coordinated and adaptable service to meet people’s needs, providing timely access and easy navigation
- Early identification of needs – confidence from GP’s to address needs
- Data to identify who sits in the ‘moderate mental health’ space
- GPs/NGOs with the pilot can see what it means for their role
- Matching response to needs, including culturally relevant responses
- Understanding needs for medical response, talking therapies, support and navigation, community engagement etc.
- Independent organisations (GP, PHO, DHB, etc) working as one team
- Awhi Ora to outreach and bring into general practice
- WRAP and Peerzone (group approaches)
- Employment services
- Church
- Health professionals
- Wider system of MH services, understand what works well to address needs
- Changes to how we work
- Framework feeds into pilot
What's out there?

Learning from what has gone before. Based on the information from the intent statement, the design team did a scan of the current research in this area.

1. Awhi Ora - Supporting Wellbeing (link to document here)
2. A sharing of research findings by the design team
3. Multiple points of entry with a single point of coordination, Closing the Loop (link to document here)

1. An illustration of the key relationships in Awhi Ora - Supporting Wellbeing, a community-based walk alongside support service for people experiencing life challenges. The service is provided by a collaborative of non-government organisations (NGOs) and accessed via GP or self-introduction to the NGOs. The illustration outlines how the key relationships work together to support a person throughout their journey.
2. Closing the Loop articulates a future vision of primary care-based mental health services that draw together the skills and resources of all the relevant agencies to transform a reactive, transactional system of treatment to a holistic, person-centered, responsive system of care and support.

3. The core design team shared their findings. The research was selected from what was identified in the ‘our landscape’ section of the intent statement.
Interviews and unpacking of what we heard

Engaging people who deliver services and people who have experience using services to inform development of the framework

We spoke with...

11 people who access services

(Including young people, people who have accessed culturally specific services, those not currently accessing services and those who have experienced problematic alcohol and/or drug use.)

11 people who provide services

(Including Psychologists, Peer Health Coaches, School Psychologists, GPs, Mental Health Credentialed Nurse, Mental Health NGO Leaders, Awhi Ora Support Worker)

Above: The design team coding transcripts and sharing what they heard in the empathy interviews

Above: Sensory modulation tools in one NGO which helps to promote wellbeing and balance for a person
Insights

Understanding the stories we heard and synthesising the insights

Insights gathered through interviews with those who deliver services and those who have experienced services.
Concept development

Identifying opportunities from the insights and brainstorming possible solutions.
Insights

An insight is understanding the ‘why’ rather than the ‘what’. Why do people think the way they think or do the things they do as opposed to what they actually end up doing.
Insights

Generating Insight Statements is the next step in the synthesis process. An Insight involves understanding the ‘why’ rather than the what’. These concise statements are used to inform the development of concepts.

Culturally specific support has positive outcomes

We heard that when people are supported by culturally appropriate services or methods this truly resonates as an authentic way to receive support. People talked about wanting to reconnect with their culture as part of their own personal journey to well-being.

This meant language barriers and cultural stigma were overcome more easily leading to culturally relevant connections as well as more positive outcomes.

Insight

For some people, matching a person’s ethnicity with provider ethnicity increases engagement by removing language barriers and sharing cultural beliefs and practices.

Opportunity

Support peers with lived experience who have lived in cultural competence (i.e. identify as Māori, Samoan, Indian, etc.) to participate in delivery of services.

...when it comes to services for Māori let us be the lead in that because we’re the ones that get the buy in...we know our culture really well.

– Service Provider
**Equal status and awareness for mental and physical wellbeing is necessary to grow a holistic approach**

We heard that people often go to the GP presenting with specific physical ailments that mask an underlying deeper mental health issue. The underlying issue can therefore be overlooked and remain undetected for long periods of time, becoming worse. Some of the reasons for this seemed to be a lack of awareness from both the person seeking support and those providing support on a need for mental health support. This was often mitigated when there was a high level of trust between the two, a relationship that had longevity and/or longer consults that allowed for real discussion of possible issues that were a catalyst for anxiety, depression or other health issues.

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**Insight**

Wrap around support can often start at the GP and follows with an assessment before having a co-ordinated plan.

**Opportunity**

Enable more comprehensive/holistic needs assessment prior to diagnosis or interventions

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**Insight**

Social and/or physical health support can be a conduit to identify mental health needs.

**Opportunity**

Build a flexible system that can support the needs of the whole person (social, emotional, physical) as those needs emerge.

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**Insight**

Physical and mental health needs are often intertwined.

**Opportunity**

Fill the gaps that are present (because services are busy) with wellbeing activities that are often free.

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**Insight**

Putting others' needs before your own can contribute to delays in addressing one's own mental health needs.

**Opportunity**

Place more emphasis on the importance of mental health and wellbeing as a preventative measure.

"When you start to deal with behavioural stuff you start to see health improvements, whether it be mental health, giving up smoking, healthy eating..."

— Service Provider
Drugs and alcohol as a coping mechanism

We heard that drugs and alcohol were sometimes a coping mechanism when things got tough. Often drugs and alcohol were easily available to people from a young age, and accepted in many social circles. Young people spoke of access to drugs and alcohol early on in their childhood and the normalisation of problematic drug and alcohol use as a coping mechanism. This often led to escalation of problems until they became unhealthy and unmanageable, with little knowledge of what alternatives were available.

Insight

People sometimes turn to alcohol and other drugs as a way to cope with a variety of issues and situations, often things out of the person’s control. These issues can easily escalate leading to poor health and wellbeing outcomes.

Opportunity

As a system, better understand the role of alcohol and other drug use, particularly early in life, as a coping mechanism for dealing with complex and challenging issues and situations.

“ I met new people and then my drugs weren’t just weed now, it went from speed and ecstasy and then E’s and more stuff, literally from Wednesday to Sunday. ”

– Experiencer
There are numerous barriers to engagement

We heard that the most common barriers to accessing support for mental health were a lack of cultural understanding within the health sector towards different population groups, social factors such as transport and affordability as well as health providers capacity (time, expertise, desire, ability to respond) to engage in conversation about mental health.

We heard from Pasifika people we interviewed, language as a connection made a huge difference in bridging the trust gap and opening up dialogue. Practices that are language specific are seeing high numbers of attendance.

GPs were often not the person in the practice with the knowledge, awareness or interest to act as the primary support person in the practice.

Insight
Key barriers to entry are transport/money/travel/language and other complex social factors.

Opportunity
Create flexibility in the way people access mental health services.

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Insight
Not all GPs have the knowledge, understanding, or interest to engage in a discussion on mental health.

Opportunity
Raise the knowledge and understanding of GPs to enable these type of conversations.

“\nI mean for us Pacific Islanders sometimes it’s a shameful thing to ask for help, or shame for them to have a mental illness, because of the stigma that’s out there for it. “

– Service Provider

Opportunity
Meet the wellbeing needs of Pasifika communities in a way that is appropriate and complementary to their culture.
When the system fails to deliver to those in need over and over again, they feel let down and sometimes ‘self-blame’

We heard of people having multiple negative experiences of the system that led to the deterioration of their mental health. They told of repeatedly having, in some cases horrific experiences, and unsurprisingly felt let down, leading ultimately to complete disengagement. We also heard that because of the repetitiveness of this occurrence they sometimes blamed themselves for the situation which was an accelerator to more complex issues. There was an assumption and a general acceptance that nothing would change, that’s how the system works, and it isn’t going to help me or my family.

Insight
Repeated and negative experiences with services led to worsening of mental health issues, and people felt let down by the system that is supposed to help.

Opportunity
Engage with people throughout their journeys so that they are not let down by the system.

Insight
Feedback on 0800 services is that responses were impersonal and rote (list or playback) and did not cater to a person’s individual needs.

Opportunity
Make 0800 services feel personal and appropriate (tailored) to the person’s needs.

“

So I would go to a social service and I would tell them my situation and would ask for help and they would tell me about these places. So I would go to these places and to be honest – I wouldn’t hear back from many of them.”

— Experiencer
Reducing stigma early on in our children’s lives is seen as a powerful opportunity for change

We heard of school programmes building awareness of mental health and wellbeing amongst its communities, particularly in low decile schools where some young adults are dealing with complex issues. At regular times each week, a health professional, for example, a psychologist is resident within the school. Recommendations and referrals are becoming ‘normal’ and rapport amongst students and professionals is growing, helping to reduce stigma and demystify mental health. This is also creating incentives for peers to support their friends anonymously, especially as they are often confidants and are reluctant to share this confidential information. Opening the access to support for students early on when behavioural symptoms of distress are first observed is having positive outcomes.

Insight

If I’m a teenager and I’m going through a hard time, I am comfortable to talk to a friend about it and I thrive when my friends support me, through both ongoing support or an introduction to someone who can help.

Opportunity

Understand how to offer all schools and students the type of support they need through their peers and health professionals alike – even when there isn’t an active Healthy Schools Programme.

Insight

Where complex family issues exist, early intervention with youth through the school system has a positive effect. This requires a skilled workforce to support youth in ways that work for them.

Opportunity

Build and grow enhanced school based programmes to support earlier intervention, reach a greater number of schools and upskill teachers to be able to identify signs that may lead to mental health issues amongst students.

“ I’m really conscious to not, you know jump up and down and be like ‘hi’ in case they are with their friends. But without fail those kids are always like ‘Oh, hi Miss’. You know? ”

– Service Provider

Insight

The stigma surrounding mental health is reducing in schools due to awareness, school programmes and initiatives focused on health and wellbeing.

Opportunity

Normalise child and adolescent mental health needs and development issues.

Introduce transition plans before youth leave school and enable parents to support and be part of these plans if the young person agrees.

Build one to one relationships/care for children/youth (community, whānau, schools).
Social complexity is often part of the mental health equation

We heard people suffering from mental health talk about their complex lives, growing up and still being a part of particularly challenging home environments that have had a negative impact on their mental health from an early age. These people had experiences that ranged from deaths in their immediate family, poverty, homelessness, violence and an absence of parental guidance, which were often attributed to being the triggers for their mental health issues. There was also reflection that at the time of the trauma, poor mental health was unacknowledged and it manifested itself in different ways, from violent behaviour to being completely withdrawn.

Insight
Financial stress and expectations are a significant contributor to people’s mental health.

Opportunity
Help people find services that can help alleviate immediate issues as a way to help manage anxiety and stress.

Opportunity
Offer an integrated response to people with complex social and mental health needs/issues.

Insight
People’s mental health needs are often triggered by traumatic events in their lives.

Opportunity
Enable/encourage people experiencing traumatic events to seek support/or manage their own mental health.

"I lost my house, I lost my family and this is when I had found my son’s dad. He was an abusive person ..I remember thinking to myself – I have found someone like my dad. Because he had been in jail and so he talked like my dad."

– Experimenter
**When funding ‘starts and stops’**

We heard about programmes that had a positive impact on people’s mental health, made a difference and had gained people’s trust only to be subsequently stopped due to a change in the funding process or a lack of funding. This was another example of the disconnection that exists between the system and those it was providing the service for, a lack of understanding for those engaged with these services.

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**Insight**

Funding for a range of initiatives starts and then stops or disappears completely, leading to system fatigue and disillusionment for people accessing services and those providing services.

**Opportunity**

Learn from our mistakes and successes when funding stops to continue to offer support that works and plan positive replacements or new initiatives that don’t leave gaps.

"We hosted x, which ran a youth mental health programme using performing arts, again held up by x as one of the best programmes, one for elderly and one for youth, both highly successful, highly thought of but the funding has gone."

— Service Provider

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**People have to be ready emotionally to be supported**

We heard that many of the people we spoke to were unaccepting of their wellbeing state, preferring to remain in denial rather than discuss this with anybody else, even when there were willing friends and family at hand to offer support. This highlighted the importance of promoting health and wellbeing and making services more accessible at any stage in a person’s journey.

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**Insight**

Misunderstanding and/or denial have a part to play in not recognising your wellbeing needs and therefore in getting help.

**Opportunity**

Normalise seeking support for mental health or emotional needs and provide multiple avenues to do so.

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**Insight**

People need to be emotionally ready to be supported.

**Opportunity**

Ensure there are multiple accessible avenues to seek what you need — and particularly, whenever you are ready for it.

"Yeah, he was self-medicating with a lot of cannabis and yeah he seemed to be in the right place that he wanted to do something about it."

— Service Provider
Criteria as a barrier to accessing support

We heard about assessment tools being used currently within health services and funding support, from both health professionals and those receiving support. While the assessment tool assesses criteria from a clinical perspective it was overwhelmingly believed to fall short when it comes to considering the contextual needs and triggers that also impact on a person’s mental health and wellbeing. This holistic picture of a person’s wellbeing is critical to providing relevant and appropriate support, not just clinical.

Insight

There is a disconnect between the system and the people it engages with, demonstrating that access criteria doesn’t reflect multiple needs a person may have or support early intervention.

Opportunity

Amend criteria based access to services to enable more people to gain support based on their needs.

“The rules may not have changed, the criteria may not have changed for a few years but I always find it hard to keep up with what score you need to get and what ethnicity you need to be and where you need to live to qualify. It is complicated.”

— Service Provider
There is value in addressing people’s ‘need’ before diagnosis, leading to early intervention

We heard that the needs of people were often at the heart of their mental health issue(s). Whether financial, emotional or other, these needs were key drivers for poor mental health and wellbeing, while consultation and conversation within General Practice revolved around diagnosis of clinical conditions. When a person’s needs were discussed, and support given to what mattered most to the individual, outcomes were improved.

Insight
Engaging in discussion with people about mental health can result in them taking on support when presenting with something entirely different at the GP.

Opportunity
Equip general practice staff to engage in discussion with people about their mental health by discussing their needs instead of diagnosis.

Insight
Supporting people to realise their aspirations, taking a positive perspective, is an effective approach to supporting those with mental health issues.

Opportunity
Focus on personal aspirations and reaching goals as a ‘common’ approach to support.

“
He actually said, you do know I have depression as well, and I said I have an inkling that you have diabetes but you're welcome to talk more, about how you're feeling, so he started talking a lot about what he was going through.”

– Service Provider
Awareness and acknowledgement of one’s own mental health is an essential part of self-management

We heard people tell us about their journey acknowledging their experience of mental health issues. Stigma associated with mental health, embarrassment, family, work and cultural pressures, were all contributors to people not seeking support and ultimately from being able to develop self-management strategies and techniques. People spoke of feeling a sense of relief and empowerment once they were able to acknowledge their issue(s), take control and develop self-management tools that were right for them.

Insight
Understanding one’s own mental health experience and health can be empowering in terms of self-management and prevention.

Opportunity
Help people to take ownership of their mental health through education “in my language”.

Insight
Managing mental health is an on-going journey requiring access to ‘what you need, when you need it’.

Opportunity
Ensure people feel comfortable enough to discuss their mental health so that they can access “what they need, when they need it”.

Insight
People sometimes don’t talk about what’s going on for them, preferring to mask their feelings because of the stigma related to mental health.

Opportunity
Normalise conversations about issues, stresses, feelings and mental health to the point that everyone feels comfortable to talk about it.

“
I was embarrassed, I didn’t want people to know what was happening with me, didn’t want people to know I’m feeling the way I was, didn’t want to share about my problem, yeah just a shame...

— Experiencer
The mental health system is complex to navigate for service users and for health professionals

We heard both service users and health professionals discuss their inability to navigate the system due to being unaware of the vast range of services available. This was also the result of multiple changes within the services environment, stop and start funding, English only information, services ceasing and others taking their place, making it hard to keep up.

Insight

Providers and those accessing services are unaware of the mental health services available to them, particularly if English is a second language.

Opportunity

Improve awareness of what services are available where, to support mental health.

“I am pretty well ignorant I will be honest with you, there are things I have never heard of until this project and you can imagine myself, someone who is [a General Practitioner working in the system], the guys around here had no idea…”

– Service Provider
Creating integrated teams within primary care is an important and effective step to support people's mental health needs

We heard that some Psychologists and Peer Health Coaches are working within general practice each week on a regular basis. This shift to place mental health support within general practice has seen positive change in terms of awareness of services, access to services, efficient sharing of information so that individuals do not have to retell their story many times over and familiarity with alternative methods and techniques available. It makes ‘corridor conversations’ and informal information gathering easy and spontaneous, helping to speed up and offer support to people on a 'here and now' basis in direct response to their needs.

Extending this concept to creating an integrated support team of people who are based in the practice or using the practice as a hub also means that trust building, recognition of skills and knowledge sharing is made easy.

Insight

That the NGOs form part of an integrated response within the support team.

Opportunity

Ensure the NGO interventions are valued by clinicians as part of the ideal team make-up.

Insight

Education on mental health and interventions across professions builds understanding and trust to enable integrated practice.

Opportunity

Create confidence and understanding across and within support services to enable integrated practice and person-centred care.

Insight

In general practice there are a variety of roles that can play a part in supporting people based on their competency and function.

Opportunity

Leverage the competencies of the general practice team to create an integrated and adaptive response to people's needs.

Insight

Having extra support "there and then" in the practise is effective (mental health support).

Opportunity

Build up the general practice team to provide support on a "here and now" basis (integrated response).

"...don't bring us into an already formed team, include us in the team from day dot, because then your voice is as equal as everybody else's."

– Service Provider
Parenting support as part of supporting mental health

We heard that many parenting services found they were able to help parents understand the importance of mental health and wellbeing early on in the programmes they were running. This was seen as one of the earliest interventions services could offer when it came to prevention of mental health issues later in life. By focusing on their children’s wellbeing through providing hands-on practical parenting tips and strategies, parents are able to understand the importance of a stable foundation for their children that will have an impact throughout their whole lives.

Insight

Supporting parents in the early years of a child’s life greatly reduces the risk to that child of mental health issues later in life.

Opportunity

Support and enable parents, through knowledge and understanding, to be able to make choices, putting their child’s wellbeing at the top of their priority list.

Insight

The system is geared towards the acute response “bottom of the cliff” and people often wait until they hit rock bottom before acting or seeking help.

Opportunity

Maximise early intervention through education, awareness raising, opening communication channels and services from a very early age.

“… the parents want to know how can we actually be better parents and how can we recognise that and what can we do about it, so you take that really early intervention stuff..”

– Service Provider
Helping families/whānau to support better

We heard it is often the family/whānau that introduce people to support services. Some services that are working well focus on supporting the whole whānau as well as the person, taking a ‘whānau ora’ approach to their care. This type of support which takes into consideration the person in their whole family context at the first point of engagement and through their wellbeing journey can have real impact, removing many of the barriers to accessing support earlier, including cultural beliefs, stigma, transport and many more factors.

Insight

When families are aware of and understand their role as a support they can be a huge help.

Opportunity

Make families aware of how they can support and be supported themselves in the ongoing care of their whānau.

“I slowly talked to my family about it, like individually my mum and my other sisters, until my family knew that I had depression and they were asking what do you want us to do.”

– Experiencer
Humanising technology support (including telehealth)

We heard that technology is used in the form of telehealth and some online services to support people who need it. These services and tools can be an effective way to remove funding and access barriers as well as providing after hours options to those not able to seek support during normal working hours. However, we also heard that sometimes these services can feel like they are missing the ‘human’ element and lack the appropriate response for such crucial interactions.

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Insight

Technology has a role to play in supporting mental health needs, but is limited by the lack of ‘human’ interaction.

Opportunity

Minimise the limitations of using technology by integrating an essential ‘humanness’.

“"One of the issues that was raised by a number of the other attendees of those courses I made note of is that they found the 0800 help numbers that they were given were not beneficial, in fact, they heightened that person’s sense of frustration and anxiety."”

— Service Provider

Opportunity

Ensure these interventions are effective and that the response is appropriate.
Enabling support services to spend more time to support

We heard about the growing tension between the burden of reports, funding applications, referrals and other necessary administrative tasks on health professionals and the need for more time to be spent with individuals to understand the holistic context of their health and wellbeing. Building trust with individuals to get beneath the surface of their health issues takes time that many professionals simply do not have even if they would like to take this approach.

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Insight

Administrative tasks are a time consuming burden taking professionals away from contact/support time.

Opportunity

Minimise the burden of administrative tasks.

Insight

Longer and free GP consults allows people to tell more of their story and the GP to build trust with them.

Opportunity

Enable GPs to offer longer and free consults when they see a need.

“Funding especially for longer visits, I think would make a difference too. It would, especially as I am giving half my time for free for her and GPs have a long history of compassionate services like that. It’s not a great way to run a business.”

— Service Provider
**Physical environment can have a positive or negative impact on people’s experience**

We heard that environment has an influence on how people behave, feel and respond to the support or services being provided. Often, they can make an experience negative or positive. Factors such as body language, chair setting and positioning of other furniture within the environment can make a difference.

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**Insight**

The wider environment (that a practice is located in) and the immediate environment (that a group or one to one session takes place in) have an impact on people’s engagement, capacity to trust, and therefore the efficacy of the intervention.

**Opportunity**

Engage with GPs, practice nurses and psychologists about considering how they can make their group and individual environments more conducive or appropriate to discussion about mental health.

“...I guess from a physical perspective he engaged me one-to-one rather than you and I sitting here talking across a table. He’d move the table and started to talk to me and I was able to get the sense that he was fully engaged...”

— Experimenter

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**Sharing individuals’ information can be challenging when there are many involved parties**

We heard that the sharing of information regarding individuals engaged in services and the wider system can be challenging, slow and cumbersome. This was largely a result of multiple agencies being involved and the lack of relationship between them, creating silos of information within each organisation.

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**Insight**

Information sharing and handovers are challenging due to the complex nature of each situation.

**Opportunity**

Share information across the system/providers in a better way.

“...so x will often email and just say look at this one, I'm a bit worried, what's going on with this one, do you mind if I send them up, and then it's trying to work out with that little bit of information because they're on a separate database, they're not on our database...”

— Service Provider
When it comes to mental health support one size does not fit all

We heard that mental health issues affect people in numerous ways, manifests itself differently, that each person’s issues are unique and that people need different things to alleviate or address their issues. People and professionals spoke of the need to have a wide choice of options available to them so they can choose what’s right for their financial situation, work or family dynamic. Many factors determined what was the most appropriate or relevant response including location and cultural specificity.

——

Insight

That offering people choice means the interventions/support are more likely to meet people's needs.

Opportunity

Offer a wide range or menu of options to people so they can choose what’s right for them.

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Insight

Every person is different and often having a range of ‘options’ for individuals to choose from can be most effective.

Opportunity

Help GP, practice nurses and health coaches understand the value of different intervention options available to them.

““

So having a range of primary mental health services that is the ideal, having the flexibility to do the work around the person.”

— Service Provider

People working within mental health services need to be recognised by the health system and themselves for the real value they offer

We heard people were supported by individuals they engaged with throughout their journey. Psychologists, community support workers, health coaches, GPs, nurse practitioners and many more from many organisations went the extra mile to help and support people in times of need, making a real difference when it mattered most. This took the form of out of hours visits, persistent phone calls, transport to services, group sessions and paying of bills. These actions were common and frequent and are largely unrecognised by those involved for the value they deliver.

““

I found time was all that they asked for, you know just to be heard and just giving that to them, and talking to them on their level without the titles or anything.”

— Service Provider

——

Insight

People who advocate for and genuinely understand a person’s struggle made a difference.

Opportunity

Create a more wide-spread ‘culture of caring’ in our models so that health care professionals understand that they make the difference.
**Timeliness and time is important when accessing support and services**

We heard about the importance of time many times both from those providing services and those accessing services.

Extended wait times for some interventions of up to 6 weeks was not uncommon for a person in significant distress.

We heard of the importance of time in supporting early intervention.

And we heard of people being in limbo in after hours or at weekends where referrals were not progressed or support delayed until the following week. All of these situations created risk, pressure and complexity for the individuals and services involved.

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**Insight**

Extended wait times for services and an onus on the person to seek engagement from the system is a significant barrier to access.

**Opportunity**

Engage and/or offer support to those on wait lists and in limbo during these periods.

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**Insight**

The lack of non-crisis after hours support means GPs and other health services carry the clinical risk of an individual’s care when immediate services are not available.

**Opportunity**

Support those ‘not in crisis’ but needing support out of hours.

“I said I am worried about this patient that you sent me... I think I want someone to have a look at this person so she said OK, I will go tomorrow morning and so that was Saturday morning so she, and the client came, saw me and she said she was blown away when she saw the doctor standing outside and how much she appreciated that…”

— Service Provider
The power of self-management

Being aware of your own mental health and wellbeing needs and how to manage these with the right support and tools is hugely empowering.

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**Insight**

Managing your mental health relies on motivation, the right tools and confidence, and this can be hugely empowering and effective for those individuals ready to do this.

**Opportunity**

Encourage ‘keeping on top’ of your own mental health as an on-going approach.

“

I go for a long walk, I go for a swim, I connect with my manager here, she’s the other person I value in my life, so I talk to them and I do get support.

”

— Experiencer

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**Increasing access to support by going to ‘where people are at’**

By placing themselves in the community, where people are most comfortable, health professionals are creating more access points for people who are currently unsupported as well as continuing to support those who are.

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**Insight**

Professionals within the system actively placing themselves within multiple community spaces helps increase access and develops trust and supports an early intervention approach.

**Opportunity**

Enable, scale, and continue to learn from this activity.

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**Insight**

By opening up access to general practice support services (word of mouth, whānau or self introduction, no need for enrolment) there is greater uptake.

**Opportunity**

Remove barriers and entry criteria to support services in order to increase uptake.
Insight
Community places you are ‘familiar’ with and ‘comfortable’ at, with people who are on your level offer very positive support.

Opportunity
Build the capability of the community to provide this ‘grass-roots’ support and resilience on a capability larger scale.

Insight
That people enter mental health services through a variety of entry points.

Opportunity
Facilitate introduction from social services and community organisations to support services (any door is the right door).

“...our whānau feel more comfortable going to somewhere that it feels safe, and a marae doesn’t matter how unwell you are, a marae is safe for our whānau, we’ve got people there to advocate for ourselves, we’ve got people there who know our culture and know what’s best for us.”

– Service Provider

Culturally specific workforce development
Providing culturally specific support and services to individuals is often the key to connection and engagement.

Insight
People working in mental health require specific mental health training and development that is also focused on providing culturally specific support.

Opportunity
Increase training for people working within the mental health sector, including cultural competence training.

“Yeah, I went to CADS and I did Te Whare Tapa Whā over here and that was good.”

– Experiencer
Peer Support

Peer to peer support is having a real impact, especially when those peer support workers have lived experience of mental health issues. There is a shared perspective and an authentic connection which is highly valued with individuals in need of support.

_____

Insight

That peer-to-peer support is effective and is working in different ways to help people.

Opportunity

Understand how to provide the best peer to peer support can offer and more of it.

_____

Insight

When supporting people with mental health issues, ‘lived experience’ and an authentic shared understanding of the issues is really valuable.

Opportunity

Encourage people to start leveraging those experiences as part of a valued workforce within mental health.

“Part of it I think I can relate because of my own history of depression, and other experiences I’ve had, I can relate to the people that we are teaching.”

— Service Provider

Action plans as tools

An Action Plan can be a positive tool for people to create a shared understanding of the issues someone may be facing and is a useful way to facilitate open discussion between people.

_____

Insight

Action plans can be useful tools to help ‘share burden’ and alleviate anxiety for those in distress.

Opportunity

Make action plans available to everyone as an optional tool'.

“... it’s a clear plan in place, there’s working with them and having that plan in place, so she feels that she is being listened to at the time, it’s not just fobbing her off because she’s here again, so it’s becoming client focused and plan centric so we can put things in place.”

— Service Provider
Mindfulness and other group therapies work

Group therapies work on many levels to help normalise mental health and provide support to people through shared experience. We heard that groups can be accessible whilst, for example, waiting for one to one psychological therapy. And the strategies can be practiced at home or work, wherever you need it, when you need.

---

Insight

Group mindfulness approaches can be an effective compliment to one on one therapy, and learnings can be amplified by individuals when sharing with communities.

Opportunity

Resource individuals with lived experience and mindfulness skills to reach more of their community to increase awareness of mindfulness as a therapy for reducing issues related to mental health.

---

Insight

There is value beyond the psycho-educational intent of groups. As an example, participants gain from the peer-peer contact, the groups decrease stigma around mental health and help people understand their experiences.

Opportunity

Normalise attending groups, making the introduction low key so that it’s like having a cup of tea with a buddy.

““

That was one of the first things I discovered, is that at my lowest I felt completely worthless and had a low opinion of myself because of my situation. But hearing some of the stories from people within the group was a bit of a wakeup call because, you know what, whilst I’m not in a good place there’s people obviously in worse places.”

– Experiencer
Connection takes persistence and ownership

It is often difficult to connect with those who need it most because of the complexity of their lives, transience and limited communication access.

Insight
Persistently offering support can be an effective way to engage people with services.

Opportunity
Design a system that pro-actively reaches out to people in a persistent way, so that the burden is not on them.

“...
He wouldn't engage, wouldn't talk to the doctors and just kept hidden away, so I constantly rang him just to let him know the support was there if he needed it, and each time he kept saying I'm fine, so lucky we got him on the third time...”

— Service Provider

The immense value of a trusted relationship within mental health can sometimes be undervalued

Trust is the key to creating an open discussion and dialogue with people, providing the most appropriate and continuous care for the individual.

Insight
Long term relationships between the support and supported builds trust and understanding of what matters to the person in their family context. When there is a trusted relationship the GP can be the first point of access to disclosing mental health need.

Opportunity
Support GPs to become the natural point to disclose and seek support for mental health need, by enabling enduring relationships between the those providing support and those accessing support.

Insight
With roles changing and people moving on, building and maintaining the rapport and support for people can be a challenge.

Opportunity
Build and maintain rapport and support for a person within a system made up of people with changing focus and roles and responsibilities.

“...
I was too scared to even try to commit suicide, that I thought there you know I don’t know what else to do, maybe the doctor can help, if there's anywhere else for me to get help...it was the only person left, the only person professionally I could go to that I knew.”

— Experiencer
Framework to guide the prototype of a new model of care

The following resources support the prototyping and development of a person centred model of care to support mental health need in primary care and the community

12 Principles of practice
Actionable principles to guide service development

Support landscape
The people and places where support can be accessed

Concepts to create a person-centred experience
Ideas for change
Principles of practice

The following are actionable principles of practice to guide the development of a person-centred service in primary care and community.
Principles of practice

Address needs before diagnosis

Develop ways of working that respond to people’s immediate needs first, in their language and before diagnosis.

Insights

Social complexity is often part of the mental health equation.

There is value in addressing people’s ‘need’ as part of the diagnosis, leading to early intervention.

Normalise conversations about mental health

Create environments that encourage people to talk about their mental health and wellbeing needs with friends, family and Whānau across communities so that they become part of the everyday.

Insights

Reducing stigma early on in our children’s lives is seen as a powerful opportunity for change.

Parenting support as part of supporting mental health.

Helping families and Whānau to support better.

The impact of the physical environment on a person’s experience.
There are numerous barriers to engagement. When the system fails to deliver to those in need over and over again, they feel let down and sometimes self-blame.

Connection takes persistence and ownership.

There are many reasons why people may not connect with support and services. Be persistent and utilise a range of approaches to engage with people.

**Insights**

- Equal status and awareness for mental and physical wellbeing is necessary to grow a holistic approach.
- Social complexity is often part of the mental health equation.
- The role of drugs and alcohol when it comes to mental health.
- The mental health system is complex to navigate for users of services and for health professionals.
- Creating integrated teams within primary care is an important and effective step to support people’s mental health needs.
- Sharing individuals’ information can be challenging when there are many involved parties.

**Address people’s holistic needs**

Design integrated responses, integrated teams and ways of working that enable a whole person approach; physical, emotional, social, cultural and economic.
Recognise lived experience

Value the lived experience of people accessing support and peer roles as an integral part of creating a familiar and relevant workforce, promoting the expertise they bring.

Help people help themselves

Empower and work with people to self-manage their health and wellbeing, by increasing their awareness, skills and knowledge of what works for them in their life context.

Insights

People within mental health who have lived experience are and need to be continuingly recognised by the health system for the support and value they can deliver.

Insights

Awareness and acknowledgement of one’s own mental health is an essential part of self-management.

The power of self-management.

Action plans as tools.

Mindfulness and other group therapies work.
Connect for the whole journey

Engage with people, build relationships and create an “easy in easy out” continuum of support wherever people are in their journey.

One size doesn’t fit all

Value diversity and choice by offering options of support, including culturally specific, peer specific or need specific options.

Insights

- When funding ‘starts and stops’.
- People have to be ready to be supported.
- Criteria as a barrier to accessing support.

Insights

- When it comes to mental health support one size does not fit all.
- Peer support.
Be responsive to cultural needs and preferences

Provide support and develop ways of working that are culturally relevant to the people accessing support.

Provide timely support

Ensure people receive the right support when they need or want it ‘in the moment’ of their need.

Insights

- Culturally specific support has positive outcomes.
- Culturally specific workforce development.

Enabling support services to spend more time in support.

Timeliness and time is important when accessing support and services.
Go to where people are

Provide more access to support by going to the places where people are, in their communities and on their terms, leveraging familiarity and existing relationships. Work with community based partners that have existing relationships within or are part of the “community”.

Develop trusted relationships

Create ways of working both individually and across integrated teams to enable trusted relationships to develop between people and services, within services and across services.

Insights

Humanising technology support (including telehealth).

Increasing access to support by going to “where people are at”.

The immense value of the trusted relationship within mental health can sometimes be undervalued.
Support landscape

The people who provide support and the places where support is accessed, focussing on the general practice team, NGO support and outreaching into the community
FIT FOR THE FUTURE

THE SUPPORT LANDSCAPE

The support landscape describes a collaborative, relational and person-centred approach to supporting people with mental health needs in primary care and the community. It is underpinned by the 12 principles and focusses on three key areas:

- **Development of an integrated general practice team who can provide effective and timely support to people with health, wellbeing and social needs.**
- **“Going to where are people are” by increasing access to support within communities.**
- **Providing walk alongside, community based NGO support through Awhi Ora – Supporting Wellbeing.**
FIT FOR THE FUTURE

INTEGRATED GENERAL PRACTICE TEAM

What
An integrated general practice team who provide timely, effective support to people with health, wellbeing and social needs.

Who might be part of the integrated team
- GP
- Practice nurse
- Mental health practitioner
- Mental health credintialed nurse
- Peer health coach / health coach
- NGO support worker

Examples of support
- Brief interventions
- Talking therapies
- Self-management groups
- Social navigation
FIT FOR THE FUTURE

COMMUNITY - “GOING TO WHERE PEOPLE ARE”

What
Bringing support closer to home by increasing points of access within communities

Who might be involved

- Integrated GP practice team
- NGOs
- PHOs
- Digital and tele therapy service providers

Examples of support

- GP consults/brief interventions in communities clinics for example, marae, churches, schools
- Community group therapy
- Teletherapy
- E therapy
- In community NGO support
AWHI ORA – SUPPORTING WELLBEING

**What**
A community based walk alongside support service which helps people to work on the things that matter to them. It is accessed through general practice, social sector providers and via self-introduction. The support worker provides the in community supports that enable the integrated team to deliver a holistic response. They also play a key role in connecting with people who do not go to general practice.

**Who**
- Mental Health NGOs

**Examples of support**
- One to one wellbeing support
- Social support for example housing, employment
- Health and social services navigation and advocacy
Charlotte’s Journey

A young mum who struggles to cope with her sub-standard housing and wheezing baby and resorts to alcohol as a coping mechanism.

Introducing to Mental health practitioner for one off talking therapy and given techniques to manage her panic attacks, low mood and alcohol use. He suggests calling telehealth for further support.

Attends an appointment at the GP for baby who is wheezing. During appointment she breaks down crying explaining that she can’t cope.

Introduced to practice nurse who is mental health credentialed. Nurse de-escalates situation and supports Charlotte to draw up an action plan based on immediate and ongoing needs.

Mental health practitioner connects her with Awhi Ora support worker who helps to support her housing needs and reinforces and builds on the coping strategies she has learnt.

Introduced to Mental health practitioner for one off talking therapy and given techniques to manage her panic attacks, low mood and alcohol use. He suggests calling telehealth for further support.
Isaiah’s Journey

A young Pasifika student who is getting into trouble at school and feels disconnected from his family and culture. His school teacher refers him to school counselling services after getting into fights with other students.

After getting into fights with kids at school, Isaiah is connected to the School Counsellor who is part of a school based programme. The Counsellor listens to his concerns and needs and provides some brief intervention.

As time passes and Isaiah feels more confident in his situation, he decides with his Peer Health Coach to tell his family what’s been happening for him.

The School Counsellor introduces Isaiah to a Peer Health Coach who he meets at school after 3:30 as part of a community hub programme taking place in his area. They spend time creating strategies to manage his anger issues.

As time passes and Isaiah feels more confident in his situation, he decides with his Peer Health Coach to tell his family what’s been happening for him.
Manu’s Journey

A middle aged Māori male who lives in emergency housing after losing his job due to severe depression. He feels isolated and doesn’t feel comfortable reaching out for support.

The Mental Health Practitioner sees Manu straight away and provides talking therapy over the course of a few weeks. He also encourages him to continue going to group therapy and meet with Awhi Ora to support him in finding a job.

Over the course of 5 months, Manu builds his confidence to start applying for new jobs.

Manu feels comfortable talking to the GP about his health with Rangimarie’s support. The GP recommends some low impact exercises. He also identifies that Manu might benefit from some one to one support to get his wellbeing back on track.

Through the group Manu learns that other people experience depression and picks up strategies that help him manage it. Over the course of the group, Manu discloses that he often finds himself short of breath. Rangimarie offers to go with Manu to the GP to have it checked and he accepts.

Manu is introduced to a Support Worker called Anaru from Awhi Ora through the church near his emergency accommodation. Both connect culturally. Anaru tells him he’s not alone and invites him to a group that meets every week at another church. Anaru goes along with Manu and introduces him to Rangimarie (Peer Health Coach) who facilitates the group.

Awhi Ora (NGO Support)

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Concepts at a glance

A set of concepts that illustrate how the principles of practice might be applied.
Concepts at a glance

All of these concepts are examples of how principles of practice can inform potential ideas for change. This is not a prescriptive list, they are examples that could be used as a springboard to creating prototypes that might work for different practices and that could be adapted to meet the needs of individual practices.

**My Action Plan**
An action plan that helps those in distress and focuses on need. Step-by-step support and approaches to enable well being and support self-management.

**Conversation cards**
A deck of cards in waiting rooms that people can pick and choose from to use as prompts for discussion at appointments.

**My goals and aspirations**
A goals and aspiration plan to support a person in achieving their goals and aspirations.

**Family and whānau appointments**
Set specific time aside for family appointments and advertise in practice so that families know about this option.

**Comfy environments**
Develop a comfortable environment in practice or during consultation that facilitates open and easy conversations about mental health and wellbeing. Build on the positive benefits of tactile therapies in practice to put people at ease and help further lessen anxiety.

**Groups made easy**
Increase access and promote the use of groups such as peer support groups, self-management groups and mindfulness groups to help people understand their experiences. Access to groups should be made as easy and accessible as possible.

**My story tool**
A tool to help people disclose issues with their family when it is difficult to talk about mental health, and a tool for families to establish communication and support methods.

**Normalise conversations about mental health**
Quarterly service expo increasing awareness for what’s available and engagement that is face to face and local. Bringing providers from one area together makes visible what services are available and what services might be missing.

**Wellbeing expo**
Quarterly service expo increasing awareness for what’s available and engagement that is face to face and local. Bringing providers from one area together makes visible what services are available and what services might be missing.
PRINCIPLE

Address people’s holistic needs

My Health Team
Joint GP/social services consult at home, at the general practice or in the community.

Prescription plus
Extend the notion of "prescription" so that it extends beyond traditional medicines e.g. groceries, house insulation, sports. A template that can be generated easily.

“A” team framework
Tool to identify what are the key principles to put in place to create a resilient team, which is tailored to teams, locations etc.

Family and whānau appointments
Set specific time aside for family appointments and advertise in practice so that families know about this option.

Conversation cards
A deck of cards in waiting rooms that people can pick and choose from to use as prompts for discussion at appointments.

My goals and aspirations
A goals and aspiration plan to support a person in achieving their goals and aspirations.

Help people to help themselves

My story tool
A tool to help people disclose issues with their family when it is difficult to talk about mental health, and a tool for families to establish communication and support methods.

Self care kit
A kit for people to support self management. Graphically inviting and covering a range of self management techniques such as:
- Quick tips
- Meditation how to
- Pinch points

Family and whānau appointments
Set specific time aside for family appointments and advertise in practice so that families know about this option.
Concepts at a glance – continued

**PRINCIPLE**

Connect for the whole journey

**My Action Plan**
An action plan that helps those in distress and focusses on need. Step by step support and approaches to enable well being and support self management.

**My Access Card**
A card that is focussed on more than community services i.e mental health access that can be given to selected people for:
- Free consults or extended consults
- Transport
- Prescription

**Wellbeing pop up**
Increase access points in the community by creating a pop up type access point to talk about wellbeing. This could focus on cultural aspects and target users. For example a mental health practitioner made available for informal chats where a Pasifika arts group is being held.

**One size doesn't fit all**

**My story tool**
A tool to help people disclose their issues with their family when it is difficult to talk about mental health, and a tool for families to establish communication and support methods.

**My Action Plan**
An action plan that helps those in distress and focusses on need. Step by step support and approaches to enable well being and support self management.

**My Access Card**
A card that is focussed on more than community services i.e mental health access that can be given to selected people for:
- Free consults or extended consults
- Transport
- Prescription

**Trip advisor**
A tool that highlights health, wellbeing and community services available. Each service is rated by those who provide services and those who access services. Similar to trip advisor concept.

**My story tool**
A tool to help people disclose issues with their family when it is difficult to talk about mental health, and a tool for families to establish communication and support methods.
PRINCIPLE
Provide timely support

“A” team framework
Tool to identify what are the key principles to put in place to create a resilient team, which is tailored to teams, locations etc.

Tele-health plus
Incorporating telehealth as a support option for people, promoted by GPs and other health professionals. This focuses on enabling GPs and other professionals to activate support for people in support limbo i.e. after hours but not in crisis, it also enables the person to activate support for themselves.

Digital Therapy
Promote the use of existing digital therapies as a support option. Leverage digital platforms to raise awareness and normalise mental health and wellbeing. Build on the knowledge of experts, community support workers and peers to develop digital based platforms and apps that people can access from anywhere and on their terms.

My Action Plan
An action plan that helps those in distress and focuses on need. Step by step support and approaches to enable well being and support self management.

PRINCIPLE
Develop trusted relationships

Comfy environments
Develop a comfortable environment in practice or during consultation that facilitates open and easy conversations about mental health and wellbeing. Build on the positive benefits of tactile therapies in practice to put people at ease and help further lessen anxiety.

Video Icebreaker
Videos of the GP team displayed in waiting rooms, where they disclose something about themselves to remove power imbalance and build rapport.

Warm handovers
When introducing people to other health professionals or services, where possible a warm handover to be utilised to support the development of trusted relationships.

Trip advisor
A tool that highlights health, wellbeing and community services available. Each service is rated by those who provide services and those who access services. Similar to trip advisor concept.
Concepts at a glance – continued

**Go to where people are**

- **My Health Team**
  Joint GP/social services consult at home, at the general practice or in the community.

- **School wellbeing hub**
  Put a culturally appropriate wellbeing hub into schools between 3.30pm and 5.00pm to include GPs, therapists, group support, health coaches.
  Where programmes such as the Enhanced school based Health service programme have been setup, utilise these facilities outside of normal school hours.

- **Community Hubs**
  Put wellbeing hubs, including culturally appropriate hubs, into known areas of the community and include GPs, therapists, group support, health coaches.

- **Digital Therapy**
  Promote the use of existing digital therapies as a support option. Leverage digital platforms to raise awareness and normalise mental health and wellbeing. Build on the knowledge of experts, community support workers and peers to develop digital based platforms and apps that people can access from anywhere and on their terms.

- **Tele-health plus**
  Incorporating telehealth as a support option for people, promoted by GPs and other health professionals. This focuses on enabling GPs and other professionals to activate support for people in support limbo i.e. after hours but not in crisis, it also enables the person to activate support for themselves.

**Be responsive to cultural needs and preferences**

- **Cultural Investment**
  Increase access to Māori and Pasifika providers to enable them to provide more culturally specific services to people and to train existing workforce.

- **“A” team framework**
  Tool to identify what are the key principles to put in place to create a resilient team, which is tailored to teams, locations etc.

- **Te Whare Tapa Whā**
  Increase the use of Te Whare Tapa Whā as a way to understand a person’s needs.
My Action Plan

An action plan that helps those in distress and focuses on need. Step by step support and approaches to enable well being and support self management.

Digital Therapy

Promote the use of existing digital therapies as a support option. Leverage digital platforms to raise awareness and normalise mental health and wellbeing. Build on the knowledge of experts, community support workers and peers to develop digital based platforms and apps that people can access from anywhere and on their terms.

Zoom in

Zoom/skype sessions, either one to one or in groups facilitated by health professionals.

Be persistent

Recognise lived experience

Peer role creation

Promote the value and opportunities of peer roles in health. Provide free training to those with lived experience to increase peer workforce. Lived experience would be a pre-requisite to join the training programme.

Recognise lived experience
Next steps
Next steps

**Prototyping**
Develop ideas to road test the framework

**Testing**
Learn about what is required for ideas to succeed in the real world.

**Selecting**
Selection process to take prototypes forward

**Pilot**
Learn about what is required for them to succeed in the real world

**Scale and Implementation**
Scalability of the service and implementation

October - April

April - September
Appendix

A description of each concept
Theme: Community
HMW statement we are responding to: Build community capability

Name of idea: Knowledge exchange

Description:
2 week – 3 month social service secondment in GP practice to gain insight into each others worlds, build capability, share information and look for opportunities for working together.

A quote that this responds to:
"There are social needs and then they get picked up. So then people can go to their home and look at their financial problems or other social problems."

Benefits to the Experimenter:
- People I work with understand who else I am working with.
- Broader understanding of how my GP supports me

Benefits to the Expert:
- Closer to community
- Broadened perspectives
- Relationships I can leverage off
- More tools in my tool box

Where does this fit in the Experiencers journey?

Options for support

What parts of the system does this idea connect to?
Who are the key people? Where does this live (in the community, sports club, GP)?
- Other professionals - Social workers
- Other agencies – WINZ
- Local NG – Budgeting
- Churches
- Communities
- GP

Principles that underpin this idea:
- Collaborative
- Relational
- One system – Health and social
**Theme:** Community

**HMW statement we are responding to:** Deliver services in community settings

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<thead>
<tr>
<th>Name of idea:</th>
<th>Roving roster</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>Wellbeing professionals running clinics in community on a regular basis and delivering support at different locations on a rolling basis.</td>
</tr>
</tbody>
</table>

---

**A quote that this responds to:**

“I think my biggest thing is that I just want to help our community. We are all on the same page, I just think if I can share my story to people who are struggling in that area and my story can help them to see some kind of hope”

---

**Benefits to the Experiencer:**

- Professionals go to the community, reducing barriers to access.
- Regular and reliable service provision.

**Benefits to the Expert:**

- Support people where they feel comfortable
- Build understanding of the community
- Early intervention

---

**Where does this fit in the Experiencers journey?**

![Point of contact](image)

---

**What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?**

- Marae
- Church
- Workplace
- NGO

---

**Principles that underpin this idea:**

- Reduce barriers
- Creating trusted relationships
Theme: Community
HMW statement we are responding to: HMW learn from what exists

Name of idea:
Travelling duo of health coaches

Description:
Duo is paid to take the best of what works to one region, to implement in other areas. Intentionally replicating best practice, through building leaders in new areas.

A quote that this responds to:
But there is no strategic sort of umbrella where you know someone like myself could say what do I do with that situation, that kid with ADHD, young parenting or I know a little bit here and a little bit here but in-between oh I didn’t know this, there is heart parenting group there, there is…

Benefits to the Experiencer:
- Increased access to services (equity across regions)
- Increasing community based support.

Benefits to the Expert:
- Develop and build capability
- Career development
- Creates consistency
- Iterative learning and service development

Where does this fit in the Experiencers journey?

What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?
- In the community
- School hubs

Principles that underpin this idea:
- Activating communities
- Building capability
- Start from the centre of each community
**Theme:** Community

**HMW statement we are responding to:** HMW engage youth and hard to reach communities?

<table>
<thead>
<tr>
<th>Name of idea:</th>
<th>Well Being pop up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>Get into hard to reach communities and youth by creating a pop up type access point to talk about wellbeing. This could focus on cultural aspects and target users. For example a M.H Practitioner in a Pasifika arts group.</td>
</tr>
</tbody>
</table>

**A quote that this responds to:**

“Wherever young people hang out, go to them, don’t make them come to us, because they won’t that’s what we know… in the current system they won’t”

<table>
<thead>
<tr>
<th>Benefits to the Experiencer:</th>
<th>Benefits to the Expert:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local and familiar environment</td>
<td>• Getting out of the office</td>
</tr>
<tr>
<td>• Early prevention</td>
<td>• Building relationships with user you wouldn’t usually connect with</td>
</tr>
</tbody>
</table>

**Where does this fit in the Experiencers journey?**

- Early prevention

**What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?**

- Communities/clubs
- Health professionals

**Principles that underpin this idea:**

- Early prevention
- Lowering the barriers to entry
- Peer support
**Theme:** Community

**HMW statement we are responding to:** Raise awareness of services to the provider and clients

<table>
<thead>
<tr>
<th>Name of idea:</th>
<th>Wellbeing expo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>Quarterly service expo increasing awareness for what’s available and engagement that is face to face and local. Bringing providers from one area together makes visible what services are available and what services might be missing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits to the Experiencer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Everything under one roof</td>
</tr>
<tr>
<td>• Face to face</td>
</tr>
<tr>
<td>• Out of office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits to the Expert:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Everything under one roof</td>
</tr>
<tr>
<td>• Face to face</td>
</tr>
<tr>
<td>• Out of office</td>
</tr>
<tr>
<td>• Peer to peer storytelling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where does this fit in the Experiencers journey?</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Potentially initial point of contact" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What parts of the system does this idea connect to?</th>
<th>Who are the key people? Where does this live (in the community, sports club, GP)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community</td>
<td>• Community</td>
</tr>
<tr>
<td>• Service providers and users</td>
<td>• Service providers and users</td>
</tr>
<tr>
<td>• School health teams</td>
<td>• School health teams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principles that underpin this idea:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local</td>
</tr>
<tr>
<td>• Face to face/relational</td>
</tr>
<tr>
<td>• Trust building</td>
</tr>
<tr>
<td>• Low barriers to entry</td>
</tr>
</tbody>
</table>
Theme: **Community**

HMW statement we are responding to: **Utilise flexible funding to support people’s needs better?**

Name of idea: **My Health Team**

Description:

Joint GP/social services consult at home, at the General Practice or in the community.

A quote that this responds to:

“...our whanau feels more comfortable going somewhere that feels safe...”

Benefits to the Experiencer:

- access to multiple services at once reduces time
- gets need assessment faster
- holistic view
- all organisations on the same page

Benefits to the Expert:

- all on the same page at same time
- user context seen / their environment

Where does this fit in the Experiencers journey?

In the community / close to home / church

What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?

Social services, GP's, NGO's / Community organisations and spaces

Principles that underpin this idea:

- taking a holistic approach to care
- easier sharing of information across agency
- going to where people are
### Theme: Community

**HMW statement we are responding to:** Create confidence and understanding across support teams?

<table>
<thead>
<tr>
<th>Name of idea:</th>
<th>Warm handovers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>Extend warm handovers beyond Awhi Ora by having people in community who link into the GP and walk alongside. (Possibly peer health coach recruited from community)</td>
</tr>
</tbody>
</table>

**A quote that this responds to:**

“What she does is really puts herself out there for the people and everybody knows that if we want anything done, let’s go and see her. So that is what she does and I just think you need more people like that.

**Where does this fit in the Experiencers journey?**

- In the community / close to home
- / church / around and about

**What parts of the system does this idea connect to?**

Who are the key people? Where does this live (in the community, sports club, GP)?

Person / peer health coach / GP / PN and wider team

**Benefits to the Experincer:**

- continuity of support
- a familiar face
- talk in my language
- only telling my story once
- more personal connection

**Benefits to the Expert:**

- person feels more comfortable
- deeper understanding of the persons context
- more personal connection

**Principles that underpin this idea:**

- person centred
- relational
- collaborative
- integrated
<table>
<thead>
<tr>
<th>Theme:</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMW statement we are responding to:</td>
<td>Meet the wellbeing needs of Maori and Pasifika in a way that is appropriate and complementary to their culture</td>
</tr>
</tbody>
</table>

**Name of idea:**

**Cultural Investment**

**Description:**

Increase funding to Maori and Pasifika providers to enable them to provide more culturally specific services to users and to train existing practice workforce.

**A quote that this responds to:**

When I look at the for Pacific by Pacific health services, they’ve got full waiting rooms of people stacked up there, because they feel comfortable with those Dr’s because they know the culture

**Benefits to the Experiencer:**

- Culturally specific
- Increased access
- Early intervention

**Benefits to the Expert:**

- Increased competence and capability

**Where does this fit in the Experiencers journey?**

![Throughout]

**What parts of the system does this idea connect to?**

Who are the key people? Where does this live (in the community, sports club, GP)?

- GP practice team

**Principles that underpin this idea:**

- Whole of system approach
- Cultural recognition
- Person centred
<table>
<thead>
<tr>
<th>Name of idea:</th>
<th>My Access Card</th>
</tr>
</thead>
</table>
| Description: | A card can be given to selected people for:
- Free consults x 4
- Extended consults
- Transport
- Prescription
(focused more than community services i.e MH access) |
| A quote that this responds to: | “flexi funding hey…Yeah it is a beaut, it has been a very nice package for us as a practice. |
| Benefits to the Experiencer: | • Comprehensive support
• Stress eased through no cost |
| Benefits to the Expert: | • Reduces admin and paperwork
• Targeted support, tailored to client |
| Where does this fit in the Experiencers journey? | GP practice |
| What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)? | G.P
- Pharmacy
- Transport system
- Support services |
| Principles that underpin this idea: | • Reducing barriers to access
• Needs first |
Theme: Group intervention

HMW statement we are responding to: Normalise attending therapeutic group supports

Name of idea: Groups made easy

Description:
Increase access and promote the use of group intervention such as peer-to-peer support group models or mindfulness to help people understand their experiences in context. Access to groups should be made as easy and accessible as possible.

A quote that this responds to:
"so what I think is valuable about group work is that you can actually learn from others, they're going through similar stuff"

Benefits to the Experiencer:
- Puts experiences in context
- Developing self-management skills
- Sharing skills through facilitation and peer-to-peer
- Feeling part of community

Benefits to the Expert:
- One-to-many is more efficient
- Not location specific
- Promotes self-management.

Where does this fit in the Experiencers journey?

Where does this fit in the Experiencers journey?

Support option > Self management

What parts of the system does this idea connect to?
Who are the key people? Where does this live (in the community, sports club, GP)?

- Specialist psychological services
- GP
- Community groups

Principles that underpin this idea:
- A safe space
- Easy access in community
- Open access – repeat attendance
- Peer to peer learning
Theme: Group intervention

HMW statement we are responding to: Create the what, where, who of mindfulness

<table>
<thead>
<tr>
<th>Name of idea: Mindfulness Directory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
</tr>
<tr>
<td>1. A campaign that promotes the awareness of mindfulness groups:</td>
</tr>
<tr>
<td>- What it is</td>
</tr>
<tr>
<td>- Where it is</td>
</tr>
<tr>
<td>- How do I access it</td>
</tr>
<tr>
<td>2. Provide and resource people. Train more of the workforce to run mindfulness group sessions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A quote that this responds to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Kids are doing it in Schools now yeah Mindfulness.. Should start younger and then I guess you know it stops when they finish school&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits to the Experiencer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More access and choice</td>
</tr>
<tr>
<td>• Good support pending one to one support</td>
</tr>
<tr>
<td>• Increase understanding of what mindfulness is</td>
</tr>
<tr>
<td>Benefits to the Expert:</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>• Another option to help people</td>
</tr>
<tr>
<td>• Cost effective</td>
</tr>
<tr>
<td>• Supports self management</td>
</tr>
<tr>
<td>• Reduces consult time</td>
</tr>
</tbody>
</table>

Where does this fit in the Experiencers journey?

At any stage

What parts of the system does this idea connect to?
Who are the key people? Where does this live (in the community, sports club, GP)?

• Connected into the groups through primary care or other support points
• Run in primary care or the community

Principles that underpin this idea:

• Health education
• Options and choices
• Wellbeing in the community
<table>
<thead>
<tr>
<th>Name of idea:</th>
<th>Comfy Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>Develop a comfortable environment in practice or during consultation that facilitate open and easy conversations about MH and wellbeing. Build on the positive benefits of tactile therapies in practice to put users at ease and help further lessen anxiety.</td>
</tr>
<tr>
<td>A quote that this responds to:</td>
<td>From a physical perspective, he engaged me one to one, rather than you and I sitting here talking across a table.. I was able to get the sense he was totally engaged</td>
</tr>
</tbody>
</table>
| Benefits to the Experiencer: | Comfortable and easier to open up  
Feels like the expert is engaged and interested  
Helps normalise MH conversation  
Decrease power imbalance between expert and patient.  
Enables open conversation to support holistically |
| Benefits to the Expert: | |
| Where does this fit in the Experiencers journey? | In practice  
In community |
| What parts of the system does this idea connect to? | GPs, psychologists and wider practice team |
| Principles that underpin this idea: | Supporting people to feel comfortable  
Open communication |
Theme: In practice
HMW statement we are responding to: Normalise conversations about mental health

Name of idea: Conversation cards

Description:
A deck of cards in waiting rooms that users can pick and choose as prompts for appointments

A quote that this responds to:
“And it is quite, you know a counsellor can’t really do that initially, it takes a while, time to build the rapport”

Benefits to the Experiencer:
• Normalised and de-mystify
• Gives me the language

Benefits to the Expert:
• Conversation starters
• Patient identifies what matters to them most

Where does this fit in the Experiencers journey?

What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?
• Front desk/waiting room
• G.P

Principles that underpin this idea:
• Self empowerment
• Self awareness
• Early intervention
### In practice

**HMW statement we are responding to:** Provide a menu of options to people

---

#### Name of idea:

Health coach presence

#### Description:

Health coach in the GP own the environment within the practice and bring it to life. Chill out zone with a cup of tea.

#### A quote that this responds to:

“They also had a primary care liaison nurse as well, this one I was talking about, and so she did a lot of the referrals or introductions to services”

#### Benefits to the Experiencer:

- Comfortable conversation spaces
- Impromptu conversations

#### Benefits to the Expert:

- Take away barriers to entry
- Closer to individual
- More impact

---

#### Where does this fit in the Experiencers journey?

- **In practice**

---

#### What parts of the system does this idea connect to?

- GP practice

#### Principles that underpin this idea:

- Make the physical environment welcoming
- There when you need it – no apt needed
<table>
<thead>
<tr>
<th>Theme: In practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMW statement we are responding to: Create familiarity when it doesn't exist</td>
</tr>
</tbody>
</table>

**Name of idea:** Video Icebreaker

**Description:**
Videos of the GP team, where they disclose something about themselves to decrease power imbalance and build rapport

**A quote that this responds to:**
“she is amazing. She really cares for her community and she really puts herself out there”

**Benefits to the Experiencer:**
- Puts them at ease, introduction without the pressure
- Enables people to open up and talk about their need

**Benefits to the Expert:**
- Generates friendly atmosphere
- Could promote team culture

**Where does this fit in the Experiencers journey?**

```
| GP Clinic |
```

**What parts of the system does this idea connect to?**
Who are the key people? Where does this live (in the community, sports club, GP)?
- GP, PN and wider practice team

**Principles that underpin this idea:**
- Open communication
- Human
- Friendly atmosphere
Theme: Needs first

HMW statement we are responding to: Focus on personal aspirations as a common approach to support

Name of idea: My Goals and aspirations

Description: Refocussing conversations. Having an open ended question conversations, giving professionals a toolkit to uncover goals and potentials

A quote that this responds to:
One of our key focuses is on realising dreams and aspirations... because they're doing something they love, not what we want them to do

Benefits to the Experiencer:
- Positive approach/ strengths based
- Easy way to build rapport
- Creating a partnership in care/tailor care

Benefits to the Expert:
- Helps to build trust
- Creates buy-in/partnership in care
- Creates transparency breaks down language barriers

Where does this fit in the Experiencers journey?

Goal setting and throughout

What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?
- Awhi Ora
- Social support
- Employment support
- GP
- Etc

Principles that underpin this idea:
- Person centred
- Shared understanding
- Strengths based
**Theme:** Needs first

**HMW statement we are responding to:** Increase awareness, relevance and timeliness of support

### Name of idea:
My Needs tool

### Description:
A tool for professionals to use to quickly understand what’s available related to specific needs. Could be delivered by a person, poster or app. Focuses on giving the right intervention at the right time.

### Draw it:
![Diagram of the My Needs tool](image)

### A quote that this responds to:
*My GP didn’t know what was out there*”

### Benefits to the Experiencer:
- Targeted and relevant support provided
- Choice and options

### Benefits to the Expert:
- Simple to navigate
- Link into social supports

### Where does this fit in the Experiencers journey?

![Image of the My Needs tool journey]

### What parts of the system does this idea connect to?
Who are the key people? Where does this live (in the community, sports club, GP)?

GP practice

### Principles that underpin this idea:
- Needs first
- The right time
- Reduced complexity
- Cross professional trust
Theme: **Needs first**

HMW statement we are responding to: **Put needs first**

Name of idea: **Prescription plus**

Description:
Extend the notion of "prescription" so that it extends beyond traditional medicines i.e. groceries, house insulation etc. sports, a template that can be generated easily.

A quote that this responds to:
It is not about a tag, it is peoples issues whether that is stress or grief or worrying about something or not sleeping. Whatever the issue is that is probably my way of looking at it

Benefits to the Experiencer:
- Holistic health and wellbeing
- Social support in an easily recognised format

Benefits to the Expert:
- The process and language resonates with GPs

Where does this fit in the Experiencers journey?

![Flowchart](image)

What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?
- GP
- Social services
- Supermarkets

Principles that underpin this idea:
- Holistic support
- Reduce constraints
- Leverage off what works/exists
**Theme:** Needs first

**HMW statement we are responding to:** How might we have no criteria

---

**Name of idea:**
Zero criteria trial

**Description:**
10 people are selected from different practices to have access to services – with no criteria and no payment necessary; free access for the duration of support

---

**A quote that this responds to:**
The way we look at mental health issues and the way we categorise and, and often it is not based on what the people’s needs are. Often it could be based on funding and how they want to pursue things

---

**Benefits to the Experiencer:**
- Free access
- Options and choices
- Meeting needs
- Stress less support

**Benefits to the Expert:**
- Learning from trial
- Needs met for complex individuals

---

**Where does this fit in the Experiencers journey?**

![Experiencers journey diagram]

---

**What parts of the system does this idea connect to?**
Who are the key people? Where does this live (in the community, sports club, GP)?

- GP practices

---

**Principles that underpin this idea:**
- People’s needs first
- Innovative practice
**Theme:** Out of hours  
**HMW statement we are responding to:** Support those in crisis outside of hours

<table>
<thead>
<tr>
<th>Name of idea:</th>
<th>Tele health plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>Proactive system which allows GPs and other professionals to activate support for individuals in support limbo i.e. after hours but not in crisis.</td>
</tr>
</tbody>
</table>

| A quote that this responds to: | “There’s no reason why we can’t set up internally to be available via telehealth so GPs know from 7pm – 7am there’s a psychologist available” |

<table>
<thead>
<tr>
<th><strong>Benefits to the Experiencer:</strong></th>
<th><strong>Benefits to the Expert:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to services outside 9-5</td>
<td>Minimise risk</td>
</tr>
<tr>
<td>Timely intervention before it escalates</td>
<td>After hours support that is cost effective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where does this fit in the Experiencers journey?</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Diagram showing the Experiencer's journey" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?</th>
<th>Principles that underpin this idea:</th>
</tr>
</thead>
</table>
| • GP  
• Homecare Medical  
• NGOs | • Early intervention  
• Options and choice |
Theme: Remote

HMW statement we are responding to: Provide psychological support when people can’t physically meet

Name of idea: Zoom in

Description:
Zoom/skype sessions, either one to one or in groups facilitated by psychologists, health professionals/health coaches.

A quote that this responds to:
“Phone I find that they can hide, it’s harder to read where they’re at, and they can fake good quite easily on the phone, so I don’t find phone to be that helpful”

Benefits to the Experimenter:
- Locally situated/no need to travel
- Can make appt myself when needed
- In a comfortable setting
- Options

Benefits to the Expert:
- Providing services to groups is cost effective
- May reduce DNA
- Requires less space

Where does this fit in the Experiencers journey?

Psychological support

What parts of the system does this idea connect to?
Who are the key people? Where does this live (in the community, sports club, GP)?
- Anywhere

Principles that underpin this idea:
- Choice and options
- Equity
<table>
<thead>
<tr>
<th>Theme: Peer Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMW statement we are responding to: Create education/training to transition people with lived experience to paid roles?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of idea: Peer role creation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description: Promote the value and opportunities of Peer roles in health and provide training for freewith lived experience as a key pre-requisite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A quote that this responds to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“…I think I can relate because of my own depression and other experiences…”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits to the Experiencer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-being supported by people who understand me</td>
</tr>
<tr>
<td>-different types of support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits to the Expert:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-wider team available</td>
</tr>
<tr>
<td>-bringing peer perspective into the team</td>
</tr>
<tr>
<td>-opportunities for Outreach</td>
</tr>
</tbody>
</table>

Where does this fit in the Experiencers journey?

![Diagram showing the journey]

Relevant throughout entire journey

What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?

GP / Community

Principles that underpin this idea:

- broadening of support
- more culturally relevant support
- building capability
- valuing lived experience as a key requirement to working in mental health
<table>
<thead>
<tr>
<th>Theme: Practice team</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMW statement we are responding to: Create and support resilient teams</td>
</tr>
</tbody>
</table>

### Name of idea:
**“A” team framework 2**

### Description:
Tool to identify what are the key principles to put in place to create a resilient team, which is tailored to teams, locations etc.

### A quote that this responds to:
“Which created a psych primary care, so a liaison nursing role. So even though it failed I found out later on something good came out of it”

### Benefits to the Experiencer:
- Tailored and specific levels of support
- Continuity of relationship

### Benefits to the Expert:
- Supports team building
- Holistic approach
- Appropriate support

### Where does this fit in the Experiencers journey?

### What parts of the system does this idea connect to?  
Who are the key people? Where does this live (in the community, sports club, GP)?

- GP practice team
- Social sector

### Principles that underpin this idea:
- Tailored
- Warm handover
- Culturally appropriate
- Specific to needs
<table>
<thead>
<tr>
<th>Theme: Practice team</th>
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<tbody>
<tr>
<td>HMW statement we are responding to: Enable experts to walk in the shoes of experiencers</td>
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<table>
<thead>
<tr>
<th>Name of idea:</th>
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<tbody>
<tr>
<td>Walk in my shoes</td>
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<table>
<thead>
<tr>
<th>Description:</th>
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<tbody>
<tr>
<td>Providers have an experience of services as a way of understanding the offer and build a relationship with a provider to bring it to the front of mind.</td>
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<table>
<thead>
<tr>
<th>A quote that this responds to:</th>
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<tbody>
<tr>
<td>“I can honestly say that I am pretty naive as to what is out there.”</td>
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<table>
<thead>
<tr>
<th>Benefits to the Experiencer:</th>
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<tbody>
<tr>
<td>• Introduced to services and supports validated and recommended by practice team</td>
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<thead>
<tr>
<th>Benefits to the Expert:</th>
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<tr>
<td>• Knowledge of how other supports operate and their value</td>
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<tr>
<td>• More likely to build connections with other providers</td>
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<table>
<thead>
<tr>
<th>Where does this fit in the Experiencers journey?</th>
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<tbody>
<tr>
<td><img src="image" alt="Planning support" /></td>
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<table>
<thead>
<tr>
<th>What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GP</td>
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<tr>
<td>• Other services</td>
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</table>

<table>
<thead>
<tr>
<th>Principles that underpin this idea:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In my shoes</td>
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<tr>
<td>• Advocacy</td>
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<tr>
<td>• Going the extra mile</td>
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<tr>
<td>Theme:</td>
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<tr>
<td>HMW statement we are responding to:</td>
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**Name of idea:**
Digital Therapies

**Description:**
Leverage digital platforms to raise awareness and normalise mental health and wellbeing. Build on the knowledge of experts, community support workers and peers to develop digital based platforms and APP’s that people can access from anywhere and on their terms. Incorporate cultural significance and increase access to services.

**A quote that this responds to:**
“Yes that’s right, people have actually asked me if they can record the meditation sessions and listen to them at home”

**Benefits to the Experiencer:**
- Accessed when and where ever they need.
- Digital platforms opens up opportunities for collaboration and community.

**Benefits to the Expert:**
- A broader reach, one to many approach.
- A digital engagement can open new doors to collaboration and “whats out there”

**Where does this fit in the Experiencers journey?**
Throughout

**What parts of the system does this idea connect to?**
- GP practice team
- User
- Communities
- Peers

**Principles that underpin this idea:**
- Collaboration of individuals and groups.
- Access to an online community
- Understanding needs first
Theme: Self-Management

HMW statement we are responding to: Design a self care kit

Name of idea:
Self care kit

Description:
A kit for people to enable self-management. Graphically inviting and covering a range of self-management techniques such as:
- Quick tips
- Meditation how to
- Pinch points
- Balveer’s voice

A quote that this responds to:
“Having something in front of you from a written perspective to refer back to is always useful as well”

Benefits to the Experiencer:
- Promotes self care
- A form of support if you have to wait (outside 9-5)

Benefits to the Expert:
- Another option
- Reduces risk

Where does this fit in the Experiencers journey?

What parts of the system does this idea connect to?
Who are the key people? Where does this live (in the community, sports club, GP)?
- Can be assessed or discussed anywhere – GP, spots clubs, NGO etc

Principles that underpin this idea:
- Promotes self efficacy
- Timely care when needed
**Theme:** Tools  
**HMW statement we are responding to:** Make/ create action plans to be available to everyone

<table>
<thead>
<tr>
<th>Name of idea:</th>
<th>My Action</th>
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<tbody>
<tr>
<td>Description:</td>
<td>An action plan that helps those in distress and focusses on need. Step by step support and approach to enable well being and leading to self management.</td>
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**A quote that this responds to:**  
"So I would go to a social service and I would tell them my situation and would ask for help and they would tell me about these places. So I would go to these places and to be honest – I wouldn’t hear back from many of them."

<table>
<thead>
<tr>
<th>Benefits to the Experiencer:</th>
<th>Benefits to the Expert:</th>
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<tbody>
<tr>
<td>Move from distress to clear actions</td>
<td>Helps identify priorities</td>
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<tr>
<td>Empowers</td>
<td>Identifies actions</td>
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<td>Shares burden</td>
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**Where does this fit in the Experiencers journey?**  
[Diagram: As soon as engages]

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<thead>
<tr>
<th>What parts of the system does this idea connect to?</th>
<th>Principles that underpin this idea:</th>
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</thead>
<tbody>
<tr>
<td>Anywhere within the support system</td>
<td>Action focussed</td>
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<td>Collaborative</td>
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<td>Empowerment</td>
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Fit for the Future  
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Theme: Tools

HMW statement we are responding to: Provide a menu of options for people

Name of idea: Te Whare Tapa Wha

Description:
Reintroduce the use of the Te Whare Tapa Wha as a tool to understand a person's needs

A quote that this responds to:
It was like a really good understanding of what Te Whare Tapamoro, the structure of the house and all our Ti nana, Wairua and all of that was explained through our house instruction. So if one wall falls down, they all collapse. So for me it was like, oh – that's cool and I didn't see our body being like that.

Benefits to the Experiencer:
- Culturally appropriate
- Holistic
- Unlocks needs
- Increase self awareness
- A way to understand need
- Holistic
- Easy way to increase cultural capability

Where does this fit in the Experiencers journey?

Throughout

What parts of the system does this idea connect to? Who are the key people? Where does this live (in the community, sports club, GP)?
- GP services

Principles that underpin this idea:
- Culturally appropriate
- Self awareness/self management
**Theme:** Awareness

**HMW statement we are responding to:** Make Primary care aware of what services are out there and what works.

**Name of idea:**
Trip advisor

**Description:**
A tool that highlights the services available. Each service is rated and has ratings from Users experience and the health practitioner. Similar to trip advisor concept.

**A quote that this responds to:**
'I'm pretty well ignorant, I have to be honest with you, there are things I've never heard of'

**Where does this fit in the Experiencers journey?**

*Once engaged in services.. Practitioner or primary care.*

**What parts of the system does this idea connect to?**
User / Primary care and support services.

**Principles that underpin this idea:**
- Empowerment
- Share the love / knowledge
- Whole of person care.
**Theme:** Whanau centred support

**HMW statement we are responding to:** Increase whanau support

**Name of idea:** Family appointments

**Description:**
Set specific time aside for family appointments and advertise in practice so that families know about this option

**A quote that this responds to:**
"you’ve got to deal with the whole family, and everything that comes with it, holistically"

**Benefits to the Experiencer:**
- Focus on family need
- Open communication
- Understanding how families can support each other

**Benefits to the Expert:**
- Understand whole family context to better support

**Where does this fit in the Experiencers journey?**

![Experiencers journey diagram]

**What parts of the system does this idea connect to?**
Who are the key people? Where does this live (in the community, sports club, GP)?

- GP/PN
- Community centres

**Principles that underpin this idea:**
- Whole person
- Whanau centred
| Theme: | Whanau centred support |
| HMW statement we are responding to: | Increase family awareness of need and support |
| Name of idea: | My story |
| Description: | A tool to help people disclose their issues with their family when it is difficult to talk about mental health, and a tool for families to establish communication and support methods. |

**A quote that this responds to:**
When families start sitting round the table together, it’s a way of building a family dynamic that largely is missing from a lot of households.

**Benefits to the Experiencer:**
- Gives them a way to be heard and create understanding
- Strengthens support relationships

**Benefits to the Expert:**
- Support people to tell their story
- Broaden the person’s support network
- Support option

**Where does this fit in the Experiencers journey?**

| GP | In family |

**What parts of the system does this idea connect to?**
Who are the key people? Where does this live (in the community, sports club, GP)?
- GP
- In the home

**Principles that underpin this idea:**
- Self management
- Holistic perspective
- Empowerment
Theme: Youth
HMW statement we are responding to: Link schools with other services

Name of idea:
School wellbeing hub

Description:
Put a culturally appropriate wellbeing hub into schools between 3.30pm and 5.00pm to include GPs, therapists, group support, health coaches. Where programmes such as the Enhanced school based Health service programme have been setup, utilise these facilities outside of normal school hours.

A quote that this responds to:
We’re catching those kids early and often when the families have not given permission for them to go to secondary services. So, at least we’re catching the kids but the downside is then it can be difficult to do as much work with families as we’d like. (Psychologist in School)

Benefits to the Experiencer:
- Locally situated
- Focussed on need
- Familiar environment
- Easy access
- Supportive peers
- Builds community

Benefits to the Expert:
- Team approach
- Learn about young people
- Connect with schools
- Comfortable environment

Where does this fit in the Experiencers journey?

Early intervention

What parts of the system does this idea connect to?
Who are the key people? Where does this live (in the community, sports club, GP)?
Schools

Principles that underpin this idea:
- Easy access
- Builds on existing familiarity
- Early intervention