PASIFIKA ACCESS & CHOICE

PRIMARY MENTAL HEALTH PROGRAMME

PROCESS EVALUATION REPORT

June 2022

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CONTENTS

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INTRODUCTION

The Ministry of Health seeks to understand the process that has been used to develop the new Pasifika Access and Choice Primary Mental Health services including the services design process, use of prototyping and how the services were 'stood up'; as well as understanding the early impact the services are having.

This document summarises our process evaluation for the Pasifika Access and Choice Primary Mental Health Programme which focused on the achievements, challenges, opportunities, prototyping and implementation process as providers established new services and programmes. It is part of a broader comprehensive review of the programme, including an impact evaluation to be carried out in 2023.

THE PROGRAMME

Expanding access to, and choice of, primary mental health and addiction (Access and Choice) services is the flagship initiative for Government and the cornerstone of the Wellbeing Budget 2019. There is particular emphasis on expanding access to services for people with mild to moderate mental health and addiction needs who are unable to access secondary mental health and addiction services.

The aim of the Access and Choice funding is to expand on current service delivery to:

- increase access and equity of access,
- increase choice in addressing people's holistic needs,
- reduce wait times, and
- improve outcomes and equity of outcomes.

In addition to focusing on equity of outcomes for specific populations in the general practice Access and Choice approach, funding was targeted specifically towards Pacific primary mental health and addiction services. This is in recognition that Pacific populations experience disproportionately higher rates of mental health and addiction issues, yet have low access rates to support services.

Pacific People are inequitably affected by mental health and/or addiction issues and can be hesitant in seeking help or support outside of their family, and when help is sought, or when services are received, it is often during a crisis period. The intention of the services is to utilise pathways earlier, and that Pacific People are familiar with, such as Pacific primary and community healthcare to increase access and choice when seeking help.

EXECUTIVE SUMMARY

The Pasifika Access and Choice process evaluation sought to answer the following questions which were developed during the co-design of the evaluation framework with Pasifika Access and Choice providers:

01 How are the operational and management processes supporting the development and delivery of services?

02 How have service users and their families been engaged in the design of services?

03 What Pacific models of care are being used to support Pacific People?

04 How has the Pacific workforce that supports mental wellbeing and reduced substance related harm grown and developed?

INSIGHTS

The findings of the process evaluation are presented within the following six insights, which are discussed in more detail later in this report. The insights are overlapping and inter-related:

1. Pacific values and approaches integrated into service delivery
2. Some progress despite significant workforce challenges
3. Covid-19 has created challenges and opportunities
4. Service uptake has been slow in a demanding environment
5. Providers would benefit from more support
6. There is a learning and iteration opportunity

STRENGTHS, ACHIEVEMENTS, CHALLENGES AND OPPORTUNITIES

The process evaluation has revealed some valuable **strengths and achievements** with the programme. Pacific providers are:

- resilient and have adapted to mitigate the impact of adversities
- utilising networks to share knowledge and resources
- positive about the relationship they have with the Ministry of Health.

The Pacific workforce are dedicated to achieving better and equitable wellbeing outcomes for Pacific people.

There have been some significant **challenges** establishing the new services that make up the programme including Pacific providers:

- having difficulty finding and retaining clinical Pacific staff
- experiencing pressure and distraction due to the Covid-19 pandemic
- finding the reporting obligations of the programme burdensome, with many finding their information systems and capacity inconsistent with the reporting requirements
- having to build their services from scratch with no precedents or models to learn from.

A key challenge for all providers has been the slow response from Pacific communities to the new services, which brings to light issues of stigma affecting Pacific communities related to accessing services for mental health and addiction support.

As with all new programmes, there is always opportunity to improve and some key **opportunities** for change have been identified including:

- providing support to providers in areas where there are capability and/or capacity challenges including co-design, data collection and analysis, and recruitment
- formalising the providers as a community of learning or network with regular training and peer support opportunities.

A detailed overview of strengths, achievements, challenges and opportunities is presented in the table below.

INSIGHTS OVERVIEW

INSIGHTS	OPPORTUNITY	STRENGTHS	CHALLENGES
Pacific values and approaches integrated into service delivery	Document the practical application of the new Pacific models of service delivery.	• Pacific-led and 'for Pacific by Pacific' approaches with staff that apply their Pacific values in practice • Family centred, holistic approaches that prioritise relationships and connection • Services delivered in Pacific languages.	• Services find it difficult to articulate their model of service delivery.
Some progress despite significant workforce challenges	Coordinate staff recruitment and training support for the Pacific Access and Choice provider network.	• The Pasifika Access and Choice workforce consists of 47 contracted FTE roles at 31 March 2022, which is an achievement in itself • Pacific providers demonstrate resilience and have adapted to mitigate the impact of adversities • The Pacific workforce are dedicated to achieving better and equitable wellbeing outcomes for Pacific people.	• Longstanding problems finding and retaining Pacific clinicians • Potential risk to delivering culturally safe services without sufficient Pacific and/or culturally competent staff.
Covid-19 has created challenges and opportunities	Further embed Covid-19 innovations into future service delivery (and measure).	• Providers pivoted to virtual and phone consultations and are embedding adaptations into service delivery • Increased engagement providing services to families that otherwise would not have accessed mental health support • The high-trust relationship and support with the MoH is appreciated.	• Redirecting resources to Covid-19 response has meant establishing Access and Choice services has slowed or halted • The workforce experience pressure and distraction from Covid-19 responses.
Service uptake has been slow in a demanding environment	Focussed promotion of services via referral pathways and direct to Pacific communities.	• Providers are focussed on building trusted relationships with their communities • An increase in Pacific people accessing via word-of-mouth referrals.	• The stigma related to mental illness is a major challenge for Pacific communities and is a barrier to seeking or receiving support • Covid-19 caused delays, referrals are slow, and awareness of services is low.
Providers would benefit from more support	Support providers in areas with low capacity or capability such as co-design, data collection and analyses, and recruitment.	• Collaboration has enabled sharing of knowledge and resources, including staff • Some providers are developing methods to capture client feedback. • MoH made a range of supports available to support establishment of services	• Providers generally do not have the resources to collaboratively design with communities. • Data collection processes and systems vary across the provider network. Reporting is burdensome for most.
There is a learning and iteration opportunity	Establish a Pacific Access and Choice learning network with training and support opportunities. Utilise findings for future contract arrangements.	• Valuable learning from the establishment phase can inform service iteration for both provider and funder.	• Providers systems and processes may need reviewing and updating • Small services (>3FTE) struggle to generate economies of scale.

APPROACH

FRAMEWORK

The initial phase of the Pasifika Access and Choice evaluation required the co-design of an evaluation framework with the Pasifika Access and Choice providers and the Ministry of Health. Phase two of the evaluation framework stipulates a process evaluation to be completed with providers and is the subject of this report. Phase three, the impact evaluation, will take place in 2023.

CO-DESIGN FRAMEWORK
Co-designing of this framework with Pasifika Access and Choice providers (August-October 2021).

IMPACT EVALUATION
Assessment of the impact of the services that make up the programme using the measures identified in the co-designed evaluation framework (completed by March 2023, for the period up to December 2022).

PROCESS EVALUATION
Including a review of initial service design, prototyping, learning and iteration and implementation and provides an early indication of the impact of the programme across wellbeing and recovery measures (completed by June 2022, for the period up to March 2022).

PROCESS EVALUATION

The process evaluation sought to assess the achievements, challenges, opportunities and best practice for the service design, prototyping and implementation process of the programme and was guided by the following evaluation questions in relation to the Pasifika Access and Choice Primary Mental Health Programme:

1. How are the operational and management processes supporting the development and delivery of services?
2. How have service users and their families been engaged in the design of services?
3. What Pacific models of care are being used to support Pacific People?
4. How has the Pacific workforce that supports mental wellbeing and reduced substance related harm grown and developed?

A mixed methods approach was utilised using the following evaluation activities:

- Talanoa (semi-structured interviews) with leaders of Access and Choice services and provider organisations
- Talanoa with staff working in the services
- Review of marketing resources providers have used to improve access to their services, including posters, flyers, social media, webinars, therapeutic group names and content
- Review of staff data (count of staff by ethnicity and professional type) and staff training and supervision records
- Review of documents that describe the Pacific (and other) models of wellbeing providers have used to inform service design and delivery.

There were some methods outlined in the evaluation framework that we were unable to include in this process evaluation: 1) Pasifika Access and Choice services have largely not been co-designed with community members. Consequently providers were unable to gather community members or produce evidence of co-design; 2) the Talanoa Circles established as part of the evaluation framework design process were not continued and therefore there has been no review of related notes; and 3) due to restrictions of time and referrer availability we were unable to talanoa with referrers to the new service.

Members of the PwC evaluation team visited seven Pasifika Access and Choice providers during April and May 2022. They are providing services in seven district health board areas as detailed in the table below.

PROVIDER	DISTRICT
Pasifika Futures (subcontracted to The Fono)	Waitematā Counties Manukau
Vaka Tautua	Auckland Capital and Coast
Fonua Ola Charitable Trust	Counties Manukau
Waikato DHB (subcontracted to K'aute Pasifika)	Waikato
Pacific Health Service Hutt Valley	Hutt Valley
Nāku Ēnei Tamariki	Hutt Valley
Pasifika Futures (subcontracted to Etu Pasifika)	Canterbury

All quotations in this document are attributable to the provider staff who participated in the evaluation.

CONTEXT OF THE PROGRAMME

AS PROVIDED BY THE MINISTRY OF HEALTH

APPROACH TAKEN BY THE MINISTRY OF HEALTH

This section provides an outline from the Ministry of Health on their approach taken in funding and establishing the Pasifika Access and Choice Primary Mental Health Programme. It is advised that this information be considered in conjunction with the insights detailed in the subsequent sections of this report.

The core components of the Access and Choice Primary Mental Health services were co-designed nationally through a series of Talanoa. The outcomes of this work is in the summary document on the Ministry of Health website. The expectation (set out in the service specifications) is that all Pasifika Access and Choice services have these core components – and they work collaboratively with their local communities to agree how the services will be delivered locally (what they are called, where they are delivered from, how they are promoted, the unique tikanga of that service). There was not a requirement to co-design services locally, rather to work collaboratively with communities to agree how these services will look in their local community.

The full-time equivalent rate (FTE) paid across the Access and Choice programme is the same in all workstreams and for all providers. The Pasifika Access and Choice providers are paid at the same rate the DHBs are for providing Access and Choice services. The Access and Choice FTE rate is at the higher end of prices paid for mental health and addiction services across the country.

The Ministry of Health provided establishment funding to all Pasifika Access and Choice services to support service establishment. Providers had discretion over how this funding was spent depending on what infrastructure they already had, but the intent was that it was spent on IT/reporting systems, equipment for staff such as laptops, collaborative design meetings with communities, and other establishment requirements.

Where providers have accrued an underspend due to a slower than expected start to services, the Ministry of Health has taken the approach of agreeing how the unspent funding will be reinvested in the service – rather then clawing back the funding.

The Ministry of Health has separately funded Le Va to work with each of the providers individually to develop their own unique workforce development plan to support the recruitment, retention and training of staff – including providing access to free training.

The Ministry of Health facilitates quarterly meetings of the Pasifika Access and Choice provider network. The intent of these meetings is to provide a robust and connected network of providers, who can share learnings with each other regarding challenges and successes.

Ministry of Health contract and relationship managers meet regularly with each provider to discuss progress and challenges. One of the key aspects of these meetings is providing feedback, advice and support on reporting issues and requirements. The frequency of meetings is dependent on the level of support required by each provider.

INSIGHTS

SIX INSIGHTS WHICH ARE ALL INTER-RELATED

#1 PACIFIC VALUES AND APPROACHES INTEGRATED INTO SERVICE DELIVERY

The Pasifika Access and Choice workforce reported how committed they are to improving the mental health and wellbeing of Pacific people. The staff engaged during the evaluation were passionate and dedicated to achieving equitable outcomes and improving the wellbeing of Pacific people and communities.

Pacific providers emphasise **Pacific-led and 'for Pacific by Pacific' approaches**. Most staff in the new services are Pacific, live and breathe their Pacific cultures languages, and have pre-existing connections to the Pacific communities they serve.

While providers shared a number of specific Pacific health and wellbeing models that informed their practice and service design (e.g. the Fonofale model, Popao model, Tivaevae model), there was a strong sense that **staff brought their Pacific values and models of care with them, and that was what most influenced and informed service delivery.** Common elements of Pacific ways of being and doing reported included:

- a significant focus on **prioritising relationships** and connection, and providing hospitality to support this
- a **family-centred approach** by including family members in the support provided, and meeting the families where they are at by tailoring support services to what families themselves define as priorities
- a **holistic perspective** where mental health is not separated from spiritual, physical, and family wellbeing. This was evident in responses to Covid-19 and when services supported the food needs of families as a priority
- support being provided in **Pacific languages**

> ***"Pacific models are embedded in our practice. All our staff bring their own cultural expertise that is part of their identities."***

> ***"There is beauty in us being able to deliver these services in our language."***

#2 SOME PROGRESS DESPITE SIGNIFICANT WORKFORCE CHALLENGES

A culturally responsive mental health and addiction workforce is a key enabler for increasing access to and quality of services in Aotearoa. The Pasifika Access and Choice primary care workforce consists of 47 contracted full time equivalent roles as at 31 March 2022, which is an achievement in itself.

Attraction and recruitment issues are longstanding.
Providers reported that they are struggling to find sufficient staff that are both clinically and culturally competent to enable the effective implementation and delivery of Pasifika Access and Choice services. It was evident this issue is pervasive and that Pacific health workforce attraction and recruitment has been a challenge for Pacific providers for a long time.

In a service environment that has a severe mental health and addiction workforce shortage, finding culturally competency mental health clinicians, let alone finding Pacific mental health clinicians is proving difficult. Providers are frustrated as this has hindered their ability to 'stand up' their services and ultimately the way in which they serve their communities.

Although still challenging, finding non-clinical Pacific staff has proven to be less of a problem.

Providers voiced the concern and potential credibility risk surrounding the delivery of culturally safe services without sufficient Pacific staff.

Retention problems have increased due to a competitive market and burnout.
It is becoming increasingly challenging for providers to retain clinical Pacific staff, reporting that they are either leaving for more attractive opportunities or to symptoms of burnout and fatigue.

> ***"To get good staff we have to pay a premium."***

> ***"We are losing clinical staff, we can't compete with larger health providers."***

There have been many reported instances where staff have left Pacific providers to take up higher paying opportunities with DHBs. Pacific providers report they do not have the financial capability to compete with these larger organisations.

Increasing cases of burnout and fatigue of Pacific staff also threaten the already stretched Pacific provider network. Some staff are having to manage a higher case load and play multiple roles to keep up with demand or cover staff vacancies. Providers reported that they are making positive efforts to ensure their staff prioritise their own wellbeing to reduce stress, burnout and fatigue.

Pacific providers demonstrate adaptability and resilience.

Despite the understaffing and Covid-19 related challenges providers have continued to develop and deliver their services, demonstrating flexibility and resiliency. Pacific providers are utilising partnerships with other health providers and tertiary education providers to grow their own fit-for-purpose workforce, develop their workforce pipelines and share knowledge and resources. They also reported that they are upskilling their non-clinical Pacific workforce to better utilise them in service delivery and fill gaps.

There is an opportunity to co-ordinate and enhance staff recruitment and training support for providers.

> ***We have to ensure our staff are taking care of their own mental health before they can help others with theirs.***

> ***Despite the challenges we are facing at the moment, we still need to provide for our community.***

#3 COVID-19 HAS CREATED CHALLENGES AND OPPORTUNITIES

The Covid-19 pandemic exacerbated existing challenges in Pacific communities, such as food security, as well as gave rise to unprecedented challenges, such as digital equity. The extended Delta variant response in mid-late 2021 was happening at the same time all of the Pacific providers were trying to establish these new Access and Choice services.

Many of the Pasifika Access and Choice workforce and resources needed to be re-focused on urgent practical support to ensure Pacific families were better equipped and prepared to face the challenges of Covid-19 and the related restrictions, as well as rolling out vaccinations to Pacific communities in culturally appropriate ways. The **shifting of focus and resources to the Covid-19 response meant progress on setting up the new services were either slowed or halted completely.**

Providers pivoted to virtual and phone consultations to remain connected with Pacific families during lockdowns and Covid-19 isolations.

The Covid-19 lockdown presented the opportunity for some providers to form deeper connections with Pacific people. As a result of this **increased engagement, providers were able to provide mental health and wellbeing support to families that otherwise would not have accessed the services**.

Whilst some providers were able to capitalise on the opportunity to connect with Pacific people, **others were challenged by the competing priorities and a fatigued workforce** surrounding supporting people with issues such as loss of employment, inadequate living conditions and financial strains. All of which increased the need for practical and social support services.

> ***Covid has been a real opportunity to connect with people. Indirectly, Covid has been wonderful for that connection.***

> ***We were able to support loads of people…it helped us build access.***

Providers shared their **appreciation for the support and understanding the Ministry of Health** demonstrated during the Covid-19 response.

Some providers are adjusting to living in a Covid19 world by **embedding Covid-19 innovations and adaptations into service delivery**.

> *"The Ministry has been supportive and they understand the pressures we are under.*

#4 SERVICE UPTAKE HAS BEEN SLOW IN A DEMANDING ENVIRONMENT

Most providers have reported frustrations about service uptake being significantly slower than they hoped or expected. There were some clear immediate reasons reported for the low, numbers accessing services such as referral pathways and awareness of services.

Covid-19 response caused delays
The redirection of resources to Covid-19 responses for Pacific communities slowed or halted provision of Access and Choice services.

Competing demands for already stretched services
While some Pacific providers have significant capacity, others feel like they have little capacity and are reluctant to promote services as they are unable to accommodate new demand. Some Pacific providers have limited workforce and space to host clients and their families and feel that promoting their services will further stretch their services.

Some referrals are more suited to secondary services
Pacific providers are reluctant to accept referrals with severe mental health needs, and are not required to (the services and providers' capabilities are designed for mild to moderate needs).

Referrers are slow to refer
As a product of being a relatively new and unknown service, Pacific providers are relying more on existing referral channels. Some referrers are taking time to trust and understand the new services.

Awareness of services within Pacific communities
Some providers are creating awareness of their services through existing channels and promotional activities, however, these efforts do not appear to be having the desired impact.

> ***"We're reluctant to promote the service because we're unable to accommodate new demand."***

> ***"Our numbers have been really slow and low."***

Other providers report being too stretched to have time for targeted promotions. It is clear that more needs to be done to generate awareness of their services to enable regular and appropriate referrals

Other reasons for low uptake to these new services were focussed on cultural beliefs related to stigma and trust:

The stigma related to mental health is a major challenge for Pacific communities

Stigma and negative stereotypes, often derived from traditional cultural beliefs about mental illness being shameful for the family, can be a barrier to seeking or accepting mental health support.

Pacific providers report that Pacific people continue to have high levels of suspicion about mental health and addiction services.

Trust-building and Confidentiality

Pacific providers see building trust with the Pacific community as an integral part to breaking the stigma surrounding mental health and addiction and ultimately increasing access to services. Reducing stigma increases help-seeking.

It has been harder to build trust in smaller Pacific communities as there is fear that sensitive personal information could be leaked in the community.

Positive signs for the future, in self referrals

To build trust in the community, providers are focussed on delivering positive experiences to service users and their families. Some providers reported a new development – that there has been an increasing number of people accessing services via word of mouth and recommendation by family and friends who are currently using or aware of the services.

> ***"The Pacific community is small and they fear word would spread.***

#5 PROVIDERS WOULD BENEFIT FROM MORE SUPPORT

Most providers reported that setting up the Pasifika Access and Choice service has been difficult. While traditional individualistic-oriented mental health and addiction services have generally not worked well for Pacific families, there is also no precedent to base the Pacific primary care service design off. Developing new services is hard.

It is common when new initiatives or programmes are established and funded, to have significant support available for the establishment, development and implementation of the programmes or services. The Ministry of Health has made a range of supports available to providers including workforce development, a provider network, reporting support, and regular contact with Ministry staff who are able to help problem solve.

There is little evidence that Pasifika Access and Choice services were collaboratively designed with communities

Most providers did not undertake a collaborative design process to develop their services. There were a few exceptions to this, but usually services were designed by staff. It seems some providers may have misunderstood the expectation that services be collaboratively designed with community members.

It is also important to note that collaboratively designing services requires specialised capacity and capabilities that most community health and wellbeing organisations often do not have available.

It is an emergent, new way of working and services would benefit from be provided with specific resource and support to enable the approach.

> ***We had to construct the plane while we were flying it.***

> ***A customer centric co-design process is essential, especially in health.***

Data collection processes and systems vary across the provider network

Providers told us that they are finding the reporting requirements attached to the Pasifika Access and Choice contracts to be burdensome. Providers have limited resource capacity and navigating comprehensive and unfamiliar reporting requirements and systems increases the strain on providers.

Some providers are developing methods and practices to capture client feedback. However, the variability and quality of data being collected is a significant risk for the proposed impact evaluation.

Collaboration has enabled sharing of knowledge and resources, but there is room for more

Through talanoa with providers it is evident there has been some positive collaboration between providers. Providers across the network are facing similar challenges and have found it beneficial sharing knowledge, insights and, in some cases, staff.

Whilst there is some good collaboration and communication between providers, they acknowledge that the provider network would benefit from more formal and more frequent interactions. Some referenced the 'Talanoa Circles' that were formed at the conclusion of the evaluation framework co-design process that have not continued.

These were intended to be small peer support circles of no more than four of the workforce that met monthly. The idea was that all of the workforce would be part of a circle and they would be self organising. During talanoa, some suggested they may be more likely to work if someone is co-ordinating or facilitating them.

> ***"Our focus is on serving, serving, serving and we're not really capturing the impact of that.***

> ***"Our systems don't talk to the Ministry of Health's systems so we have to manually input info twice***

> ***"We are all facing similar challenges so it makes sense that we collaborate and share resources.***

#6 THERE IS A LEARNING AND ITERATION OPPORTUNITY

Providers are at the forefront of service delivery and are constantly exposed to the ever changing health landscape. The establishment phase of the Pasifika Access and Choice programme has created valuable learning and it would make sense to allow the opportunity to revisit contract arrangement, provider arrangements, targets and requirements to take into account this learning.

There are a range of specific challenges some providers would like to address. Some of these are impacted by the current contracts. However, providers' own systems and processes also provide challenges.

- Some providers are concerned about the DHB boundaries in their contracts. This is a particular issue for providers in Auckland and Wellington where people flow across DHB boundaries often, and people accessing services should not be expected to understand the nuances of which service belongs to which DHB area
- Some providers have struggled to find sufficient physical space to run the services from
- The definition of clinical and non-clinical roles has been a challenge for some providers.

In addition, it is important to also note that providers with particularly small contracts (less than three FTE) are finding establishing services particularly difficult and are struggling to generate economies of scale.

The potential for small services to grow or integrate with other services could be a valuable consideration.

> ***"DHB boundaries are shaded areas on a map and aren't specific enough.***

> ***"Families just want to go to one place for all their needs.***

Mālō ‘aupito
Fa’afetai tele lava
Meitaki ma’ata
Fakaaue lahi
Vinaka
Ngā mihi