

Ngā Taiohi National Youth Forensic Mental Health unit:

Recommendations, feedback and comments in response to the Draft OPCAT Monitoring Report dated December 2024

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 Ngā Taiohi statistics approximately 60% of our rangatahi are discharged home, 15% to community care, 5% to independent community living and 15% are discharged back to a 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 sometimes the 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 due to their complexity and high needs for support often require bespoke placements which take time to fund and arrange individualised care packages.
Strengthen efforts to move towards zero seclusion in MHAIDS and ensure any seclusion events take place in designated seclusion rooms only. Develop and implement risk mitigation plans to manage seclusion when refurbishments to Safe care areas are occurring.	Partial	Significant gains have been made in recent years - service-wide, and nationally, in reducing seclusion, in keeping with Ministry guidance. Since the Children and Young People's Commission's last visit to Ngā Taiohi in May 2023, seclusion episodes have been relatively limited in event numbers and duration. There were two episodes of seclusion, both in January 2024. Of note, the profile of rangatahi admitted to Ngā Taiohi means that they frequently have an established high risk of violence which has been extreme on occasions and has often been the precipitant for transfer to a secure environment. Nga Taiohi kaimahi

		make every effort to avoid the use of seclusion. Kaimahi are SPEC trained, and receive ongoing education and training in interventions such as sensory modulation and other de-escalation techniques. Seclusion is only used as a last resort to prevent the risk of serious harm to the other rangatahi and/or kaimahi from seriously disturbed or highly aroused rangatahi. It is important to note that employers have health and safety obligations to ensure a safe working environment for kaimahi and other service users and that restrictive practices are sometimes necessary to achieve this.
<p>Funding to be prioritised to upgrade the material conditions of Ngā Taiohi. This includes:</p> <ol style="list-style-type: none"> 1. a new safe care/de-escalation area that is based in the unit and has an appropriate outside space connected to it 2. resume the bathtub renovations 3. ensure mokopuna bedroom windows have frosting that allows light in but ensures mokopuna privacy 4. Update and upgrade the soft furniture in the lounge area. 	Accept	<ol style="list-style-type: none"> 1. Currently the safe care area is in the process of having remediation work done. This is expected to be completed within the coming weeks. Outdoor furniture for safe care had been scheduled to be replaced and the service is currently working with the Te Whatu Ora infrastructure team to achieve this. There have also been plans drafted to have the safe care area relocated to within the unit. This is also being worked through with the infrastructure team by MHAIDS' senior management. 2. The fitting of a bath tub in one of the bathrooms was scheduled as a part of larger works intended for Ngā Taiohi. This is being worked through with the Te Whatu Ora infrastructure team by MHAIDS' senior management. 3. The installation of frosting on the windows is relatively minor in terms of cost and it is accepted that this would enhance privacy in addition to the blinds that are currently in place. This can be addressed. 4. Some furniture had been identified as needing replacement. This is being worked through with the Te Whatu Ora infrastructure team by MHAIDS' senior management.
Proactively work with Oranga Tamariki to put mokopuna rights and needs at the centre by investigating pipeline issues resulting in low referrals to Ngā Taiohi of mokopuna with mental health needs from youth justice residences.	Reject	Currently all regional Youth Forensic Services have clinical kaimahi visiting Youth Justice Residences on a regular, if not daily basis. Assessment and triage is carried out on all Youth Offenders. Demand for mental health services is dynamic and while the unit was

		<p>experiencing a period of low occupancy at the time of this inspection this is subject to change at any point in time according to the incidence of mental health disorders within the residences or at short notice from the courts. The criteria for admission to hospital is in line with the Mental Health Act definition of mental disorder which means a rangatahi must be experiencing an abnormal state of mind characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it—</p> <p>(a) poses a serious danger to the health or safety of that person or of others; or</p> <p>(b) seriously diminishes the capacity of that person to take care of himself or herself.</p> <p>These principles in statute must be adhered to. The Youth Forensic teams have a caseload in Youth Justice Residence and offer treatment, therapy and follow up within the residence. The threshold for referral for inpatient treatment is relatively low, but rangatahi must meet the criteria for the Mental Health Act in order to be admitted.</p>
<p>Co-design with mokopuna an independently administered complaints process for mokopuna that can be used across all Capital, Coast and Hutt Valley adolescent inpatient mental health facilities, to ensure mokopuna are able to access a mokopuna-friendly complaints process.</p>	<p>Partial</p>	<p>Currently there are several avenues for making a complaint, including the District Inspectors who visit each of the rangatahi soon after their admission, CCHV complaint forms and 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 talking to kaimahi who will then convey the issue to management or encourage rangatahi to write an email or letter. The service is 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.</p>
<p>FACILITY RECOMMENDATIONS</p>		

<p>Keep building on the foundation already established by providing additional training to kaimahi on the Meihana Model, so that all kaimahi can:</p> <ul style="list-style-type: none"> ▪ use the model to guide their practice ▪ articulate the model clearly ▪ use the model both theoretically and practically. 	Partial	<p>Training on the Meihana Model is included in the student and new kaimahi orientation day which is a unit specific orientation. This is delivered by a Māori Clinician. In addition to this, staff training sessions are delivered in the unit and training on the Meihana Model is a session that is repeated on a regular basis. The Meihana Model underpins practice in Ngā Taiohi and is central to all interventions, including in all forms of documentation. Of note, this includes daily clinical progress notes and MDT reviews. Kaimahi are highly conversant with the model.</p>
<p>Provide additional support for kaimahi to build competency in tikanga, te reo and mātauranga Māori, so they can better support the two tagged Māori roles.</p>	Partial	<p>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 staff engaging in karakia, mihi whakatau, poroporoaki and regular Te Reo and Pepeha in house teachings. MHAIDS also offers the training programme <i>He Puna Whakaata</i>, which is a kaupapa Māori-based programme available to all staff. Further Māori cultural training programmes are to be added to the suite of training options for staff next year. We continue to target recruitment from the Bachelor of Nursing Māori Programme at Whitireia Polytech in order to increase Māori representation in Ngā Taiohi, to further support existing Māori kaimahi.</p>
<p>Stop administering nicotine-based lozenges to mokopuna. If mokopuna require stop smoking support, alternatives to nicotine should be used.</p>	Partial	<p>The first line non-nicotine based treatment bupropion is often contra indicated in psychiatric settings as it is an antidepressant and can interact with other medications – it is offered for those who can take it, but it is invariably rejected outright by rangatahi due to the fact it takes about four weeks to work. Varenicline, an alternative medication, hasn't been available in NZ since June 2024 and it's not clear when it will become available again.</p>
<p>Ensure kaimahi receive a full and appropriate induction before being required to perform additional duties and responsibilities</p>	Partial	<p>All new kaimahi attend the orientation day that is held regularly throughout the year, in addition to a service wide orientation. There is also a one year period where new nurses are employed as NESPs and</p>

		have one rotation at Ngā Taiohi. Before taking on the additional responsibility of shift coordination, kaimahi will spend a period of time shadowing the Clinical Coordinator.
Ensure all kaimahi that work directly with mokopuna attend professional supervision on a regular and on-going basis.	Partial	Supervision is available to all kaimahi and they are actively encouraged to attend. Of note, kaimahi are offered supportive supervision following incidents, followed by a formal debriefing.
PROGRESS ON PREVIOUS RECOMMENDATIONS FROM MANA MOKOPUNA – CHILDREN AND YOUNG PEOPLE’S COMMISSION – NGA TAOHI NATIONAL SECURE YOUTH FORENSIC INPATIENT MENTAL HEALTH SERVICES OPCAT REPORT – DATED MAY 2024		
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	No progress. As previously noted, based on recent Ngā Taiohi 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. Discharges or transfers typically occur when clinically indicated. The remaining 15% are placed in community care which is sometimes more complex 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 due to their complexity and high needs they 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	Good progress. Currently all positions are recruited to with the exception of a small number of nursing positions. These positions are over and above the establishment numbers and are awaiting approval from Te Whatu Ora to recruit to them.
Establish a mokopuna-centric independent complaints process.	Partial	Currently there are several avenues for making a complaint, including the District Inspectors who visit each of the rangatahi soon after their admission, CCH and HDC complaints forms are contained in the

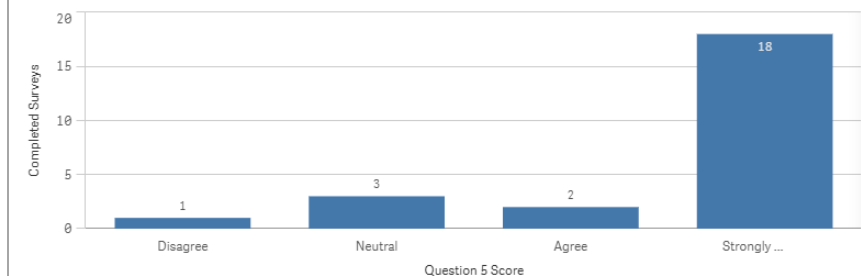
		rangatahi information folders. While these are not 'mokopuna-centric' complaints avenues, the forms are laid out in very simple terms with free text which enable the rangatahi to make a complaint in their own language. Other avenues for complaint include talking to kaimahi who will then convey the issue to management or encourage rangatahi to write an email or letter. The service is 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 team meetings across all youth and adolescent in-patient mental health facilities.	Accept	Good progress. Rangatahi continue to be welcomed into the weekly MDT in Ngā Taiohi and the uptake on this is very good in most, if not all cases. Whānau are actively encouraged to attend the MDT hui as well. The practices of other youth services are outside the control of Ngā Taiohi.
Facility Recommendations		
Upgrade the secure outside area so it is mokopuna friendly, has green space, and has therapeutic use.		No progress. Outdoor furniture for the courtyards had been approved for purchase earlier in the year and then all work orders were cancelled. This was a decision made outside of MHAIDS. MHAIDS' senior management is currently addressing this matter with Te Whatu Ora's infrastructure team.
Incorporate vocational programs to equip mokopuna with valuable life-skills	Accept	Good progress. It is important to note that Ngā 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. It is noted that Central Regional Health School (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 whānau needs including: 1. Access to a bath for sensory modulation	Accept	No progress. 1. As previously noted, the fitting of a bath tub in one of the bathrooms was scheduled as a part of larger works intended for

2. Upgrade the wooden bedframe for all mokopuna beds
3. Establish a follow up process for whānau regarding concerns and the outcomes.

Ngā Taiohi. Due to decisions made outside of MHAIDS this work is currently on hold. MHAIDS' senior management is addressing the matter with Te Whatu Ora's infrastructure team.

2. As stated in the response to the previous 2023 report, it should be noted that due to the nature of the risks associated with the rangatahi in Ngā Taiohi detached beds are a safety risk because inner sprung mattresses contain a number of components that create a risk and bed frames can easily be broken down to create risk items. A number of mattresses have been replaced to provide both comfort and safety.
3. Ngā Taiohi has a feedback mechanism for whānau via the Mārama feedback tool which is available on-line, electronically and through paper-based forms. Ngā Taiohi has one of the higher feedback rates across the service. Below are two tables from the period May 2023 to date that provide a representative sample of the type of feedback that is received:

5. My family / whānau are given information and encouraged to be involved
Question 5 has an additional option 'Didn't Want' shown in red



		<p>8. I would recommend this service to friends and family / whānau if they needed similar care or treatment</p>  <p>Further data is available from the Mārama feedback tool if required.</p> <p>In addition, whānau have access to the clinical kaimahi at Ngā Taiohi due to their involvement in the MDTs. Whānau frequently make direct contact with the clinical team during and after the rangatahi are discharged, to provide progress updates and feedback.</p>
Consider providing youth development and mental health training for all staff working with mokopuna at Ngā Taiohi, inclusive of external teaching staff.	Accept	<p>Good progress. Currently Whārarau (the Werry Centre) offer an excellent range of youth specific training opportunities that are available to all kaimahi, including the CRHS teaching kaimahi. This includes face to face learning, on-line learning and webinars – kaimahi continue to be actively encouraged to take up these opportunities. CRHS teachers attend some of the in-house training opportunities and there are no barriers to them attending in-service training.</p>
Provide access to low stimuli activities including (as requested by mokopuna) approved Netflix content, games and music devices.	Accept	<p>Complete. Since the last inspection in 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. A range of viewing platforms are available for the rangatahi to watch age-appropriate movies and entertainment.</p>
Identify and provide mokopuna with access to appropriate independent advocates.	Partial	<p>No progress. As previously noted we are still 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. Most of the</p>

		rangatahi have an Oranga Tamariki Social Worker assigned to them (in some instances they can have two) and a lawyer who are able to advocate for them if required.
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