Evaluation of Tupu Ake

A peer-led acute alternative mental health service

"Whatever it takes"

Pathways motto

take notice
MENTAL HEALTH & ADDICTIONS
CONSULTING • PROJECT MANAGEMENT • TRAINING

Te Pou o te Whakaaro Nui

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Contents

Executive summary

This report presents an evaluation of Tupu Ake, a ten bed seven night stay peer-led acute admission alternative based in old Papatoetoe, South Auckland. Tupu Ake provides people (guests) with brief acute level mental health support.

Eleven guests were asked to describe their experiences and identify the most significant aspect of Tupu Ake. All stories described experience of acute mental distress when the person came to Tupu Ake. A story committee reviewed and discussed each story, selecting six stories that showcased how Tupu Ake staff provided support aligned to the peer competencies framework.

The peer values listed below are described in the peer competencies framework (Midland District Health Board; Northern Regional Alliance; Te Pou o te Whakaaro Nui, 2014) and were used as the domains to apply the most significant change (MSC) methodology.

- Mutuality
- Experiential knowledge
- Self determination
- Participation
- Equity
- Recovery and hope

Eight other key stakeholders including Tupu Ake workforce, Counties Manukau Health District Health Board (CMDHB) staff, and Pathways leadership team, also shared their experiences. This information was combined with data from January 2015-December 2016 provided by Pathways to demonstrate how the following service objectives were met

- To provide a service, setting and staff that is valued by guests, so that the service is experienced as welcoming, safe, comfortable and supportive.
- To rapidly enable service users (guests) to reduce stress levels, enhance wellness and strengthen their own ability to maintain their own safety in the community.
- To provide an appropriate and comfortable setting for guests to receive services from crisis staff.
- To provide a service and setting that is valued by the crisis services and other provider arm staff who deliver clinical care to guests.
- To safely prevent avoidable hospital admissions and avoidable compulsion.

The results of the data and narratives demonstrate the effects of Tupu Ake.

- Peer support specialists (PSS) provide individualised support to guests through the integration of peer values into their practice.
- Tupe Ake acute alternative service is valued by guests, crisis staff and the wider sector.
- Guests' levels of distress are reduced, with a median length of stay of seven days. Ninety-three per cent of guests were not readmitted to Tupu Ake overnight services within a 28 day period.

- Twenty-six people used the day programme during this period, which is below capacity. Seventeen percent accessed it more than once in 28 days.
- Pathways have created employment and career opportunities for people who experience mental distress.
- Tupu Ake has had a role in decreasing stigma for people who experience mental health distress.
- This specialised acute care is delivered in a homelike environment that feels safe and supports guests' self-management skills and overall recovery journey.

The report also provides further steps and recommendations based on observations and feedback from key stakeholders. These include working collaboratively to improve service delivery, aligning processes and increasing opportunities for shared learning between peer workforce and registered health professionals, both in Pathways and the provider arm.

Whakataukī

Kotahi ano te kohao o te ngira
E kuhuna ai te miro ma te miro whero me te miro pango
A muri i a au kia mau ki te ture ki te whakapono ki te aroha

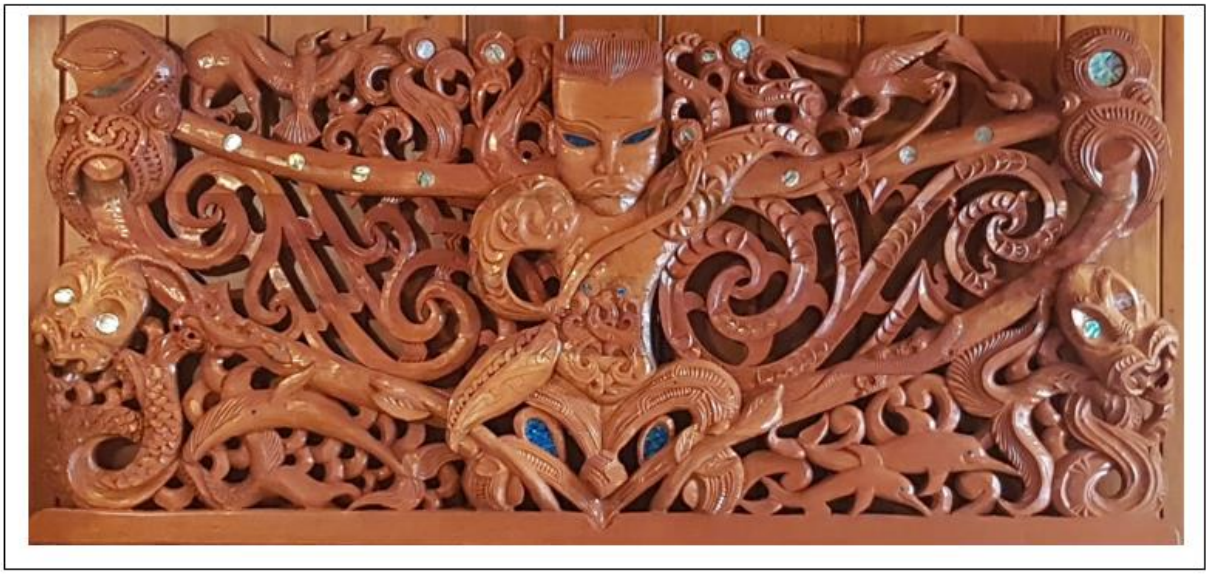
There is but one eye of the needle,
Through which the white, red and black threads must pass.
Hold fast to the law, hold fast to faith, hold fast to love

This whakataukī has a message of unity and holding fast to ideals and principles. These words were spoken by the first Māori King, Pōtatau Te Wherowhero, to his son Tukaroto Matutaera, who would become known as Kingi Tāwhiao after he was raised up to the Kingship on the death of his father in 1860.

It is fitting and appropriate that this whakataukī be an integral part of the operations of Tupu Ake, to ensure that all people from all races and religions are not compromised and the peer values and principles are upheld.

In 2004 Sue Hallwright, director of mental health at CMDHB, developed the vision for peer support services. Peers were employed at a CMDHB community mental health centre in 2006. Tupu Ake peer-led acute admission alternative service began in July 2008.

The name Tupu Ake was gifted by the mana whenua of Tainui to represent the vision of Tupu Ake.



Artist: Rei Mihaere, Tainui iwi.

The carving was gifted to Tupu Ake to celebrate the anniversary of the service's first year and unveiled by Sue Hallwright. It was inspired by the function of protection and strength, and the name of the service, Tupu Ake.

Introduction

Tupu Ake is a ten bed seven night peer-led acute admission alternative service based in old Papatoetoe. It also provides day support for up to five more people. The purpose of the service is to provide brief support to people (guests) requiring an acute level of care in a community setting. Guests would otherwise use the Counties Manukau District Health Board (CMDHB) inpatient mental health service during the time support is required.

The service was developed in 2008 by Pathways Health Ltd (Pathways) and Counties Manukau District Health. A plaque on the wall in the entrance shows the vision to create:

"A supportive environment where we [people experiencing mental distress]
can be ourselves, in an atmosphere of peace and tranquillity.
With understanding and love we will inspire others to grow and renew
with encouragement and hope."

In 2011 Health Outcomes International (HOI) were engaged to evaluate the service by assessing service implementation, current operation and the impact of the service against defined outcomes. The report emphasised measurement of service delivery, rather than the experience of and effect on the people accessing the service and input from key stakeholders, although qualitative data was captured from a range of stakeholders.

The purpose of this evaluation is to use narratives to reflect the experience of the people accessing the services. Te Pou o te Whakaaro Nui Ltd contracted Kerri Butler, Take Notice Ltd, to evaluate the service using the most significant change (MSC) methodology.

The goal of the evaluation was to utilise stories to understand and demonstrate how Tupu Ake functions and key stakeholders' perspectives of its value. Table 1 outlines the key evaluation objectives.

Table 1: Evaluation objectives & questions

Proposed evaluation objectives	Proposed evaluation questions
1. To describe how Tupu Ake functions.	1a. In what ways do staff offer support to guests? 1b. What tools, such as peer competencies or other supports, do staff utilise to deliver services? 1c. In what ways do stakeholders, including guests, engage with Tupu Ake services?
2. To identify any effect of Tupu Ake services for stakeholders, for example guests, staff, or CMDHB acute mental health services staff.	2a. What are the effects of Tupu Ake services?

This report showcases guest stories that best reflect how Tupu Ake services support guests' self-management skills and overall recovery journey. Experiences from other key stakeholders and data provided by Pathways have been used to demonstrate how Tupu Ake meets service objectives.

Methodology

The participatory, collaborative approach of the MSC methodology aligns with peer values by promoting stakeholder dialogue to clarify the participants' experience and thoughts about Tupu Ake.

The three key steps used in the in MSC process for this evaluation included:

1. determining the types of stories to be collected and the domains they align with that ensure the evaluation objectives are met
2. gathering stories and, using systematic selection in a committee, determining which stories demonstrate the most significant change against the domains
3. sharing and discussing the stories to deepen stakeholders' understanding of participants' experiences, to learn about what organisational components are valued.

An evaluator with lived experience of mental distress conducted eleven interviews with guests and a further seven interviews with other key stakeholders, including registered health professionals and Pathways leadership team. During the consent process, the peer evaluator explained the purpose of the evaluation, how the information would be collected, and how the stories would be used.

Participants were invited to talk openly, and provided with an opportunity to read the summaries and clarify comments. Information provided during the evaluation was written verbatim rather than taped, to maintain a safe space for guests.

Eight storytelling committee members with various backgrounds, skills, experiences and training were selected to identify the stories which best represented how Tupu Ake functions and the effect of services for guests. Some of the range of perspectives provided by the story telling committee members included:

- lived experience of accessing mental health service, including inpatient, community and respite settings, as well as a previous guest of Tupu Ake
- evaluation and research experience
- peer support work experience
- experience in clinical crisis, community and inpatient settings
- occupational therapist
- management within NGO, DHB, peer and consumer workforce settings
- Cultural perspective – Māori

In addition to this was the invaluable wealth of sector and organisational knowledge and experience people were able to share about Tupu Ake, Pathways' services, and CMDHB.

Six stories were selected for this report by the storytelling committee. Participants whose stories were selected were invited to review the final published story and to make any factual changes.

See Appendix A for further information on the methodology.

Limitations

The use of MSC methodology can be time consuming, particularly with delays or challenges in bringing everyone together. Time constraints made it difficult for all members to be involved in each storytelling committee meeting.

The evaluation objective was to find stories that demonstrated change. Therefore it was important to be mindful of any bias towards a popular or dominant view point, or only selecting the stories of those who were good at storytelling. Robust discussion was encouraged before reaching consensus for each of the stories selected.

A further limitation specific to this report was the lack of whānau (family) involvement. The storytelling committee identified the important role of whānau in guests' lives as a key theme, but were unable to elicit any involvement from the whānau of guests who had accessed Tupu Ake services. It would have added value to the process to have whānau involvement in both storytelling and story selection.

Tupu Ake

In 2008, CMDHB led the way in innovation and creation for peer support services in the mental health sector. The idea for a recovery house pilot service (Tupu Ake) was a collaborative project in partnership with Pathways Health Ltd (Pathways). CMDHB, Pathways, Recovery Innovations Inc and Counties Manukau Mental Health and Addictions Providers collaborative (CHAMP) were all involved in the co-design process.

Recovery Innovations Inc (previously known as META services) had developed the Living Room, a peer-led acute admission alternative service in Phoenix, Arizona, which was attached to an existing inpatient unit. Initial thoughts from staff who visited the service were that it looked homely, but still felt like an inpatient unit. To create an authentic peer-led acute admission alternative, the location would ideally be in a community setting.

Tupu Ake is a 19th century kauri villa, located in the heart of old Papatoetoe. On any given day you might hear the tui call from the top of the pūriri tree to your left as you walk down the driveway.

The tui is the messenger, Tupu Ake is the message.

Renewal. Regrowth. Regeneration.

The ten bedroom villa is surrounded by mature trees and landscaped gardens, including seated areas to sit and enjoy surroundings alone or with loved ones. At the back of the house is a luscious garden, which grows produce to contribute to the daily menu.

When you walk through the door at Tupu Ake you are greeted with a warm smile and made to feel welcome. One guest described how the peers took them under their wing and showed them around, which helped them make

the decision to stay. Other stakeholders described an absolute sense of non-judgemental, welcoming space created by the team when visiting Tupu Ake.

"When people walk in, they can feel the love and the support. They don't feel anxious anymore, and I notice that. Once they walk in, and they settle in, they become/feel safer. People seem more settled so recovery begins quicker." - Registered health professional, Pathways

As a peer-led service, peer support specialists (PSS) were asked how they would like to refer to people accessing the services. They described a service where they were able to 'host' the people who stayed at Tupu Ake, treating them as they would guests who visited their homes. Instead of the terms patients, service users, clients, or consumers, which are commonly used in the sector, people who access Tupu Ake are referred to as guests.

There are constant reminders throughout the house that the environment makes it different to other services delivering acute level support. It has the comforts of home and is not like a sterile inpatient environment.

"It is a place we are not stuck in, but a place we can rest our minds." - Tupu Ake guest

There was a commitment from Pathways to create an environment that was respectful, where people would feel valued and special. Peers were involved in setting up the service, including painting the exterior and designing the interior. The legacy of creating an authentic environment continues, with messages of hope in the artwork on display from previous guests.

Tupu Ake services are a part of a fundamental shift in the way services and society respond to people with mental illness, as outlined in the Mental Health Commission document, *Our Lives in 2014* (2004). In the document, twenty mental health service user leaders, in consultation with a larger number of service users, shared their ten-year vision of mental health services "led by us that enhance our autonomy, recognise us as whole human beings, expect our recovery and offer us a broad range of solutions and resources" (Mental Heatlh Commission, 2004, p. 7).

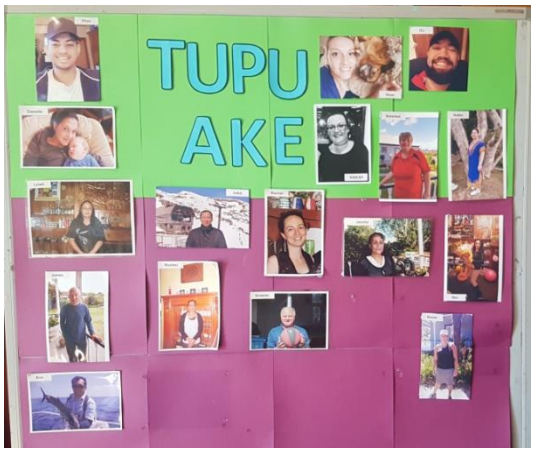
This vision was supplemented by the competencies for the mental health and addiction service user, consumer and peer workforce resource, developed by Te Pou, Midland District Health Board and the Northern Regional Alliance in 2014. The peer competencies framework describes six core values fundamental to how peers should act:

- Mutuality
- Experiential knowledge
- Self determination
- Participation
- Equity
- Recovery and hope

These principles, along with the core values, demonstrate how this vision is embodied through Tupu Ake peer staff to create a community-based acute alternative service.

Tupu Ake workforce

Tupu Ake is serviced by two team coaches, three senior peers, one registered nurse and peer support specialists who work on a rotation basis, or who are part of a casual pool of staff.



There are no name badges. Instead, a large board is visible in the hallway displaying photos of staff members, to allow for easy identification by guests and visitors.

Pathways leadership team described the peers as being "invested in their roles, because they have been there. You can't learn what they do from a book."

To maintain the integrity of a peer-led acute alternative setting, team coaches support the workforce to continue working in a 'peer way' in an acute setting. This may be through adopting practices such as daily peer polish sessions at the beginning of each shift to remind themselves of the peer values and philosophy. Team coaches found asking one another "How will we continue to support one another and Tupu Ake well?" worked to set the foundation for the rest of the day.

Team coaches shared their thoughts about the need for PSS to be strong and to have a clear understanding of the expectations when working in an acute setting. They spent time with potential employees outlining the role and the skills and attributes they were looking for, before asking them directly if they felt they were the right person for the job.

"I used to say to people 'I don't want to undermine your level of wellness. I want to hear from you that you can role model the peer skills and tools, and people don't think you are a guest instead of staff.'"
- Team coach

By role modelling mutuality during the recruitment process, team coaches were able to ensure they didn't set people up to fail. They felt confident to suggest to peers who were not ready that they do some extra work, so they were able to come back stronger.

"People (staff) aren't leaving because they are getting unwell like in the past. They are moving on to different things and opportunities." - Team coach

There were also opportunities for crisis staff to see the personal growth in people who they supported before they entered the peer workforce at Tupu Ake. Knowing each other's strengths meant they were able to use their shared experience to identify ways they could work together to support guests.

"I've seen the WRAP plan and know it has a lot more power to it than me saying it. Even though I can say I am a nurse, the message isn't as powerful. It must be the right person." - Registered health professional, provider arm

The value of the lived experience of peers was acknowledged by all stakeholders during the evaluation. Guests shared their thoughts that the experience of the peer support specialists made a difference in the care they received. They felt hopeful they too could recover from the acute distress they were experiencing. At its core, the peer support approach assumes that people who have similar experiences can better relate, and can consequently offer more authentic empathy and validation (Mead & MacNeill, 2004).

"The staff having lived experience makes a difference, as staff have a lot more empathy than someone who had just done the theory at university or something." - Guest

Peer support is generally described as promoting a wellness model that focuses on strengths and recovery, the positive aspects of people and their ability to function effectively and supportively, rather than an illness model, which places more emphasis on symptoms and problems of individuals (Williams & Dilworth-Anderson, 2002). "Peer support is about being an expert at not being an expert and that takes a lot of expertise" (Repper & Carter, 2011, p. 395).

The peer workforce across New Zealand has increased exponentially in both diversity and numbers since peer roles were first introduced into CMDHB in 2005. This has provided more choice and opportunities to recruit people with the right skills and attributes to work in an acute setting, and increased the confidence in the peer workforce. Other factors may also have contributed to this increased confidence include:

- consistency in the peer employment training programmes providing clear guidelines about the expectation of peer support specialists
- the beliefs, competencies and values in peer support work are the same for everyone, so the team are able to hold one another accountable
- Pathways leadership team are guided by the experience and skills of the team coaches to increase their understanding of working with the peer workforce
- increase in the professionalism of peers, such as punctuality, dress standard, and maintaining safe boundaries
- maturity in the peer workforce as a valued support service.

Stories

The following six guest stories show how Tupu Ake peer staff provide services in relation to the six peer competency framework values, leading to change for the person. Each core value has been defined in a box beside each story. This is followed by an analysis of how the story demonstrates the core value. The committee's thoughts have been shared underneath.

Mutuality

Mutuality - the authentic two-way relationships between people through the kinship of common experience.

I had been admitted to hospital due to an overdose. When I came to Tupu Ake I was concerned I might see people I knew, because I had worked in mental health before. I was reassured that my privacy wouldn't be breached. I was troubled.

I'm also selective about who I spoke to, and they would just come and keep checking on me. Staff are very caring. Very, very, caring, not just because it's their job, it's beyond their job. Having worked in the field I have noticed some of the staff become blasé and desensitised, but not at Tupu Ake.

The peers would be the number one thing that made a difference. Someone came and said in a peer support way, "This is my experience." It just blew me away. When they shared their stories, I thought "Wow, I can talk, I can share what I'm going through." I was able to finally talk freely with no judgement. This is massive, the fact people have had the same experiences. It's because of this I am now able to speak more freely with the support people I work with.

It was meaningful having their journey, knowing how they became unwell, what had an impact on them so they can work in the space they now do. They let me know it's not over yet and that recovery is a constant journey. In my mind I always figured it would just go away. When I left I realised "Wait a minute, this is a journey and I'm always going to face it and it's not going to be eliminated". I keep in touch with one of the other guests who was there at the same time. We talk about what happened and I can tell his care was just as specific to him. We're not just a number, and each person mattered.

They gave me hope, that it's not all that bad experiencing this, and I'm not a hopeless basket case. If I am having a bad time now, an aspect of hope still lingers with me strongly. When I have bad days and start thinking I can't face things anymore, I think about the hope they gave me.

Analysis

Description

The role of mutuality in a peer support relationship implies people both learn from each other and share responsibility for figuring out the rules of the relationship. It means sharing our vulnerabilities and our strengths and finding value in each other's help (Mead & MacNeil, 2006).

Story selection

This story demonstrated how peers shared their stories and knowledge to create a mutual space that enabled guests to feel comfortable to talk about their own experiences. The guest felt confident they wouldn't be judged and they described overcoming their own self stigma, no longer feeling like a "hopeless basket case."

Their journey was quite powerful. The value of peer involvement was life-changing because the guest could relate to the peer's story and begin to recognise their own recovery as a journey. They then were able carry that forward and feel hopeful during tough times.

Experiential knowledge

Experiential knowledge - The learning, knowledge and wisdom that comes from personal lived experience of mental distress or addiction and recovery.

I had been through a bad break up and tried to take my own life when I first came to Tupu Ake, and I was going through a bad space. I stayed for two weeks and got my mind straight, and then I ended up having a tangi and unveiling during that time also.

When I got back to work I started having flashbacks of past experiences and fell back into a hole. I was offered respite and was happy when they brought me here. I had no choice, if I didn't come here it would have been there [inpatient admission]. So I did it for my family so they could come and visit me.

I didn't take much notice of the mottos on the wall when I first arrived, and didn't start going around and reading the quotes till recently. I wanted to see what other people had written. I found it very powerful to see what peers had written.

My biggest issue was learning to let go of the past. I could feel the pain in my heart. Peers helped me very much to do this, and I also used this motto on the wall:

You have to make the decision to

Let go of the past

If you want to move forward

Reliving your painful past will poison your heart and your tomorrow.

If you look today through the eyes of the past

Having peers in the same position or similar helps. It gave me hope and made me realise there is always tomorrow. There is a wellness class every Monday, Wednesday and Friday where staff talk about triggers and how to cope. It's really good. Peers helped me to discover coping mechanisms through the classes, and talking with peer support about things like positive thoughts, staying calm, walking away and learning how to cope and what to do if I feel triggered.

The peers helped me do a wellness plan when I first came in, and with setting goals. The goals may start basic, eg wake up, make bed, breakfast, and have a shower, which is really helpful when you are in a really low state.

The peers encourage you to make your own goals and break them in to short term goals to help you get there. Starting with short term goals like what do you want to work towards by the time you leave, then working towards goals you want in life. Short term goals were effective for me.

Peers don't tell you what to do, or how to do things. They just point you in the right direction and help you find the right way. I don't like being told what to do, so that's a bonus. They aren't 'bashing' it in to you. I have been more receptive to their messages than if it was someone else.

The first time I came in here I had my hoodie over my head, and my glasses on, and wouldn't make eye contact. Just conversing with the clinical team yesterday it was a good laugh. I would have liked the peer support specialist to be there so they could see how far I have come. The fact I'm doing this [interview] is a big step.

Analysis

Description

The role of experiential knowledge in peer support is to use experience of similar circumstances to support guests to find ways of dealing with their distress. By spending time with peer support specialists, guests are able to validate their own coping mechanisms and improve their self-confidence. (Reidy & Webber, 2013).

Story selection

This story demonstrated the value of the relationship with the peers, and how the guest was able to relate to the peer's lived experiences then actively reflect on their own experiences and seek opportunities to learn and grow.

The storytelling committee discussed how this story also strongly reflected the core value of mutuality and could have been used for either value. The two values are not mutually exclusive. The story shows how these values scaffold—in order to use experiential knowledge, the guest and the peer needed to build a relationship based on mutuality.

Self-determination

Self-determination - the right for people to make free choices about their life and to be free from coercion on the basis of their mental distress or addiction.

I first came to Tupu Ake 3-4 years ago. Now I choose to come here instead of going to an inpatient unit because I know the peers, and I know how I am going to be treated, the environment is safe, and partly because it's peer led.

The house is beautiful and well set up, but if it had different people it would be quite different. It is a calming environment, welcoming, nurturing. If I couldn't go to Tupu Ake, I would prefer to stay at home with HBT[1] support.

Coming to Tupu Ake has stopped me from going in to the inpatient unit lots of times. I would get worse in an inpatient unit because of the environment. If you're in hospital you feel like you've gone backwards and think "Am I that bad?"

Peers sit down and go through a plan with you — if you're only going to be here for four days, what are the best things to do? Doing a plan helps with knowing what I am here for, what do I need to change, and what do I need to work on. The peers supported me to take the plan back to the clinical meetings. A couple of times I would say I want to talk to the clinical team and they [peers] would help me with what to say.

[1] Home based treatment

I find it easy to talk to the peers, and find they understand, if not your situation, what it is like. The peers work with you to help find solutions to different things and support you to break things down so you can work on one thing at a time, which is important to me. This helps with looking at core strategies differently too.

You slowly change your outlook and things you might find really hard ease up and you get stronger. It helps that you can talk to peers, if one can't help, another can. If you don't want to work with a particular peer they don't pressure you.

Part of what works is they meet you where you are at — if you are hiding in your room they will keep checking and build a rapport which shows it's a caring environment. The peers are visible and meet you were you are at by conversing with you and shooting the breeze. I've been in other places where they don't talk to you, they don't give a care and you're left alone.

The peers make you feel valued, they have a vested interest in helping you and help show you the bigger picture as sometimes you are only focussed on small things. So they remind you of things like "Last time you were here this was happening, but it's not anymore," or saying things like "Your episodes aren't as long, or look you're here for shorter times."

Analysis

Description

The role of self-determination in peer support is to facilitate informed decision making opportunities that enable guests to have choices. Having a choice to access acute level care at Tupu Ake services creates a greater sense of autonomy for guests. This is critical to the recovery of people experiencing mental distress (Mancini, 2008).

Story selection

This story demonstrated how the guest was encouraged to make choices and to take the lead in deciding their priorities and focus during their stay. There was no pressure or ultimatum to work with particular peers, and the guest was supported to be involved in a way that respected where they were at in their individual journey.

The committee discussed the meaning of self-determination and the role of peer support after revisiting the initial selection. This story best demonstrated how PSS engage with guests to support autonomy and self-determination. People are more likely to feel hopeful and maintain wellness in the community if they believe they have choices and are in control of their lives. The guest, who had accessed Tupu Ake services in the past, was reminded by the PSS of their own personal agency.

Participation

Participation - the right for people to participate and lead in mental health and/or addiction services, including in the development or running of services, as well as in their own treatment and

I've been to Tupu Ake several times with depression and suicidal thoughts and have always been fairly acute. After my first admission to Tupu Ake, I have requested to come here. If this place didn't exist I would have probably been sectioned which wouldn't have been good.

Coming here felt safe without being locked up while I got my head together. Tupu Ake is a time out healing space. A space it is safe to be depressed without having to put on a happy face. Peers were good at recognising when I needed more support to make it through those few days when I couldn't do it independently.

Instead of 15 minute observations like at the inpatient unit, staff would do safety checks. Just knowing someone was going to pop their head in the door was really good. You have team support at Tupu Ake, the nurse, your peer support specialist and clinical team coming in. So you have a variety of people you can talk to about different things.

When the nursing team would arrive I could just answer questions. Peer support staff were part of the meetings and would sometimes talk as well, but clarify things with me, as I wasn't always good at talking.

I didn't really talk that much as I am a private person, but just having people around was good. Sometimes I'd just sit in the kitchen while other people were baking. I didn't tell any friends or family either, so I had no other support. I didn't want to tell anyone, even though I was advised to by my clinical team. Peer support were there to advocate on my behalf and support me to tell friends when I was ready to.

When I did tell friends they came to visit at Tupu Ake, so to be able to come and visit me here was really nice. I felt less bad about them coming here than to an inpatient unit.

There are lots of spaces and options to go for a walk or to the shops. Peers were always available if you wanted to go to the shops or for a walk. I spent time talking with a peer about sleep hygiene and making a list, which even now I sometimes refer to, so there were some more longer term things. Having that tangible thing to take home was really good. Tupu Ake allows you to do for yourself.

Analysis

Description

The role of participation in peer support is to create an environment that supports autonomy, equality and reciprocity. Guests are seen as experts in their own recovery and therefore able to participate and lead in their recovery.

Story selection

This story demonstrated the role of PSS in an acute environment by providing a range of activities and spaces that offered the guest opportunities to participate and lead their own recovery. The option to choose to be around people without having to actively participate in the activity is a powerful example.

PSS will often advocate on behalf of guests and support decisions they have made with regards to who will be involved in their care, when and how. This reduces the power imbalances that often exist in a professional-client relationship as experienced in a clinical setting. For example, the guest's decision about who would be involved in their care was respected and actively supported. They were given an opportunity to decide to involve other people when the time was right for them.

Equity

Equity – the right of people who experience mental distress and/or addiction to have fair and equal opportunities to other citizens and to be free of discrimination.

I was first a guest seven years ago. I didn't last long and eventually went to hospital. I wasn't in the space to take on the support they were offering.

My first inpatient experience wasn't a pleasant experience.
I was about 17, it was really scary. I can't really put into words what it was like especially because I had no experience with anyone like that. Only one nurse in 2 months asked me how I was. The team at Tupu Ake are all like that (asking how someone is). Staff aren't here just because it's a job, they are here because they are compassionate.

I stopped drugging and drinking after my first stint in the inpatient unit and when I was first diagnosed. I went from a huge network of friends I thought I had, to having none. I had been in an abusive relationship at the time which didn't help and was newly clean and sober. I had been confident when I started to use drugs and drink and at the start of the relationship I was in. There was the former self, then the anxiety I had etc in dealing with people. I still have moments I struggle with it, but nothing like I did. It's not debilitating where it has an impact on everyday life.

About 6 months after I came out of hospital I did my peer employment training and got a casual position at Tupu Ake. I was still quite vulnerable and didn't have much confidence. My confidence grew with the people around me, management and peers who have nurtured me to build that confidence.

The team coaches seem to have identified something in me. When I started I look back now and they must have seen something in me that I didn't see. I've grown so much in the job professionally and personally. The longer I am here, the more confident I get.

Getting moved to a permanent role helps with feeling I am achieving some sort of success. There have been times where Tupu Ake has been a wellness tool. When I am struggling I come to work and I get just as much out of doing the work as I am giving back.

There is a diverse group of people at Tupu Ake from all sorts of cultures, ages and backgrounds, with strengths in different places. It works. I found something here. This group of people here we have so much fun. I've found my place in the world where I fit and people where we love one another unconditionally.

There are moments where it's been tough. I love it though, being here has helped me to be accepting of my diagnosis to the point where I don't care. It's allowed me the freedom to express myself and be proud of it. It makes me grateful when I see people who are still struggling and I'm not in that place anymore.

Analysis

Definition

The role of equity in mental health and addiction services promotes social inclusion and the right for people with lived experience to participate fully in society. This includes equal access to housing, education and employment opportunities without discrimination because of their experience of mental distress and/or addiction.

Story Selection

Pathways has created employment opportunities for people who experience mental distress and/or addiction. This story demonstrated how the organisation valued their experience. People are not defined by their diagnosis, which has often led to discrimination from potential employers.

Peer support specialists are accepting of guests and one another, and provide unconditional support without prejudice or judgement. There is a sincere and genuine belief in each other's strengths and abilities that increases the likelihood of people having a valued place in their communities (Mental Heatlh Commission, 2004).

Recovery and hope

Recovery and hope – the belief that there is always hope and that resiliency and meaningful recovery is possible for everyone.

I was born a heroin baby so my decisions were made for me and then I lost my mum.

My last admission to an inpatient 8 years ago lasted 3.5 months long. At that time I was on clozapine and in out of hospital a couple of times a year.

I was being supported by community living service (CLS), who helped me to find a place and furnish it. I had a prior conviction and had been on an invalids benefit for 6.5 years when they told me about a cleaning vacancy at Tupu Ake and asked if I'd be interested.

On the morning of the interview I threw up my breakfast. At the interview the last question she asked me was "Have you ever been involved with the police?" I told her I had, in October 1999. She said "That's a long time ago." That's why I came here, she could see the goodness in me. I could have quite easily played the mental health card and stayed on the benefit, but what appealed to me was the closeness of the team. Just seeing people like myself and they were working.

The CLS team supported me with a HOP card, and I started a cleaning role here 3 days a week, which turned in to 6 days a week. The team coach approached me to say do you fancy doing the peer support qualification. I have major head injuries so I had a reader writer do it with me and I passed by 1 per cent.

Now I'm a senior peer support specialist. When the vacancy [for the role] came up I didn't apply for it and some staff told me off and said it's time to do it. I was scared of the computer side of things and being in management. I had always been an Indian, not a chief and I grew into the role.

Tupu Ake has helped me get all my family close. I'd stayed away because of my depression. It has helped keep me well, the people at Tupu Ake ask how I'm doing and genuinely care. They know me. I'd try and get away from the services and self-medicate with alcohol and poly drug abuse. Seeing people stop and start meds, which is what I used to do sometimes. Seeing what the guests go through made me never stop taking mine, taking meds correctly is important.
I've turned out to be the people I tried to get away from and become the mental health support team. We change people's lives. Everyone who comes through is a pioneer.

We support in the moment of need and it doesn't feel like work a lot of the time. I've got a job where I use my heart and my soul instead of my back.

It has changed my whole life and given me meaning and purpose. There are two job types in the community, one is in the pubs etc which is part of the problem. We're part of the solution here.

"For me, my goals were first to get a job and get off the benefit. Tupu Ake has given me a dream."

Analysis

Definition

Through shared lived experience and the belief in someone even when they are not ready to believe in themselves, PSS will often inspire hope. Having hope is a critical to recovery from mental distress and/or addiction.

Recovery means different things to different people and it is important for people to be able to define what it means for them. In its broadest context, it is often described as the ability to live well in the presence or absence of one's mental illness (or whatever people choose to name their experience) (Ministry of Health, 1998).

Story selection

The story demonstrated how Tupu Ake has changed people's lives, by creating opportunities to achieve their goals and experience a quality of life they may not have believed was possible without someone believing in them first.

The reciprocal relationship of working as a peer support specialist enabled the storyteller to gain further insight into their own recovery and discover ways they could increase their resilience. The story also demonstrated their ability to share their experiences with guests, to inspire hope that, they too, can recover from mental distress and go on to lead meaningful lives.

Each of the stories had elements of hope and recovery. This story appealed to the majority of the committee members as it epitomised the core value of hope and recovery, and for the way it transcended the role of PSS to demonstrate how they also interact in a collegial sense by encouraging, accepting and valuing one another.

Service objectives

As identified in the executive summary, CMDHB developed Tupu Ake service objectives in 2008. These, in addition to the peer values and the vision outlined in *Our Lives in 2014* (Mental Health Commission, 2004), provide a steer for the organisation. Narratives from key stakeholders, service use data and client characteristic data are combined under the service objective headings below, to provide further insight into how Tupu Ake service functions.

To provide a service and setting and staff that is valued by guests, so that the service is experienced as welcoming, safe, comfortable and supportive.

The physical environment is experienced as welcoming and comfortable. The kitchen is described as the heart of Tupu Ake by guests, PSS and non-peer staff. Pathways leadership team described how it felt for them going to Tupu Ake at mealtimes and special occasions. They described being met by 'warm smells' coming from the kitchen and everyone sitting around the table, engaging as they would in other places.

Similar to a family home, the kitchen provides a physical space to connect that is warm and inviting. For one guest, just being able to be in the same space with other people was comforting and created a sense of belonging, without having to actively seek company.

"Having the dining room when people eat together creates a homely atmosphere."- Guest

Pathways recognises whānau (family) have an important role in people's lives and that they may experience distress when their loved ones are admitted to an acute treatment facility. The environment is inclusive, as shown by the creation of a whānau room for people to spend time together. This has a toy box and chalkboard so the environment is more comfortable for younger members of the family unit. They can play and engage with their family members in a way that reflects what would otherwise happen in the family home.

The homelike environment at Tupu Ake reduced some of the stigma guests experienced when friends and whānau visited in other settings.

"It's the first time my dad has visited me. It made a big difference, especially when we had not had a connection before. He was very comfortable when he came to visit. My step mum visited me in the inpatient unit, but not my dad. It helped when my family came to visit. I didn't like the thought of my family coming to visit me there [Inpatient Unit] and the embarrassment of being there. I find it hard with whānau not being involved because I'm whānau orientated." - Guest

Family or whānau are often the main support when discharged from acute services. Almost 40 per cent of people who accessed Tupu Ake services reported living with whānau, highlighting the importance of maintaining whānau involvement during guests' stay.

People who access acute mental health services have often experienced previous trauma in their lives. Pathways has demonstrated a commitment to deliver services that don't re-traumatise people, by ensuring PSS are appropriately trained in de-escalation techniques such as non-violent crisis prevention training (CPI – Crisis Prevention Institute) and organisational training on trauma awareness and trauma informed practices. Peers are encouraged to support people without coercion, restriction or use of any techniques that reduce the person's ability to take responsibility for their own lives. In addition to this, peer employment training emphasises trauma-informed care.

"Peers have to have the skills to deescalate, as they don't have seclusion or restraint. That is part of what makes it a healing environment'." - Pathways leadership team

Tupu Ake has been described as a sanctuary or a safe haven. For one guest just knowing someone was there to talk to when their levels of distress became overwhelming was important. They commented "I never felt frightened here. I only had to find someone and say I don't feel well and they just came and talked to me and I'd feel better."

Other guests described what safety meant for them.

- Feeling safe to talk to people about what they are experiencing, without judgement.
- Feeling safe in the environment in which they are receiving care.
- Feeling safe they won't experience stigma if they access support.
- Feeling safe that at the end of their stay they will still have their home, their job and a place to belong within the family unit.
- Feeling safe that their level of distress won't escalate to a point they are unable to cope.
- Feeling safe because there is someone who genuinely cares, checking to see if they are ok.
- Feeling safe. "Like I can handle it."

The availability of recovery tools such as wellness plans increased guests' resilience, so they felt safe that they could reduce their levels of distress when they returned home.

"When I first got home I was so friggin' anxious. I went to my brother's for a couple of days and thought am I going to relapse, then thought, no use your tools." - Guest

To rapidly enable service users (guests) to reduce stress levels, enhance wellness and strengthen their own ability to maintain their own safety in the community.

All of the guests' stories described experiences of acute mental distress when they accessed Tupu Ake services. For many guests this was their first time receiving acute mental health and addiction services. Peer support specialists recognised the need to provide a settling in period in which they could focus on building a relationship with guests.

"For me the first thing is to make people feel at home and feel welcome. Let people settle in before they make a plan. Don't bedazzle them; let them get to know us before we start telling them what we can do. A lot of people have never had support, so that can be overwhelming." – Peer support specialist

A range of activities and options were made available to support with guests' recovery and increase resilience. Guests described the value of building relationships with PSS while playing pool, gardening, learning the guitar and expressing their creativity in the arts room.

Guests described how PSS created a mutual space that allowed them to process their distress without pressure or expectations to behave in a certain way. Peer support specialists are able to sit with a level of discomfort in order to normalise the guests' experience while they are processing their distress (Dass & Gorman, 1985). The non-judgmental environment guests described encouraged them to talk openly and honestly about their experiences, often for the first time.

"It was ok to be the way I was and no one tried to change or influence my feelings. They understood and weren't trying to justify why it wasn't normal to feel like that because of factors (eg education, family) in my life." - Guest

The mutual relationship PSS have with guests was emphasised as being a significant factor in increasing guest responsiveness to the support being offered. It also increased their ability to recover from the distress they were experiencing within a short period of time.

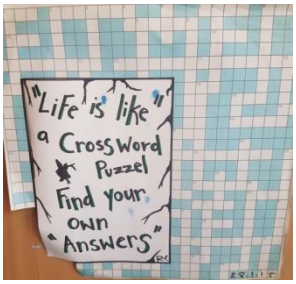
The Tupu Ake overnight programme provides up to seven days of support, with options to extend as needed. This creates an expectation and belief that recovery from acute mental distress is possible within this time frame.

"Seven days is not long, the biggest goal is preparing people for when they go back home, eg support, linking back to the community, taking shared responsibility. The wellness plan is a component of this – the back-bone of our work." - Peer support specialist

Peer support specialists know, through their own experiences and those of others, that there is no right way or only one way to recover from mental distress. They support guests to tailor their wellness plans to suit their needs,

focussing on their strengths and setting achievable goals. Guests are supported to talk to their own wellness plans, to increase their confidence in going home, and to encourage them to take responsibility for their recovery.

Having clear goals with an identified time frame enables guests to focus on recovery without worrying about the negative impact lengthy admissions may have on employment, housing status or care for their loved ones. In comparison to the 7 days support offered at Tupu Ake, the median number of days people received care at inpatient services in 2016 was 14 days (Key Performance Indicators for the New Zealand Mental Health and Addiction Sector, 2017).



"From my experiences it's easier in jail than it is in hospital. When you go to jail you know there is an exit date. In hospital you can't see the end of next week sometimes." – Peer support specialist

Guests shared experiences of feeling better able to cope when they returned home because of the support and interventions provided at Tupu Ake. Some guests shared how they incorporated the use of artwork and sensory modulation in their ongoing recovery.

"When I was in there we did a sensory course. I took it quite strongly and set up a sensory room at home. I love lime green, so my room at home is set up in green and white. It has positive sayings that are from Tupu Ake around the wall. It's therapeutic and I have things I can touch and feel, as well as my favourite scents. I have a little diary in the corner, and I can sit and read." - Guest

Day programme

The service also provides ongoing support to a day programme, which provides an opportunity for people to continue to develop skills while settling back into their home environment.

The day programme has the capacity to support up to 5 guests at any given time, for up to 7 days of support. These days can be non-consecutive and flexible, dependent on the person's needs. Figure 1 shows 26 people accessed the day programme from January 2015-December 2016, which is below capacity. Most people had one episode of care (EOC), with only a few using the service more than once. Seventeen per cent of people used the service more than once in 28 days.

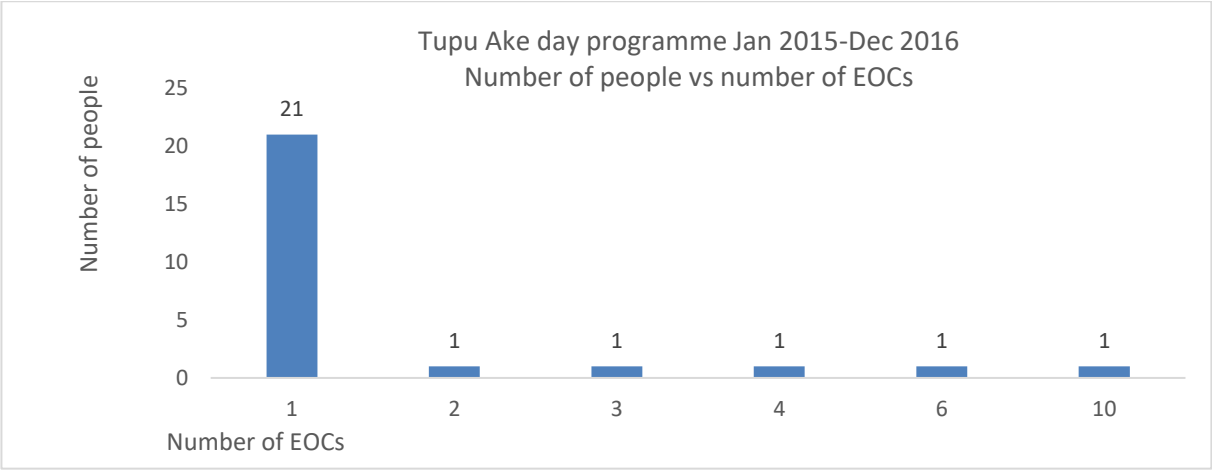


Figure 1: Tupu Ake day programme. Number of people v Episode of care

Information provided by guests who used the day programme suggests this service has had an effect on reducing the likelihood of readmission to acute services for overnight stays.

"I have attended day stays for about the last year and a half and am able to attend when I need it. This place is for if I'm at my wits end—I really need to come. My husband used to question it, now he doesn't. This place is my sanctuary. I think what they do here is they help you a lot, then they wean you off, or whether you tell them you feel better and can take more care of yourself. Being connected and knowing I have a backstop keeps me safe. I do think of this place as part of my support system." – Guest

Registered health professionals in the provider arm acknowledged the value of a day stay programme in providing extra support for guests while they are continuing to recover at home. There is an expectation that anyone who attends must be seen by a clinician at the end of the day, which they have suggested may be a contributing factor to the underutilisation of the service. Crisis team staff recognised the need to follow up with people who are attending the day programme, however did not think face to face contact was always necessary or possible. They identified ongoing challenges with resourcing issues, including time and staff capacity during times of high demand for acute crisis intervention.

To provide an appropriate and comfortable setting for guests to receive services from crisis staff.

Pathways leadership team shared experiences of initial challenges with stigma when establishing the service. A senior staff member in CMDHB clinical services was intent on reinforcing that the use of the peer model in an acute setting could not work. Clinicians wouldn't refer people to the services. Comments such as 'letting the lunatics run the asylum' did little to reduce the stigma experienced by people joining the peer workforce, or to build confidence in Tupu Ake as an acute alternative setting.

The 2011 Health Outcomes International (HOI) evaluation identified there was a continued reluctance from some registered health professionals in the provider arm to refer people experiencing acute mental distress to Tupu Ake. This was partly due to a lack of understanding about the role of PSS and how they would work alongside the crisis staff.

Pathways and CMDHB worked together to improve service delivery by creating a dedicated space at Tupu Ake for crisis staff to complete assessments. The opportunity to conduct assessments on site increased the likelihood of someone accessing acute treatment voluntarily when Tupu Ake was offered as an option.

During this evaluation PSS and crisis staff described an improved understanding of each other's roles. Team coaches recognised the need to negotiate how best to support crisis staff while ensuring processes were safe for guests. This relationship was often compromised when PSS advocated for guests to be involved and supported in all decisions. For example, when there was a need to serve compulsory treatment orders (section 9's).

"We had to make a stand with some practices, eg [not] serving section 9's onsite, but we also realised we needed to get the clinical team onsite and how can we work to find the balance." - Team coach

Some clear processes and guidelines were established to ensure the process was respectful and maintained the core values of a peer led service.

- Ensuring clear communication processes, such as crisis staff phoning prior to coming to the service.
- Having a private space available where guests can be supported.
- Wherever possible, ensuring options and choices are made available to the guest.
- Peer support specialists are involved in clinical review meetings.

Peer support specialists and registered health professionals shared examples that emphasised a more cohesive partnership when supporting guests in Tupu Ake that wasn't present in other services.

"Clinicians are there to do the clinical and they involve the person and peer support in the process. So they (peer support) can be good advocates. The relationship is different. In respite (services), staff go and drop someone off and leave. In Tupu Ake, clinicians work together with peers and guests to come up with plan". -Registered health professional, provider arm

To provide a service and setting that is valued by the crisis services and other provider arm staff who deliver clinical care to guests.

In the 2011 evaluation findings indicated the Tupu Ake service had a positive impact on crisis staffs' thoughts about recovery (Health Outcomes International, 2011). Contrary to this, clinical stakeholders reported that Tupu Ake had little impact on influencing peoples' perceptions of managing acute issues in the community.

During this evaluation, some clinical stakeholders described the difficulty they had adjusting to the peer model, as they had been around since the 'pre-deinstitutionalisation' days. Working in the community and being able to see people well helped health professionals to "get their heads around it [peers working in the community]." There was also recognition that no one was immune to experiencing mental distress, when several of their non-peer colleagues accessed services.

"Tupu Ake and the peer movement in Counties Manukau Health is the biggest destigmatising thing I've seen. Most stigmatising are often mental health workers and their families. The peer impact told the sector people aren't hopeless and that they are capable." - Pathways leadership

Registered health professionals in the provider arm went on to describe Tupu Ake as a valuable extension of the acute service. They attributed this to a combination of factors, including the peer values and philosophies, and the skills PSS demonstrate when providing support to someone experiencing acute mental distress.

"I was working with people who had been working in the services for 20 years plus, so we had some reservations at first. They quickly disappeared once we realised how valuable it was. It's a valuable part of our acute service." - Registered health professional

The term 'the revolving door' has often been heard from registered health professionals and people accessing acute mental health services with regards to the readmission rate in acute admission services. It is important to get the right support for people accessing acute mental health services to reduce the likelihood of readmission or lengthy hospital admissions. The combination of the PSS skill set, the environment, and the skill of the clinicians to recognise who would benefit from staying at Tupu Ake, demonstrates the value of the service.

"Some people have absolutely thrived. When you get to work there, you realise they place the right guests in there. There was someone who was placed there with bipolar and the staff handled her and all her idiosyncrasies really well. They treated her with such respect. She went there three times and avoided hospital admissions that would have been months and months." - Registered health professional, provider arm

One of the skills PSS demonstrate in an acute setting is the value of their lived experience. Guests shared examples of how PSS used their expertise to share stories of hope when they were at a low point, to create a vision of "a life worth living". Crisis team staff described how PSS used their lived experience to effectively communicate messages that positively impacted on guests.

"Even though I'm a health professional, I don't have that lived experience. Often the penny drops when they talk to someone with lived experience, rather than a health professional telling them." - Registered health professional, provider arm)

To safely prevent avoidable hospital admissions and avoidable compulsion.

There is no data available to define guests' level of acuity when accessing Tupu Ake. The indicators of acuity for this evaluation were self-reported by guests, who shared their experiences of acute mental distress. Some described feeling "... at the worst point in my journey" and of "... going through a bad space."

Several guests shared experiences of accessing inpatient services in the past and preferring to receive care at Tupu Ake. If there was not an acute admission alternative such as Tupu Ake, they would have otherwise had to receive treatment at a hospital inpatient service.

Data provided by Pathways for the period 01 January 2015-31 December 2016 shows guests may experience mental distress attributed to one or more mental health disorders that meet the diagnostic criteria in Volume 5 of the Diagnostic Statistical Manual of Mental Disorders (American Psychiatric Association, 2013).

As shown by Figure 2, mental health conditions were reported for a total of 526 people. Psychotic disorders (43 per cent) were the most reported diagnoses. Depression and anxiety disorders were also very common, with approximately 42 per cent of the guests having one of these diagnoses. 15 per cent had received other diagnoses, including a dual diagnosis of alcohol or drug problems, personality disorders and intellectual disability.

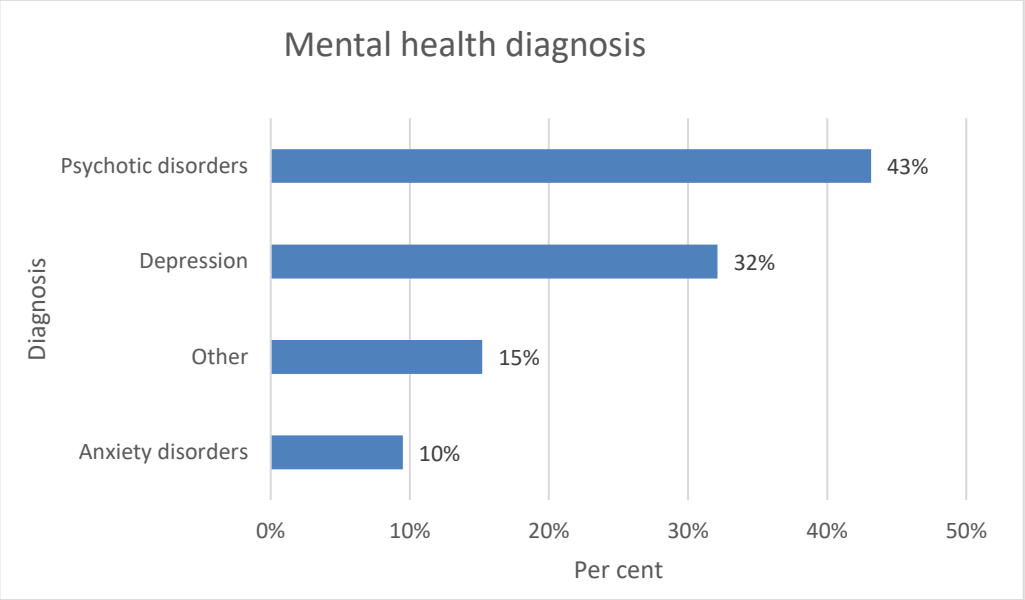


Figure 2: Mental health diagnosis

Peer support specialists view the person as a whole and are more likely to offer holistic support by identifying other factors that may not necessarily link to a mental health diagnosis as causing or contributing to a person's distress. Supporting someone in this way allows the person to articulate what is happening for them at that time and what effect it is having on their mental wellbeing, without having the pathology that is often linked to a mental health diagnosis.

A number of guests attributed their acute level of distress to events such as loss of a loved one, relationship break ups and high pressured work environments. Defining their experience in a way that was meaningful for them helped them to use strategies that dealt with the underlying problem. One guest described having been diagnosed with depression in their twenties and that coming to Tupu Ake supported them to grieve for the first time following the death of their dad.

"I hadn't really grieved prior to coming to Tupu Ake. I remember one of the seniors taking me for an hour long walk. I pretty much cried the whole way round. Once that lifted, I started healing and was able to open up more to the peers. Tupu Ake saved my life, if I hadn't come here, I'd be six feet under. I had attempted suicide four times." – Guest

To provide an alternative service and setting to admission to an inpatient unit.

In the 2011 evaluation crisis staff perceived it was only possible for Tupu Ake to provide an alternative service and setting to admission to an inpatient unit with the continuation of the registered nurse role (Health Outcomes International, 2011). The role was initially introduced as a temporary measure for the first 18 months.

Based on recommendations from the 2011 evaluation, the role of a registered nurse was included as a requirement for up to 16 hours of support per day. This has provided some added reassurance for provider arm staff that Tupu Ake can provide acute alternative care in the community. The Tupu Ake nurse supports with administering medication, physical issues, and clinical decision making in the absence of crisis staff. However, clinical oversight remains with the crisis staff.

"There is a real positive to a nurse being there, in regard to clinical staff and around medication. They are able to challenge the medical stuff – they can question if the medication is the right medication etc. Also with knowing the difference between what is a mental health symptom and behaviour stuff." - Registered health professional – provider arm

Pathways has also implemented policies such as ensuring medication is blister packed and there is a requirement for all staff to hold current first aid training certification.

Co-existing problems

Substance use such as alcohol, cannabis, methamphetamines and amphetamines are known to exacerbate the level of mental distress people may be experiencing. 'Substance of choice' data, including use of Benzodiazepines not as prescribed, was provided for 309 people. It does not capture substance use at the time of admission, the impact of use, nor people's perception of use.

As shown in Figure 3, alcohol was the most commonly reported substance of choice (57 per cent), followed by cannabis (19 per cent) then nicotine (12 per cent).

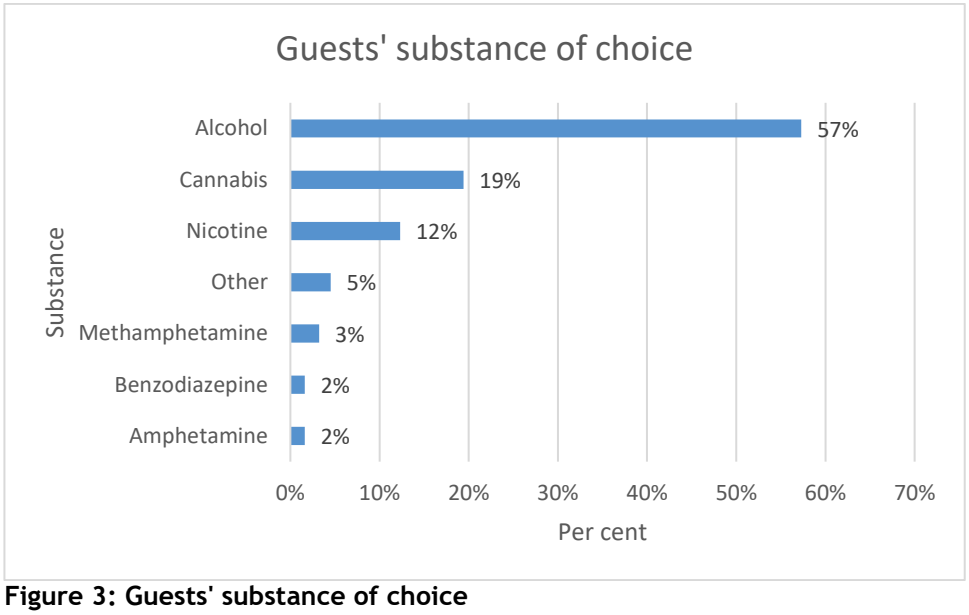


Figure 3: Guests' substance of choice

In addition to substance use problems, 249 people had physical health conditions. Figure 4 shows asthma (24 per cent) was the most commonly reported condition. Another quarter of people experienced diabetes or heart

disease. Thirteen per cent of people experienced allergies or arthritis. Several other physical health diagnoses including cancer, mobility disorders and epilepsy were also reported.

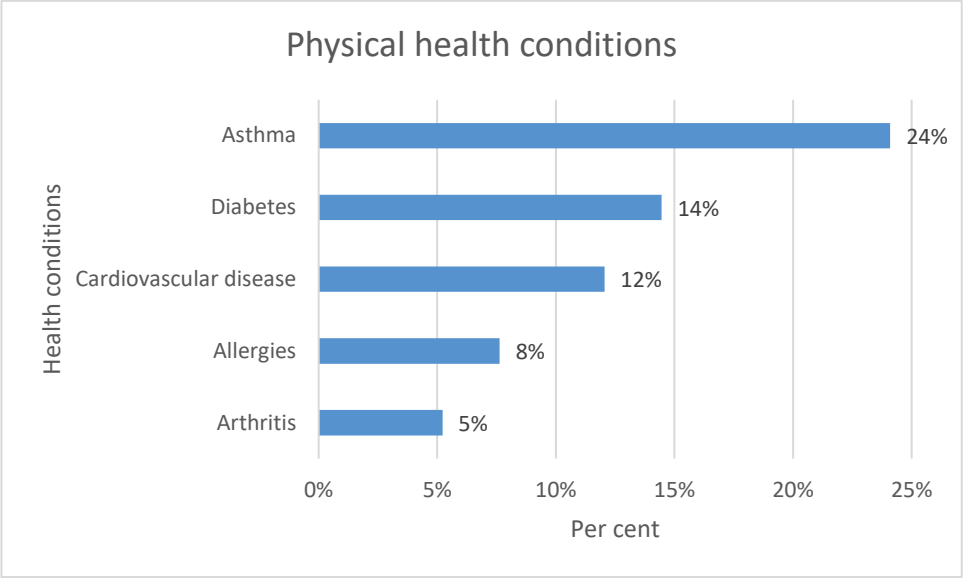


Figure 4: Physical health conditions

Although some PSS have lived experience of both mental health and addiction problems, there is no specific health literacy training available for PSS to increase their skill level when supporting guests with complex needs, such as substance use and physical health problems.

There were some initial concerns from several stakeholders about the ability of PSS to provide acute support in a community setting. Peer support specialists and team coaches spent time in the early days doing road shows and presentations to increase confidence in the service. They used these opportunities to showcase the competency of the peer workforce, increase understanding of the peer support model and share why it works.

> "There was a bit of anxiety about the way they work, what they do, and like anything we don't know, we fear. But I have learnt about the way they work and what they do. They have a purposeful relationship, and use purposeful stories." - Pathways leadership team

An increase in people accessing overnight services is an additional indication that the way stakeholders value Tupu Ake services as an acute alternative has shifted. The data provided by Pathways shows the number of people accessing the overnight function since the 2011 evaluation has increased.

- 296 guests accessed the overnight function between 15 July 2008 – 31 August 2010.
- 564 guests accessed the overnight function between 1 January 2015 – 31 December 2016.

The data shows 78 per cent of people (*n=435*) accessed Tupu Ake overnight services once with less than 7 per cent *(n=42)* of people readmitted three or more times during this time period. Ninety-three per cent of guests were not readmitted to Tupu Ake overnight services within a 28 day period.

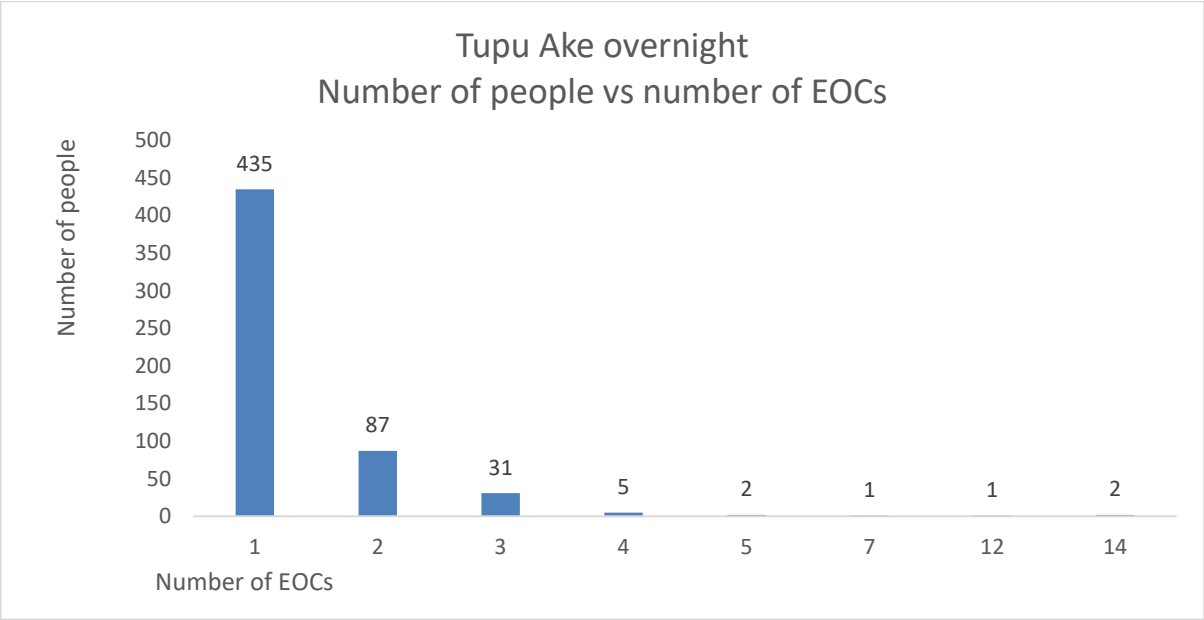


Figure 5: Tupu Ake overnight use. Number of people vs number of episodes of care

Demographics

A third of people accessing Tupu Ake services were between the ages of 21-30. Less than ten per cent of the people accessing the services are under the age of 21, and a further 6 per cent recorded as being between the ages of 61 to 70.

Table 2: Guests' ages

Age range	Per cent
Under 21	6%
21-30	30%
31-40	23%
41-50	22%
51-60	11%
61-70	8%

Table 3 on the next page shows guests' most common ethnicity was reported as NZ European (32 per cent). Māori (29 percent) was guests' next most commonly reported ethnicity. Pacific people represented one-fifth (20 per cent) of the guests who accessed Tupu Ake services. 'Other' in the following table includes African, Middle Eastern, South African and Australian.

The number of Māori accessing Tupu Ake services has reduced from 33 per cent reported in the 2011 evaluation. Similarly, the number of Pacific people has reduced from 25 per cent.

Table 3: Guests' ethnicity

Ethnicity	Per cent
NZ European	32%
Māori	29%
Pacific	20%
Other	9%
European	6%
Asian	4%

Several participants who shared their experiences identified as Māori. They all expressed feeling comfortable and supported at Tupu Ake, either as staff members or guests. Of particular importance was an environment that was welcoming and supported whānau involvement.

Conclusion

The narratives presented above demonstrate the effects of Tupu Ake on key stakeholders. People have been offered the choice between Tupu Ake and receiving acute level care in an inpatient setting. The skill of the peer support specialist to share their experiences in a meaningful way using wellness plans, activities and wellness tools, enables guests to recover from their mental distress within a short period of time. The hope and belief PSS have in their guests' ability supports people to build resilience and maintain wellness in the community.

Service use data shows the median length of stay is 7 days, with the majority (93 per cent) of people accessing the services once during a 28 day period. Service use by Māori and Pacific people has reduced since 2010, though referrals to Tupu Ake overnight services are more frequent and overall use has increased as a result.

The cause for the apparent shift in clinical stakeholders' perceptions and increase in referrals appears to be strongly linked to an increased recognition of the value of lived experience and understanding of how peers work. The stigma that people who have accessed mental health services could not work in the sector was also challenged, as health professionals observed the service and positive outcomes for people using it. Other factors may have also had an effect on the increased access, such as:

- an increase in people requiring acute admission services and in bed pressures generally across the district
- a change in the service specifications to increase access for people to transfer from inpatient services to Tupu Ake. Prior to this, people were unable to access Tupu Ake services from inpatient services. This was a proposed model of care configuration and seems to be well received by provider arm services and more acceptable to people using services
- recognition that the median length of stay at Tupu Ake indicates people recover more quickly from the acute distress they are experiencing.

Overall, the evaluation demonstrates the positive effects of Tupu Ake as an acute admission alternative in the community. This specialised acute care is delivered in a homelike environment that feels safe, provides hope and supports guests' autonomy to lead their own recovery.

Next Steps

There has been a shift in the perception of the peer support model and clinical pathways have been improved and further developed since 2011.

Next steps could include:

- developing best practice guidelines for a shared support approach to lessen any remaining tension between the peer model and the medical model. This would enable both registered health professionals (in both Pathways and the provider arm) and PSS to retain their unique skill sets while working in partnership to support guests accessing Tupu Ake services
- shared learning opportunities to both increase health literacy for PSS and understanding of recovery models for registered health professionals
- shared learning opportunities to learn from one another how each provides support that is trauma informed
- shared learning opportunities within Pathways to increase understanding and awareness of the different functions and skill sets in each team
- monitoring the rates of Tupu Ake service utilisation by Māori, given that Māori are 2.5 times more likely than non-Māori to need acute level support and represent 16 per cent of CMDHB's total population. The potential fit of Tupu Ake as an acute alternative for Māori could also be explored and promoted
- exploring ways to increase access to the day programme service without reducing the level of care that may be required such as face to face meetings with crisis team staff
- analysing Tupu Ake service use data compared to inpatient use data, to gain a better understanding of the effect of Tupu Ake services.

Final words

Ko Ngātokimatawhaorua te waka
Ko Puke huia me Puke haua ngā maunga
Ko Hokianga Whakapau Karakia te moana
Ko Ngāpuhi me Ngāti Porou ngā iwi
Ko Ngāti Hau te hapū
Ko Kerri Butler ahau

This evaluation provided an opportunity to be involved in a collaborative piece of work that embraces and nurtures the value of lived experience. The work encompassed Tupu Ake as a peer led service, use of MSC methodology, and the relationship between the peer evaluator and researcher roles.

The mutuality of peer to peer relationships and the exploratory journey of recovery transforms people's lives. There is an understanding between the peer support specialist and the guest of recovery as the end goal, but there are no rules or set pathways that must be followed to reach that destination. Instead, PSS use their own experiential knowledge to provide guests with choices and options they may find useful in their recovery. Peer support specialists believe in the guest's ability to lead their own recovery using their strengths and skills to enhance their wellness, and encourage guests to take positive risks in order to grow and realise their own potential.

In a similar way the transformative leadership style demonstrated by Heather Kongs-Taylor as the researcher enabled me to use my own lived experience and the most significant change methodology to guide the evaluation. There was a shared understanding of an evaluation goal to identify the effects of Tupu Ake services for stakeholders, but there was also an opportunity for the process and report to evolve organically. Heather used her skills and experience as a researcher to support me with stumbling blocks and to increase my own evaluation skills. There was a belief in my ability from the beginning that I would be able to do this, without ever feeling I was on my own. During the writing of this report Heather encouraged me to 'go with my gut instincts and try it' when I wasn't sure if something would work.

What I didn't expect when I began the evaluation was the personal reflection on my own journey and experiences over the past 25 years. As I listened to guests share their journeys about how they felt empowered to transform their lives during times of acute mental distress, it couldn't be more different than some of my own experiences.

Self-determination wasn't something that was supported or encouraged during my stay in an inpatient unit. Nor was it something I experienced because I felt empowered, inspired and hopeful when receiving care. It was something born from the fear of ever having to experience the inpatient unit again and even more fear that I may be restrained and secluded. In addition to my own experiences, there is the affect my admissions had on my family. In particular my children, who still talk about not understanding why the mean lady wouldn't let mum walk them to the car to say goodbye. My last admission was in October 2008 and since then my children have

visited a friend who accessed care at Tupu Ake. They didn't associate his stay with being on par with visiting me in an inpatient unit.

I feel privileged to have spent time with guests, peers and other stakeholders who shared their insights and personal experiences of their transformative experiences through their involvement with Tupu Ake.

There was a shared passion and belief from Pathways and CMDHB that this would work during a time when a significant amount of stigma and discrimination about employing people with lived experience of mental health and addictions still existed in the sector. I remember it well, as it was prevalent when I began working in the sector in 2009 as a mental health evaluator for a consumer evaluation team.

Tupu Ake captures the best of both worlds when supporting people experiencing severe mental distress. It provides some food for thought for the sector to learn from their experiences when developing partnerships that encompass both the skills of clinical stakeholders and those of people with lived experience.

Gone are the days of 'never the twain shall meet'.

Kerri Butler

Appendix A: Storytelling process

1. **Determining the type and topic of stories to be collected.**
   A programme logic workshop was conducted with Pathways management to identify if the 2011 programme logic was still relevant for this evaluation. The programme logic articulates the programme theory eg the links between the anticipated actions, outputs, outcomes and impacts.

   A key finding from the workshop was the programme logic needed to be updated to reflect the experience of the people, as the 2011 programme logic was used to assess service delivery against service objectives, rather than guest perspective.

   Tupu Ake senior peer support specialists and team coaches were engaged to contact guests who represented a range of different ages and ethnicities, to provide information about the evaluation and invite them to be involved.

   Other key stakeholders such as Tupu Ake staff, registered health professionals (including District Health Board management) and Pathways leadership team were also invited to participate.

2. **Gathering stories and using systematic selection in a committee to determine which stories are the most significant.**
   Broad objectives and questions provided the foundation to begin gathering stories from key stakeholders. This was to enable the guests to share their experiences without predefined indicators or domains. By using this approach we were able to use narratives gathered in the early stages to define the domains of change used to demonstrate the effect of the service provided by Tupu Ake. This ensured the authenticity of the guest's journey, including what they felt was important and what made a difference for them at Tupu Ake.

   The key factors they described aligned with the peer values documented in the peer competencies for the mental health and addiction peer workforce document (Midland District Health Board; Northern Regional Alliance; Te Pou o te Whakaaro Nui, 2014). The core values are mutuality, experiential knowledge, self-determination, participation, equity and recovery and hope. These are described in more detail throughout the report.

3. **Sharing and discussing the stories to deepen stakeholders' understanding of participants' experiences, to learn about which organisational components are valued.**
   Nineteen people shared their stories and insights during the evaluation, of which 11 stories were from either guests or peer support specialists. The stories were read aloud over two storytelling sessions, with the intended outcome of selecting one story for each of the domains.

During these sessions other themes were identified which have also been captured in various parts of the report. These include environment, whānau (family), and the role Tupu Ake has in providing employment opportunities and career pathways for people with lived experience of mental health and addictions.
The final selection of stories was completed during a third storytelling session where storytelling committee members clarified their understanding of each of the domains and discussed the stories they felt best represented each value. Stories were discussed in detail before reaching a consensus for the final selection.

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