

Ngā Taiohi National Youth Forensic Mental Health unit

Recommendations, feedback and comments: Draft Provincial OPCAT Report May 2023

Recommendation	Accept/ Partial/ Reject	Comments
SYSTEMIC RECOMMENDATIONS		
Work with community based partner agencies to establish appropriately supported and resourced placement options and ensure mokopuna do not remain in in-patient care longer than necessary.	Partial	Based on recent statistics approximately 60% of our rangatahi are discharged home, 15% to community care, 5% to independent community living and 15% are discharged back to Youth Justice Residence or Prison. The remaining 5% percent are transferred to other mental health units. Of these numbers, the 15% being placed in community care are often more complex to place because of their high level of need and lack of whānau support and/or because there are care and protection issues. Placement of this cohort is most commonly arranged in conjunction with Oranga Tamariki and often require bespoke placements which take time to fund and arrange individualised care packages.
Urgently address unsafe staffing levels in all youth and adolescent in-patient mental health facilities.	Accept	The issue of staffing levels across all health services nationally and globally is concerning. On 1 July 2023 Te Whatu Ora released a Health Workforce Plan for 2023/24 to grow the health workforce and address the current gaps. https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/
Establish a mokopuna-centric independent complaints process.	Partial	Currently there are several avenues for complaint. These include via the District Inspectors who visit each of the rangatahi soon after their admission or via the complaints forms or HDC complaints forms contained in the rangatahi information folders. While these are not 'mokopuna-centric' complaints avenues the forms are laid out in very simple terms with free text which enable the rangatahi to make a complaint in their own language. Other avenues for complaint include

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		talking to staff who will then convey the issue to management or encouraging rangatahi to write an email or letter. As a service we are working toward engaging a Youth Lived Experience Advisor to run a youth council to provide a more youth focused avenue for advocacy for the rangatahi.
Incorporate mokopuna attendance in all MDT meetings across all youth and adolescent in-patient health facilities	Accept	Rangatahi and whānau have attended Nga Taiohi MDT meetings since 2018. The Rangatahi unit has recently also adopted this approach.
FACILITY RECOMMENDATIONS		
Upgrade the secure outside area so it is mokopuna friendly, has green space, and has therapeutic use	Accept	It is accepted the courtyards are stark and work will be undertaken to address this to make them less institutional. This will be raised in the Clinical Governance Group Hui to canvass strategies to enhance these spaces.
Incorporate vocational programmes to equip mokopuna with valuable life skills.	Partial	Nga Taiohi provides for acute admissions. When rangatahi reach the stage of being able to engage in vocational activities off the unit the emphasis is on discharge/reintegration to a community setting. Notwithstanding this CRHS do offer a vocational aspect during school sessions – particularly for the older rangatahi as would typically form part of the school curriculum.
Provide facility enhancement that address mokopuna and whanau needs including: <ol style="list-style-type: none"> 1. Access to a bath for sensory modulation 2. Upgrade the wooden bedframe for all mokopuna beds 3. Establish a follow up for whānau regarding concerns and the outcomes 	Accept	<ol style="list-style-type: none"> 1. A business case for a bath to be installed will be undertaken - this was recently canvassed with the Clinical Governance Group as a resource that would have therapeutic value. 2. It should be noted that due to the nature of the risks associated with the rangatahi in Nga Taiohi that detached beds are a safety risk because inner sprung mattresses contain a number of components that create a risk. However, we undertake to look at alternatives that provide both comfort and safety. 3. Whānau are able to raise concerns via MHAIDS' complaint process. Additionally, the inclusion of whānau in MDT provides a platform

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		to follow up any concerns and outcomes as well as contribute and participate in care planning.
Consider providing youth development and mental health training for all staff working with mokopuna at Nga Taiohi, inclusive of external teaching staff.	Partial	Currently Whararau (The Werry Centre) offer an excellent range of youth specific training opportunities that are available to all staff and that could possibly include the CRHS teaching staff – this is an area for exploration. This includes face to face learning, on-line learning and webinars – staff are actively encouraged to take up these opportunities. The possibility of the CRHS teachers attending some of the in-service training opportunities has been canvassed and there are no barriers to them attending in-service training.
Provide access to low stimuli activities including (as requested by mokopuna) approved Netflix content, games and music devices.	Partial	Since the inspection in May 2023 we have purchased a number of new PlayStation games which the rangatahi were involved in choosing. We have also purchased a new speaker and have reactivated our Spotify account. The issue of providing censored and age appropriate viewing on Netflix and other streaming channels has been more complex and we are currently working with IT on this issue and hope to have it resolved soon.
PROGRESS ON PREVIOUS RECOMMENDATIONS FROM THE OFFICE OF THE OMBUDSMAN – NGA TAIOHI NATIONAL SECURE YOUTH FORENSIC INPATIENT MENTAL HEALTH SERVICES OPCAT REPORT – DATED MAY 2020 AND FROM THE SUBCOMMITTEE ON PREVENTION OF TORTURE NATIONAL REPORT – DATED JULY 2014		
Systemic Recommendations		
Amend the Mental Health (Compulsory Assessment and Treatment) Act 1992 to reflect the unique needs and rights of mokopuna.	Accept	Good Progress. As noted, the MH (CAT) Act is being repealed and replaced this includes the provisions for children and young people.
Involve mokopuna and whānau in the co-design of new or refurbished facilities.	Accept	Good Progress at Nga Taiohi. An example of this is the artwork and a mural (work in progress) in the sally port which have all been projects led by the rangatahi at Nga Taiohi.
Eliminate the use of seclusion and restraints.	Accept	Good Progress. On 1 July 2023 new seclusion ministerial guidelines came into force aimed at reducing the incidence of seclusion across all of mental health services - including youth services. Additionally, the

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		<p>review of the MH (CAT) Act includes a review of the provisions relating to seclusion, restraints and restrictive practices (Part 7 MHA). The profile of rangatahi admitted to Ngā Taiohi means that they frequently have an established high risk of violence. Every effort is made to avoid the use of seclusion and it is only used as a last resort to prevent the risk of serious harm to seriously disturbed rangatahi, the other rangatahi and staff. Throughout the course of this year Nga Taiohi has recorded one incident of seclusion (since January 2023). In order to maintain this we are committed to ensuring staff are SPEC trained, and other interventions are utilised such as sensory modulation and ongoing staff education and training focusing on de-escalation in order to achieve the goal of elimination of seclusion.</p>
<p>Prioritise workforce strategy to recruit, retain and train staff to be:</p> <ol style="list-style-type: none"> 1. Culturally appropriate 2. Clinically competent and well trained 3. Child, youth and whānau focused 	<p>Partial</p>	<p>Limited progress</p> <ol style="list-style-type: none"> 1. One of the priorities of CCDHB Taurite Ora Māori health strategy 2019-2030 is the growth and empowerment of our Māori workforce. The Taurite Ora framework is a kaupapa-centred framework. It is underpinned by Te Tiriti o Waitangi. According to the New Zealand Nurses Organisation, 7% of the total New Zealand nursing work force currently identify as Māori. At Ngā Taiohi, 25% of staff identify as Māori. Nga Taiohi is committed to prioritising Māori applicants for positions in the service. To further build on this commitment, the service have appointed a Māori workforce coordinator and have introduced roles where identifying as Māori is a criteria for appointment, in order to increase kaimahi Māori. We also have a commitment to running a DEU (Dedicated Education Unit) which draws students from Whitireia Polytechnic Bachelor of Nursing Māori Programme. All MHAIDS staff have training opportunities available to them, which help cultivate

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		<p>cultural capability and competency. (See our response under “Facility Recommendations” – “Provide training for all staff in the bi-cultural Model of Care to (p. 20)”.</p> <ol style="list-style-type: none"> <li data-bbox="1256 443 2101 778">2. Nga Taiohi recruit nursing staff with degrees and as a minimum new graduates must complete a Postgraduate Certificate in Mental Health and Addiction Nursing. All other staff are registered with their professional body and hold degrees in their relevant discipline. Mental Health Support Workers are qualified to a minimum of level 4. Professional development and training is supported and actively encouraged through a range of in-service and in-house training. As previously noted, Whararau provides excellent youth focused training opportunities for staff. <li data-bbox="1256 826 2101 1050">3. Child, youth and whānau training is supported. The staff are encouraged to take up in-house and in-service training opportunities. There are additional youth specific training opportunities are available via Whararau and the University of Auckland offer a Post Graduate Certificate in Youth Forensic Psychiatry which some of our staff have completed. <li data-bbox="1256 1098 2101 1353">4. Earlier this year MHAIDS introduced a Psychology Intern Hub approach to training clinical psychologists. This has resulted in the service providing final year placements for 10 clinical psychology trainees - double the number MHAIDS has provided for historically. The Hub model also allows for services, like Nga Taiohi, that do not have a senior or consultant clinical psychologist in post, to host a clinical psychology intern for 6-12 months.

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		5. In 2023 MHAIDS will offer a series of training “bursaries” for support workers keen to complete degree-level training as occupational therapists. This approach complements MHAIDS’ longstanding and nursing bursary programme.
Provide accessible acute mental health care for all mokopuna and their whānau that is close to home.	Accept	Good Progress. Nga Taiohi undertake extensive work with whānau and considerable transition planning is undertaken by engaging whānau in the MDT and decision making process thereby mitigating some issues related to this recommendation. This is supported by whānau feedback.
Develop an independently administered complaints process co-designed by mokopuna at all mental health facilities.	Partial	No Progress. As previously noted, there are in existence several avenues for complaint, which are universal in all mental health services. It is acknowledged that these processes have not been co-designed exclusively by rangatahi and at a local level, we can commit to considering how this could be effected by our Clinical Governance Group. It is anticipated that the engagement of a Youth Lived Experience Advisor will serve to address this issue.
Provide training to staff on child rights.	Accept	Limited Progress. In addition to the booklets for the rangatahi which include information on children’s rights the staff orientation booklets have been upgraded to include a copy of the <i>Charter of Tamariki/Children’s and Rangatahi/Young People’s Rights in Healthcare Services in Aotearoa New Zealand</i> . Training is available and will be provided in relation to children’s rights.
Embed Te Tiriti o Waitangi in a way that is genuine and is responsive to the needs of mokopuna Māori and their whānau, hapū and iwi.	Accept	Limited Progress. We agree that this is necessary throughout our services. We note the development and implementation of the CCDHB Taurite Ora Māori health strategy 2019-2030 with a view to embedding Te Tiriti o Waitangi in the provision of care. Additionally, a full Health and

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		Disability System Review in 2019-2020 recommended that in order to make positive change, Te Aka Whai Ora (the newly appointed Maori Health Authority) embeds mātauranga Māori (Māori knowledge systems) in our health system, invests more in kaupapa Māori health services and providers, and further develops our Māori health workforce. We anticipate visible initiatives toward embedding Te Tiriti o Waitangi into healthcare and improving outcomes for Maori.
Ensure the documentation detailing the reasons why young adults are admitted to the Youth Unit is in individual case files and is in line with UNCROC guidance	Reject	Limited Progress. Manatu Hauora (MOH) require mandatory reporting of any young adults being admitted to Youth Units via the Director of Area Mental Health Services (DAMHS). Copies of these reports are completed routinely, and placed on the file of the rangatahi.
Operational policy, procedure and practice should stipulate how the unit is managed when 18-20 year olds are also admitted to the Youth Unit	Partial	Limited progress. Currently our Model of Care provides the guidelines for admission as being restricted to the ages of 13 to 18 years. Over the past year since the last inspection we have not admitted any 18 year olds to the unit although we have had a few rangatahi who have 'aged out' of the service before concluding their treatment. In these cases UNCROC reporting requirements have been met. In earlier times when we operated with lower occupancy there were occasions where over 18 year olds were admitted, however, given the increase in demand for beds we have been unable to provide admission for older youths and have limited admission to those specified in the admission criteria. We accept that a procedural guideline would be useful in providing a more prescribed approach to managing young adults on the rare occasions

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		they are admitted to Nga Taiohi. We undertake to develop a procedure for inclusion in the Procedural Manual.
Facility Recommendations		
<p>Undertake the following improvements to the facility:</p> <ol style="list-style-type: none"> 1. Install a toilet and washbasin in the main hub 2. Install water coolers in main hub and other areas accessible to mokopuna 3. Replace the heating system in the gym with an air conditioning system 4. Designate the kitchenette in the main hub a full kitchen and resource sufficiently 	Accept	<p>Limited Progress.</p> <ol style="list-style-type: none"> 1. The toilet and washbasin in the main hub have had a Capex submitted although to date this has not been accepted/approved. 2. There is now a watercooler in place, which is accessible to all of the rangatahi. 3. The gymnasium heating is being monitored with a plan to address this if the monitoring reveals fluctuations in the temperature causing discomfort to the rangatahi and staff. 4. As of July 2023, the Capex for the kitchen in the main hub has been approved and work is due to commence on this in the coming weeks.
Ensure access to nutritional and healthy food which meets the developmental needs of mokopuna	Accept	<p>Good Progress – Completed.</p> <p>Since the roll out of the new menu in November 2022 the standard of meals has improved vastly and the feedback from the rangatahi is positive.</p>
Staffing levels are adequate to meet the needs of mokopuna	Accept	<p>Good progress.</p> <p>Recruitment remains challenging – particularly into registered health professional positions (Psychology, Nursing and Occupational Therapy). However, the service has active recruitment processes in place. While we endeavour to recruit into roles as they become vacant there is a national shortage in suitably qualified registered health professionals ready to step into roles.</p>

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		<p>As previously noted MHAIDS has taken steps to appoint a Māori workforce coordinator and the Forensic Service has appointed a recruitment coordinator to streamline the recruitment process and dedicate time to attracting health professionals in to the service.</p> <p>As a service, we have also increased our new graduate nursing intake and have active strategies in place to address staffing issues at a local level. Additionally, Nga Taiohi is a Dedicated Education Unit (DEU) and considerable effort goes into ensuring a nurturing experience for students, which has a flow on effect of encouraging new graduates to take up positions in mental health after graduation. Nga Taiohi consistently receives positive feedback from students and is often influential in their decisions to pursue a career in youth mental health.</p>
All essential roles are continuously staffed	Accept	<p>Good Progress.</p> <p>We continue to operate with vacant positions although assertive recruitment strategies are in place.</p>
<p>Provide training for all staff in the bi-cultural Model of Care to:</p> <ol style="list-style-type: none"> 1. Provide adequate supervision to all staff 2. Apply Māori health models in practice 3. Provide sufficient opportunities to learn and use Te reo Māori 4. Promote the bi-cultural philosophy of care 	Accept	<p>Good Progress.</p> <ol style="list-style-type: none"> 1. Supervision is provided in multiple ways in Nga Taiohi. This includes individual and group supervision. Following incidents de-brief sessions are offered to staff. 2. As noted the training of the Meihana Model has been incorporated into staff and student orientation. 3. Currently Te Reo is taught in school and staff are actively encouraged to participate in the education programme.

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		<p>Additionally in morning hui everyone – staff and the rangatahi are taught and recite their Pepeha and participate in karakia.</p> <p>4. Regular staff education sessions are offered on the Meihana Model. The Model of Care document is given to staff during orientation, which articulates the bi-cultural model of care. This is built upon by the tikanga of the unit by staff engaging in karakia, mihi whakatau, poroporoaki, the abovementioned Te Reo and Pepeha teachings.</p>
Investigate the increase in restraints in 2021 to identify causes and key learnings	Accept	<p>Good Progress – Completed.</p> <p>As noted the spike in restraints were attributable to one particularly complex rangatahi in order to prevent serious self-harm and correlated with the reportable events in relation to self-harm and assaults.</p>
Abolish the snack food chit system to ensure equitable access of food privileges to all mokopuna	Accept	<p>Good progress – Completed.</p> <p>Issue resolved and snacks are distributed evenly between the rangatahi at the expense of the service.</p>
Staff are made aware of available budgets for the facility to provide essential clothing and toiletry needs for mokopuna	Accept	<p>Good Progress – Completed.</p> <p>Ongoing information given to staff as they commence employment at Nga Taiohi will be provided and this is documented in the orientation book given to all staff when they join the service.</p>