

HDC Survey Monkey Feedback

19 people completed the questionnaire provided by Health and Disability Commission. They resided mainly in Auckland (7), followed by a national representative from Northland (2), Palmerston North (2) Wellington(2), South Island (2), Waikato, Gisborne, Taranaki and Horowhenua.

Their Iwi were also representative of the many Iwi in Aotearoa; Te Tai Tokerau: Te Rarawa, Ngai Tupoto, Ngapuhi, Ngāti Korokoro, Ngāti Hau, Ngāti Kaharau, Te Kumutu. Tamaki: Te Roroa, Te Akitai Waiohua. Waikato: Tainui, Ngāti Mahanga; Arawa: Te Arawa; Mataatua: Ngai Tuhoë, Ngāti Awa; Tai Rawhiti: Te Aitanga A Mate, Ngāti Porou; Takitumu: Ngāti Kahungunu; Hauauru: Ngāti Rangī, Taranaki, Te Ati Awa; Te Waipounamu: Ngai Tahu.

1. 18 people responded to the Question: **What is working for me and my whānau in Mental Health and Addiction services?**

There was an appreciation of mental health professionals who were willing to adapt during COVID 19 in order to continue contact and provision of services to participants.

At this time of Covid19 lockdown the supports for my whanau at the start of this emergency was amazing the mental health services and general health services have maintained continual contact with clients

Mental Health Services implemented virtual methods to provide support and contacts to people using their services. Mechanisms such as Zoom and Phone were used to connect and communicate with participants, which was received well by some, as it ensured the access to a mental health professional, and someone to talk to.

The Zoom conferencing twice daily. Ability to keep in touch by phone, text and email with our tangata

Regular phone calls, at least 3 or 4 a week.

I have recently relocated to a new city and despite the current lockdown Aotearoa is facing, I have been able to connect with a new counsellor via Zoom.

The virtual responses enabled people to remain at home, and to have the security of receiving regular contact with mental health services and professionals.

Not having to travel far to use MH services and being able to have phone reviews, whanau don't have to take time off work.

In some circumstances the responsiveness of mental health services had not changed nor improved during COVID 19. So it seemed much the same, in regard to taking too long to respond to people.

Not much has changed in regards [to] access to services as the delay is still too long and the services still use outdated letters and information

Overall participants shared:

- A preference for pro Māori responses, recommending an integration of a Māori worldview into mental health services.
- Having access to Māori lived experience workforces and Māori key workers who could connect on a deeper level rather than solely be concerned with a clinical perspective.
- Feeling accepted and supported by whanau and friends is important
- Having time out and doing the things they enjoy
- Being in a safe place, where there is no negative judgement and the freedom to self-determine one's own journey
- Encouragement by staff to build and maintain positive relationships
- Satisfaction with staff who go beyond to protect privacy and to respond sensitively to a persons situation, especially when the person is well known
- Satisfaction when clinical mental health professionals respect our views and decisions, and prompt choices with little pressure

2. 19 people responded to the question: What would most improve things for me and my whānau?

A better explanation of what mental health services are willing to offer the public, and how its services can be accessed needs to be improved, especially for whanau members of service users.

Having my whānau be confident of who they can call/approach/contact when I am too unwell to direct them myself. Example my husband knows there is a Crisis Team available but admits he has no idea how to get hold of this service.

Explaining about what is giving consent - permission to share information. Simplify welcome packs...make entry meetings to service less daunting.

Some participants requested more compassionate supports to be made available and they preferred to be able to make the choices of the types support they would use rather than be targetted with a certain approach.

More resources [needs to] be pumped into services that actually work.

I didn't want that due to privacy, trust and previous trauma issues. I am very pleased they respected that. That was better for me, therefore better for my family as I felt I could trust them more

[I am happy]with regular follow up phone calls but not for the purpose of getting through a process but for the genuine duty of care with some passion and wairua- as opposed to robotic uncaring voice

It seemed logical to participants to have access to Māori lived experience workforces who do not need to be accessed through bureaucracy layers of clinical mental health services. Not having to repeat ones story to mental health professionals each engagement was also thought to lessen if there were Māori lived experience workers who could provide support when needed.

Using peers to help whaiora get the service they need at the time they need it

Have a support person available for people who don't have a key worker or whanau support when being reviewed by a doctor to minimize unnecessary outcomes.

A better mental health system that is trustworthy of service users was raised often, suggesting mental health professionals either do not follow through on what they promise or do not take service users and their whanau concerns seriously.

[we need] more trust that the service will take them and their whanau seriously

If people within the support system, actually stuck to the things they say. As throughout my time utilizing services, this has been very inconsistent

Greater accountability to clients, open dialogue and feedback mechanisms.

Early Intervention for understanding the signs and strategies in the prevention of suicide was raised as a need. In addition to having a mental health service response that is immediate and helpful when a person's life is at risk.

Talking more about suicide and perhaps more workshops around the stigma of suicide.

Better suicide prevention support.

A 24/7 support system that does not wait until patient consents for help, or waits until they are in the act of committing suicide.

A system that has experts visiting/ or a site open, for us to deliver unwell people to.

It's really difficult to get help when a loved one is clearly in danger, e.g. spiralling down and making decisions that could drastically affect their future health or life. Unless they agreed or were in the act of suicide, it was impossible to get them help from mental health services. We instead had to wait until they committed violence on another family member to then get police intervention. There needs to be help before the damage is done.

More Kaupapa Māori mental health and addiction services and options in the community were requested. With an increase in access to Kaimahi Māori who can connect to Māori from a Te Ao Māori perspective.

More Māori kaimahi who can relate to Māori through a Māori lens. More funding for more Māori kaimahi.

A service that is genuinely kaupapa Māori that has transparent and equitable processes. That has very clear Te Tiriti o Waitangi relationships and enables local tino rangatiratanga, choice and non-medicalization as the first option.

There was also a request for less chemical restraint in the use of medications by mental health services and for the normalisation of traditional rongoa Māori practices.