Te Whatu Ora
Health New Zealand

Te-Upoko-me-Te-Karu-o-Te-Ika
Mental Health, Addiction and
Intellectual Disability Service

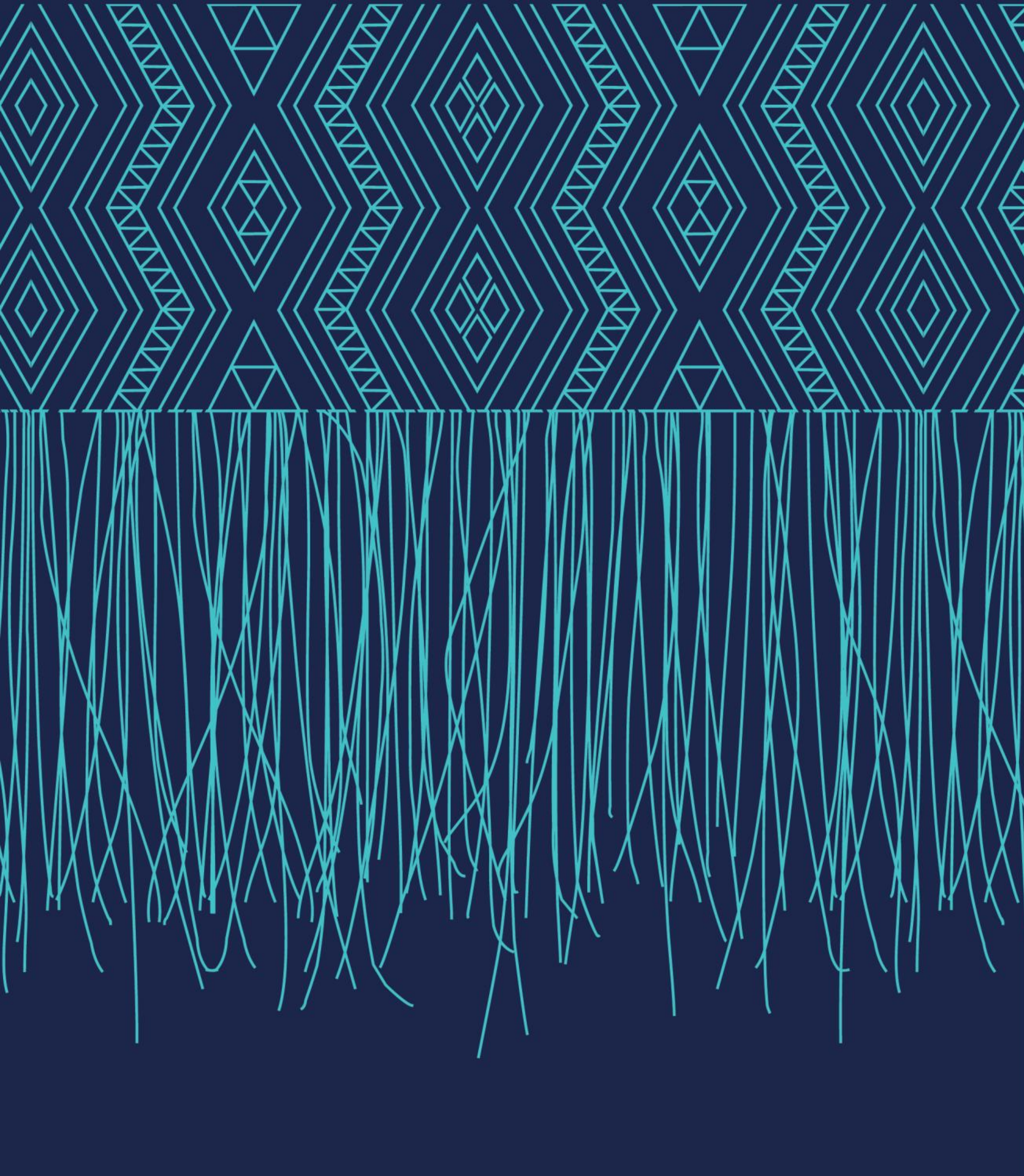
Acute adult inpatient model of care

Workshop 2 Giving life to contemporary model of care principles

Summary of outputs

6 September 2022

How will we practise in the future model?



What care and activities are provided and how?

Overarching principles

Welcoming, transparent and open communication

Safety for all

Treat in least restrictive way

Person-centred and responsive to needs with options and choice

Inclusive, holistic, restorative and skill building

Continuity and connectedness

Not a model but activities and intent:

- Te Whare Tapa Wha
- Whānau Ora
- Te Wheke
- Fonofale

Welcoming, transparent and open communication

Everyone is made to feel welcome – includes the environment and practices.

- Welcomed to the unit
- Cultural advisors

Everyone knows what to expect – understanding what the environment looks like (even if before you go through the next set of doors). Could give people a short video (on a device or on a screen in the admission area) about the unit and what it looks like.

Open communication to ensure clarity of journey – it occurs early and regularly throughout the inpatient admission. It provides clarity and transparency of what to expect (process, limits and boundaries). There is ongoing access to people who can answer questions, so people know what is happening. Expectations are managed. Staff have time to listen and there is dedicated time with staff/peer workers of this.

Language and listening is important.

Safety for all

Everyone feels safe because we meets the needs of the population, culture, disability, gender…

We understand that being in control makes people feel safe

Cultural approach is described in a script that everyone gets and it is the same time every time.

More cultural support with a focus on developing all staff to achieve (some language skills, basic tikanga).

Spaces that are culturally appropriate and changeable spaces.

Culture of respect, inclusion, equal members

Treat in least restrictive way

Our approach is to reduce unnecessary restrictions that can be unwelcoming and become triggers – people are able to maintain control and access to personal property (e.g. caffeine, charging devices, personal property) and can have control over personal spaces (e.g. locks, lighting, music, stimuli).

Person-centred and responsive to needs with options and choice

Everyone's voice is equal and heard. We take time to understand and be clear about what the person/whaiora wants and needs. We think about who is in the person's network and who is needed to add value to their journey. The person helps us to determine who needs to be involved in their recovery.

- What do you need?
- Who are your supports?
- What do you need in your room?
- Help me to understand you.
- What will help me to help you?
- What do you need to assist with spirituality?

Our approach is proactive and responsive to individual needs with frequent review and reassess points along the journey.

- People have options and can make choices.
- There are more alternate options for acute care.
- Intensity of support is tailored to individual need.
- Self-care options for tangata whaiora and staff.
- We have open discussions about what is working and not working.

We aim towards discharge and provide clarity of journey towards discharge – patient goals, ongoing recovery etc.

We provide 'buddies' present in the unit and provide intentional peer support within the unit and link with NGOs.

Inclusive, holistic, restorative and skill building

Inclusion of whānau is a key focus and we are whānau focused in all that we do.

Holistic approach to restoring wellbeing (e.g. health clinic – focus on physical health equally well)

Care and activities could include:

- Day programme or similar
- Sensory rooms and training
- Physical outlet (e.g. gym)
- Cultural – waiata
- Spa bath
- Three kitchens: Treatment, practical, whānau

Skill acquisition is promoted throughout the journey so people can learn to do things differently with continuity through inpatient care back to the community (e.g. social skills, group work/programmes and individual level support – unit, community, at home.

Continuity and connectedness

Continuity of clinicians, care and support that follow through the whole journey including inpatient and back out to the community on and post discharge. N&A, A&A meetings on the ward.

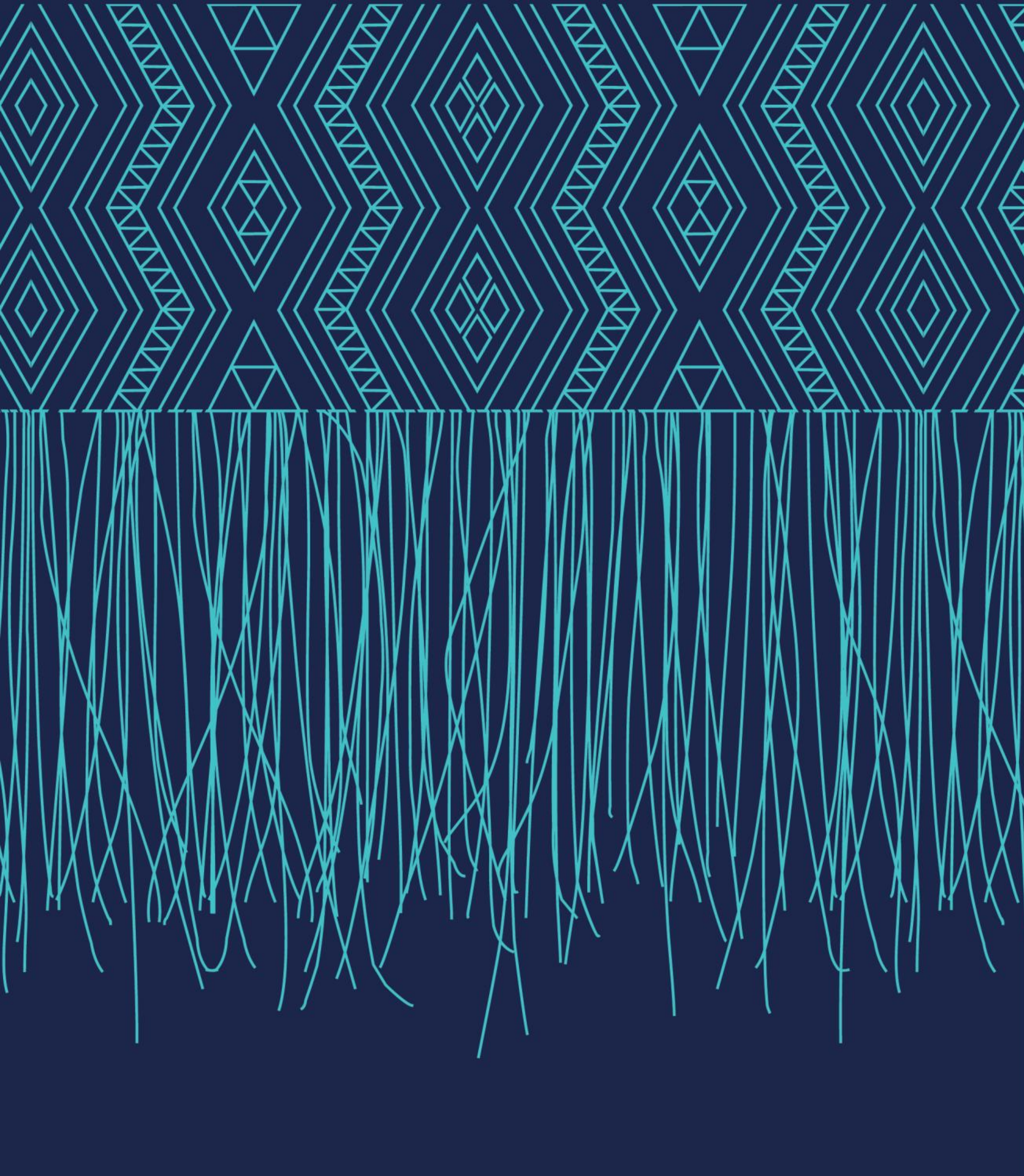
Focus on brief inpatient stays with necessary supports in place to facilitate return to the community. Support people focused on continuing support after hours with an integrated model across services.

In-reach from community services/NGOs/social services to decrease anxiety producing situations. Retain a person's community support and connectedness to the community while an inpatient to allow smooth transitions between the two.

Connectedness of staff in the unit and in the community – inpatient staff are welcoming and communicating with NGOs etc.

Crossover of staff between the community and the unit with community care team involved with inpatient care planning. Interaction with case managers and other CMHT clinicians. Community support workers can be involved in the unit and see how the plan is set up by the OT etc. Graded exposure. They can support the person out into the community.

Complimentary community programmes to follow-up, maintain and build on skills learnt (e.g. therapeutic programme implementation embedded in the community).



By whom, what workforce and training do they need?

Workforce

Our workforce:

- Is diverse and varied with a wide range of skills.
- Has the right mix of staff and skills and includes both clinical and non-clinical expertise and skills.
- And their skills are flexible and adaptive.
- Is welcoming, listens, is aware of the impact of the words we use and communicates in a way that everyone can understand.
- Can facilitate transitions and work between/across inpatient and community.
- Know each other and what each other do.
- Is appropriately trained and knowledge and training is shared.
- Has a culture of respect and inclusion – everyon is a valued and equal member of the team and we acknowledge our different expertise and focus that we offer.

Workforce

Recovery team

Kaumatua

Kaimahi

Nurses

Psychiatrists

Whaiora

Primary health

Employment consultants

Housing facilitation experts

Work and income (in-reach)

Lived experience

Addictions support (as part of unit team)

A&D support

Community liaison coordinator

Navigators

Heath planners (follow through to primary care)

Whānau workers

Advocates

Peer workforce (needs development and is used across the whole journey crisis, admission, transition and community, community connection)

Doctors

Art therapists

CMHT

NGO

GP

Social workers

Support workers

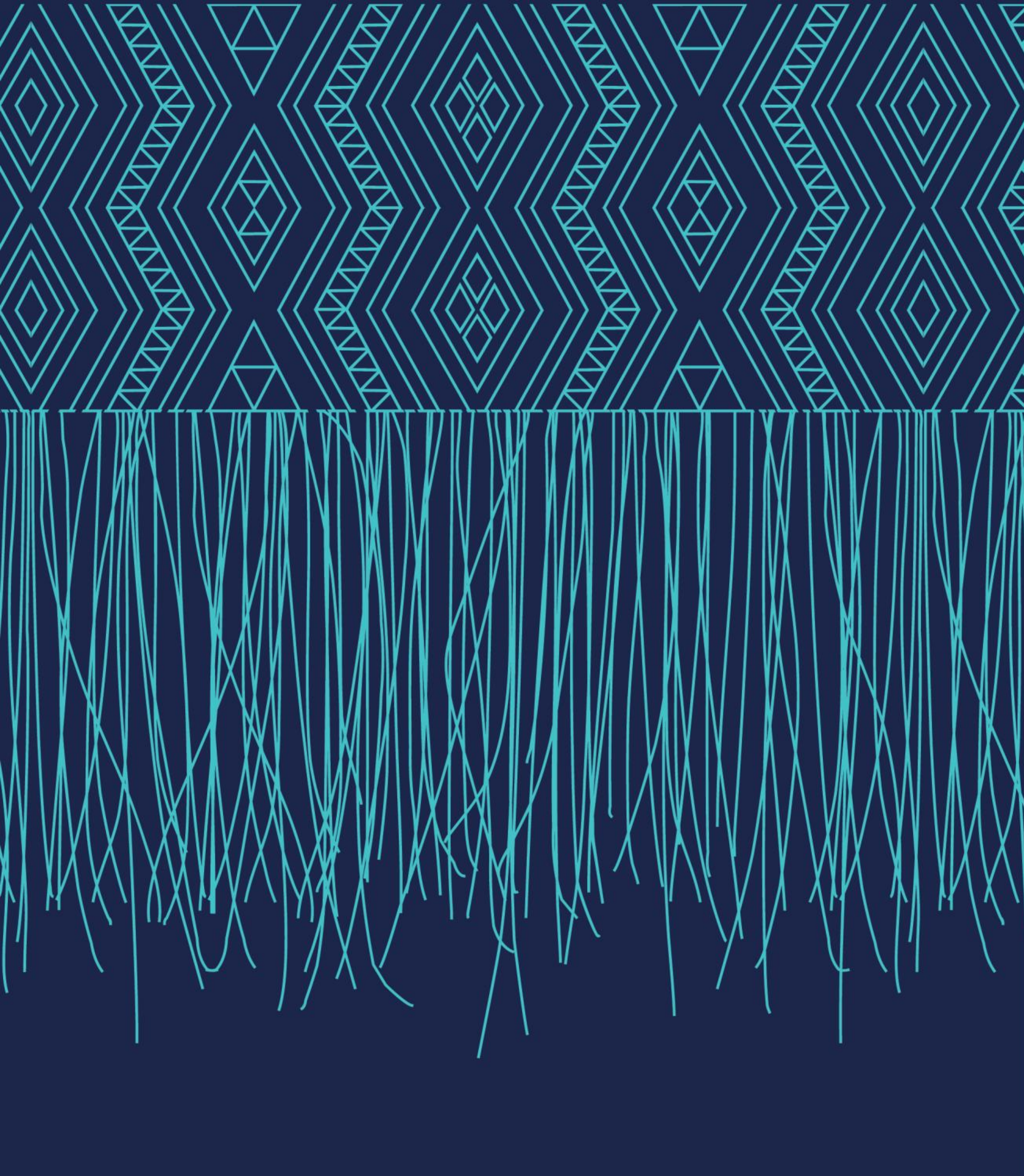
Police

OT

Whānau

Training

- Training in intentional and is refreshed and updated over time.
- Knowledge is shared.
- Focus on developing all staff with basic cultural knowledge and skills (e.g. language, basic tikanga etc.) so they can provide cultural support (because we don’t have enough Kaumatua etc.)
    - Tikanga is integral – actual practice, integrated
- Staff are trained to deal with conflict with a least restrictive approach.
- Cultural awareness and openness to learn.
- Culture mind shift in staff that starts with leadership and the Unit to a culture that supports diversity.
    - one size does not fit all
    - let people define themselves
    - Need to get staff engagement to make this shift
- Need to provide guidelines for all staff as a baseline.
- Staff needs are identified.
- Supervision and training with communication across the system.



What environments and technology do we need?

Envrionment

Entrance and Wharenui

Soundproof areas

Sensory modulation spaces

Support suites

Acuity management

Therapy space

Outside and garden spaces

Access to music

Whānau and family friendly spaces (includes ability to stay)

Parental suite

Flexible acuity management

Large group considerations

De-escalation area

Personal spaces away from others – Spaces where people can be alone – whole suite with kitchen, lounge, bedroom, outside space

Rooms that are specifically set up for Zoom meetings. Multiple cameras/screens – not one big TV for multiple people in one room

Zoom rooms seeded through communities as well: accessibility

Whānau wing – overnight, kitchen, bathroom, outside access

Dedicated spaces for cultural/non-medicalised activities

Assessment room on the unit to prevent admission

Larger cares in community

Integration of clinical and NGO space

Ensuites

Environment

Flexible environment with a variety of movable and changeable spaces.

Entrance and Wharenui cultural room

- on correct side of building with ability to accommodate different needs
- point of entry that is a welcoming and inviting
- Indigenised, cultural space
- calming videos
- waiata
- changing projections (e.g. scenery, cultural pictures, artwork) on wall

Intentional and inclusive environment –

- inclusive (whānau, culture, gender, diversity, disabilities, community connection)
- welcoming, calm, comfortable, views, glass, green space, gardens
- feeling of connection to community and environment
- shared food space

Safety – having choices/options to increase safety. Swipe card access for tangata whaiora

Technology

To connect to outside/whānau – Whaiora to have access to technology for connections etc

For staff – fit-for-purpose, information sharing, swipe access, for meetings, speakers

IT systems – systems that talk to each other with interoperability, can be accessed by everyone that needs to from wherever needed – spaces/resources/connection.

IT options – for accessing information, stimuli, etc.

Community database connection

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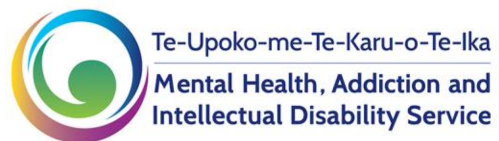

Ngā mihi nui