

PASIFIKA ACCESS AND CHOICE

PRIMARY MENTAL HEALTH AND ADDICTION PROGRAMME

Impact Evaluation Report
December 2023



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Executive Summary



Expanding access to, and choice of, primary mental health and addiction (Access and Choice) services is a flagship initiative for Government and the cornerstone of the 2019 Wellbeing Budget. 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 equitable access to mental health and addiction services.
- Increase choice in addressing people's holistic needs.
- Reduce wait times.
- Improve outcomes and equity of outcomes.

Part of the total funding package 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 compared with non-Pacific, yet have lower access rates to support services. The intention of the services is to facilitate earlier utilisation of pathways for Pacific peoples, and promote familiarisation with primary and community healthcare to increase access and choice when seeking help. Seven providers are contracted to provide the Pasifika Access and Choice programme across Aotearoa New Zealand. Two additional services in Hawke's Bay and Southern districts were funded in late 2023. These two services were funded outside of the evaluation timeframe and are not included in this evaluation.

The Ministry of Health sought to understand the short term health and wellbeing impact from the implementation of the Pasifika Access and Choice Programme (responsibility now with Te Whatu Ora Health New Zealand), and commissioned PwC as the evaluation partner in 2021. The evaluation was designed in three phases. The initial phase focused on co-designing an evaluation framework with providers and the Ministry of Health. The framework was completed in November 2021 and outlined the plan for the next two phases. Phase two was a process evaluation, which focused on assessing achievements, challenges and opportunities for the programme, by reflecting on the prototyping, service design and implementation processes. This was completed in June 2022. The third and final phase is an impact evaluation and is the subject of this report.

The impact evaluation sought to understand early impact for the programme over the 1 January 2022 to 30 September 2023 time period. It is important to note that the evaluation looked at the programme as a whole rather than individual services impact on health outcomes. Originally, scope of the impact evaluation was to analyse the 12-month period from January to December 2022. Due to delays with this evaluation project, Te Whatu Ora requested data be updated to cover the period January 2022 to September 2023. While original data analysis was verified and analysed by PwC, the updated data provided in the programme overview section of this report has been provided by Te Whatu Ora and has not been verified by PwC.

The evaluation focused on answering the following questions:

1. How well has the programme worked to improve access to mental wellbeing support for Pacific peoples and their families?
2. Do Pacific peoples know how to recognise and effectively respond to stress, distress and substance related harm?
3. Are Pacific peoples more aware of, and knowledgeable about the mental health services that are available in their area?
4. Has the programme helped to reduce stigma in relation to mental wellbeing and substance related harm services among Pacific peoples?

A mixed methods approach was utilised to engage with providers and people who access Pasifika Access and Choice services, including in-person conversations, an online survey, and a review of data provided by Te Whatu Ora and providers. Data was analysed to create an overview of the programme, generate six insights regarding areas of impact and ongoing challenges, and possible focus areas for further programme development.

The six overarching insights identified in this evaluation include:

1. **Integration within organisations leads to success** - Services that are well embedded in organisations and effectively integrated with other health and social services are more likely to thrive and be successful.
2. **Flexibility has enabled Pasifika ways of working** - The design of the programme has intentionally created space for providers to have the flexibility needed to shape and experiment with service design, delivery, and care models. Services are informed by Pasifika ways of being and work for Pacific peoples.
3. **Growing a Pasifika workforce continues to be a challenge** - There are constraints with recruitment, ongoing training, peer supervision and the establishment of communities of practice.
4. **People who access services are better equipped to deal with distress** - This also includes having an improved ability to recognise signs of distress.
5. **'Consult liaison' is a critical part of the programme** - Providers that have incorporated a type of consult liaison into their services have seen impacts, with significantly improved referral levels and quality, collaboration between both internal and external services, and flow between services for people accessing support.
6. **The programme is having an impact on reducing stigma** - Community outreach, group programmes, and intentional use of language are stigma-reduction activities that providers are utilising, having a positive effect on Pacific peoples. This also includes reducing the stigma associated with mental health within organisations.

Overall, the evaluation finds that the programme has continued to strengthen and develop since its inception. People who have accessed the services are reporting positive outcomes related to management of stress and distress. There are early positive signs of the programme's impact on reducing stigma related to mental health and addiction in Pacific communities. However, some of the challenges identified in the 2022 process evaluation remain, particularly with workforce recruitment. As at September 2023, there were 30.4 FTE vacancies across the programme.

While there has been investment in general workforce development in an agreement with Le Va (Pacific Mental Health Workforce Development Centre), a dedicated, nationally coordinated and targeted Pasifika Access and Choice recruitment and development programme could also be considered in the future.

Service development progress has typically been slow, but needs to be understood in the context of a number of factors, including:

- The services have started from a 'low base' - this is the first time there have been Pacific primary mental health services in Aotearoa New Zealand, and there was no existing workforce or service models.
- Scaling up and building a new workforce takes significant time.
- There has been an acute health workforce shortage during the development period of the programme, particularly in primary care, Pacific health and mental health and addiction.
- Workforce and service establishment challenges have been further exacerbated by the COVID-19 active response which occurred during the establishment of these services.

Assessing the impact of a mental health service intervention needs to be understood over time. This evaluation considered impact over a short time period. Progress is understandably slow, but there are early and positive signs of success.



APPROACH



Approach



The impact evaluation sought to understand the short term health and wellbeing impacts for Pacific peoples from the implementation of the Pasifika Access and Choice Primary Mental Health and Addiction Programme. The impact evaluation sought to assess impact guided by the following questions:

1. How well has the programme worked to improve access to mental wellbeing support for Pacific peoples and their families?
2. Do Pacific peoples know how to recognise and effectively respond to stress, distress and substance related harm?
3. Are Pacific peoples more aware of, and knowledgeable about the mental health services that are available in their area?
4. Has the programme helped to reduce stigma in relation to mental wellbeing and substance related harm services among Pacific peoples?

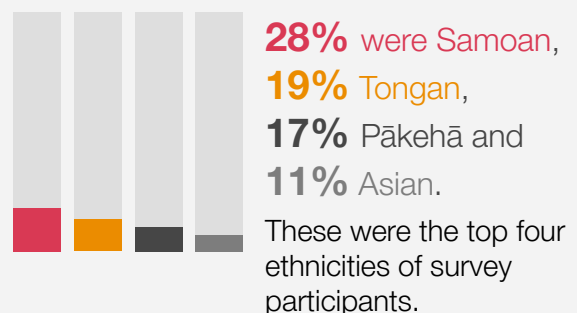
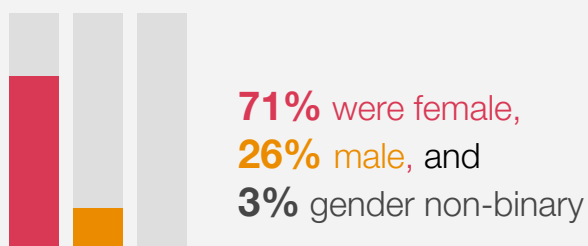
The insights presented in this report summarise the findings obtained by utilising a mixed methods approach, undertaking the following evaluation activities:

- Small group conversations on site at each of the seven providers with 19 people who access or had accessed the service.
- Online survey for client feedback completed by 164 people (demographics below).
- Talanoa (semi structured individual and group interviews) with 14 leaders of Access and Choice services at the seven providers.
- Talanoa (semi structured individual and group interviews) with 28 staff delivering the services
- Review of reporting and provider data.
- Review of marketing resources.

Online Survey

The online survey was developed and used as a method to enable a wider group of people who had used the services to participate in the evaluation. The survey asked respondents to rate a range of statements in a five point scale ranging from strongly agree to strongly disagree. The statements sought to assess access and appropriateness of services and the perceived value of the service with regard to responding to stress, distress and/or substance related harm.

Providers were provided with an email and text message template, a poster template and a QR code to advertise the survey to past and current clients. Participants could choose to go in a draw for a chance to win one of five \$150 Prezzy cards. A total of 164 individuals responded to the survey. Of the total survey respondents:



90% were aged 25 years and older

Over half of the survey responses originated from a single provider

Reporting and Provider Data

Providers were asked to provide the following data for the evaluation:

- Client data: by age, ethnicity, gender, service intensity/contact (how many times clients have accessed the service).
- Critical incident review notes if applicable.
- Referral data: data on where clients are referred to and referred from towards the programme.

Te Whatu Ora was asked to provide the contracts with providers and monthly output and narrative reports providers submitted for the January-December 2022 period. There were some gaps in the data reports. A recent narrative report that details the workforce development work Le Va is leading was also provided.

Originally, scope of the impact evaluation was to analyse the 12-month period from January to December 2022. Due to delays with this evaluation project, Te Whatu Ora requested data be updated to cover the period January 2022 to September 2023. While original data analysis was verified and analysed by PwC, the updated data provided in the programme overview section of this report has been provided by Te Whatu Ora and has not been verified by PwC. The remaining data provided and gathered from the survey, group conversations and talanoa were synthesised to develop the overall insights.

Limitations

While the evaluation provides valuable insights into the programme's impact, it is important to recognise the limitations and consider them alongside the impact evaluation findings:

Diverse Service Approaches

The evaluation programme was set up to assess the effectiveness of the whole Pasifika Access and Choice programme rather than the impact of any particular service or provider. Providers have appropriately been encouraged to develop service models that they think will work best for their communities. The intention from the Ministry of Health and Te Whatu Ora has been for providers to lead collaborative design processes and to develop Pasifika primary mental health and addiction support models. While an important and admirable intention, the subsequent diversity of service models creates complexity for evaluation, as services are often not similar or appropriate to compare.

Participant Recruitment

Providers were responsible for recruiting clients for interviews and the online survey. While this approach allows providers to choose individuals they believe could provide valuable insights, it introduces potential biases that could impact the evaluation findings. It is possible that clients who were approached and agreed to participate were more likely to have had positive experiences with the programme. As a result, the demographics of client participants in the evaluation will not accurately reflect the demographics of the larger group of clients who have accessed the programme. In addition, the information gathered may present an overly positive perspective on the programme's impact.



PROGRAMME OVERVIEW



Programme Overview



Seven organisations are contracted to provide the services that make up the Pasifika Access and Choice programme across Aotearoa New Zealand: The Fono (subcontract via Pasifika Futures), Fonua Ola, Vaka Tautua, K'aute Pasifika Trust, Naku Enei Tamariki Incorporated (now known as NET Pacific Pākeha), Pacific Health Services Hutt Valley, and Etu Pasifika (subcontract via Pasifika Futures). The Auckland Ora'anga service Vaka Tautua provides includes subcontracted service delivery to partners in the Pacific Consortium: South Seas Healthcare Trust, Penina Trust, and Pacific Homecare.

These organisations were contracted from either 2020 or 2021 to develop new services, including co-designing service models with communities, establishing service systems, and recruiting the required workforce. This service development was occurring in a context of Aotearoa New Zealand's active response to the COVID-19 pandemic and acute health workforce shortages affecting many parts of the health system, including primary care and mental health and addiction.

The subsequent section presents an overview of the programme using data from the online survey as well as provider reporting provided by Te Whatu Ora covering the period of 1 January 2022 to 30 September 2023.

Key observations include:

- **Significant workforce vacancies** - There were 30.4 vacancies in the programme at 30 September 2023, which represents significant capacity constraints.
- **Contract renegotiations** - Changes to agreements have occurred since the start of the programme, primarily in 2022 with some extensions into 2023. These revisions were predominantly aimed at extending services beyond the initial contract period which finished in June 2022, and also included increasing staffing levels for some services, funding increases (increased FTE rates), and settlement of the national pay equity claim.
- **Cultural roles** - For many providers, the 2022 contract variation included the addition of senior cultural staffing for the first time. This represents a third workforce in addition to the clinical and non-clinical roles initially funded.

Detailed service overviews for each individual provider follow the dashboard on the next page and include high level summaries of the services, FTE staffing, client numbers, and new clients seen for the period of 1 January 2022 to 30 September 2023.



This service's commitment to my health and wellbeing is nothing short of extraordinary. I am overwhelmed by the level of care, understanding and compassion exhibited by the professionals.

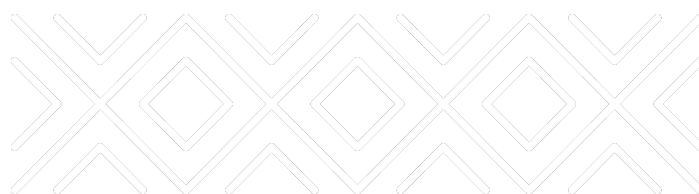
- Person who Accessed Service



Data Definitions



Description	Definition
Funded Staff Full Time Equivalents (FTE) - Funded at 30 September 2023.	The number of FTE funded at 30 September 2023.
Funded Staff Full Time Equivalents (FTE) - Actual at 30 September 2023.	The number of FTE employed at 30 September 2023.
Total Clients Seen (from 1 January 2022 to September 2023).	The number of clients that have been seen by the service if they have attended at least one session during the month. Each client is counted as seen only once in a month.
Total new Clients Seen (from 1 January 2022 to September 2023).	The number of clients that have been seen by the service but have not been seen in the 11 months before the reporting month. A client counts as new only once in a twelve month period.
New clients by Ethnicity.	Percentages of ethnicity types reported by new clients on entry into the service.
New clients by Age.	Percentages of age groupings reported by new clients on entry into the service.



Dashboard

summary of service overviews



Total clients of the programme*

29,236

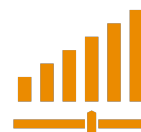
*data from Te Whatu Ora for the period of 1 January 2022 to 30 September 2023



Total new clients seen*

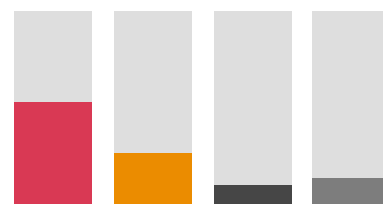
15,190

*data from Te Whatu Ora for the period of 1 January 2022 to 30 September 2023

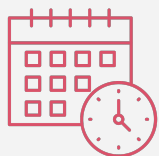


Intensity of service*

54% 1-5 times each year
22% 6-10 times each year
10.5% 11-15 times each year
13.5% 16+ times each year

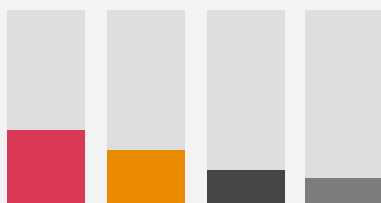


*data from online survey participants



Average length of appointments*

39% 30-60 mins
28% 15-30 mins
18% 5-15 mins
15% 60+ minutes

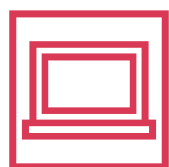


* from online survey participants

Accessing the service in-person/online*



62% accessing the service in-person



38% accessing the service online (including phone)

* data from online survey participants

Ethnicities accessing the programme*



79% Pacific



9% Māori



7% Other

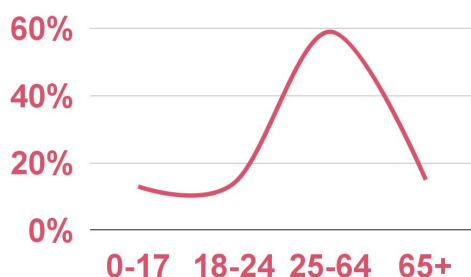


5% Pākehā

*data from Te Whatu Ora for the period of 1 January 2022 to 30 September 2023



Age group accessing the programme*



*data from Te Whatu Ora for the period of 1 January 2022 to 30 September 2023



Total FTE of the programme (at 30 September 2023)

Actual: 74.5 FTE
Funded: 104.9

*data from Te Whatu Ora

The Fono (subcontracted via Pasifika Futures)

Lagi Ola Service

Location	Auckland		
	Service provided across Counties Manukau, Auckland and Waitematā districts		
Description of Service (Key Features)	Practical tools and support for healthier minds. The team at Lagi Ola offers talanoa and practical tools and strategies to help people better cope with life's stresses and strains. Key features include integration with The Fono general practice clinic.		
Promotional Resources	<ul style="list-style-type: none"> Pacific radio station Social media - Facebook and Instagram Posters and brochures 	Feedback Mechanism	Yes (exit survey)
Funded Staff Full Time Equivalents (FTE)		Funded at 30 September 2023	Actual at 30 September 2023
	Cultural	8.5	3
	Clinical	16	7.5
	Non-Clinical	12.5	11.3
Total Clients Seen (from 1 January 2022 to September 2023)	5140		
Total New Clients Seen (from 1 January 2022 to September 2023)	2315		
New clients by Ethnicity	New clients by Age		
Pacific	45%	0-17	4%
Māori	17%	18-24	11%
Pākehā	17%	25-64	78%
Other	21%	65+	7%

Fonua Ola

Hala Ora Service

Location	Auckland		
Description of Service (Key Features)	Hala Ora provides mental health and addiction support by way of counselling, social work, peer, and community support. Hala Ora works from a client focused and strengths-based approach in talking therapies and social work. Key features include being integrated within social services.		
Promotional Resources	<ul style="list-style-type: none"> • Presentations to external health and social organisations • Brochures 	Feedback Mechanism	Yes (verbal feedback and written evaluations)
Funded Staff Full Time Equivalents (FTE)		Funded at 30 September 2023	Actual at 30 September 2023
	Cultural	2	0.5
	Clinical	10	4.2
	Non-Clinical	9	6
Total Clients Seen (from 1 January 2022 to September 2023)	2770		
Total New Clients Seen (from 1 January 2022 to September 2023)	1684		
New clients by Ethnicity	New clients by Age		
Pacific	88%	0-17	2%
Māori	10%	18-24	9%
Pākehā	1%	25-64	86%
Other	1%	65+	3%

Vaka Tautua (subcontracts with Pacific Consortium partners in Auckland)

Ora'anga and Ola Fiafia Service

Location	Auckland, Porirua, and Wellington		
	Service provided across Counties Manukau, Auckland and Capital and Coast districts		
Description of Service (Key Features)	Supporting people who are experiencing mild to moderate distress – feeling stressed, worried, anxious or more troubled than usual – to manage their mental health and wellbeing. Key features include being integrated within social services as well as preventing long-term mental illness through early intervention and action.		
Promotional Resources	<ul style="list-style-type: none"> Social media - Facebook and Instagram Posters and brochures 	Feedback Mechanism	Yes (exit survey)
Funded Staff Full Time Equivalents (FTE)		Funded at 30 September 2023	Actual at 30 September 2023
	Cultural	5	5
	Clinical	10	9
	Non-Clinical	15	14
Total Clients Seen (from 1 January 2022 to September 2023)	13327		
Total New Clients Seen (from 1 January 2022 to September 2023)	8925		
New clients by Ethnicity	New clients by Age		
Pacific	89%	0-17	16%
Māori	4%	18-24	14%
Pākehā	2%	25-64	48%
Other	5%	65+	22%

K'aute Pasifika Trust

Child and Youth Mental Health and Addiction Service and Community Day Programme

Location	Hamilton, Waikato		
Description of Service (Key Features)	<p>Child and Youth Mental Health and Addiction Service includes wrap-around support for Pacific children and youth aged 0 to 19 years who are experiencing mild to moderate distress. The Community Day Programme supports Pacific peoples aged 55 years and older who are isolated in their communities to engage in events such as cultural arts, crafts, community outings, light exercise, and hearing and health checks.</p> <p>Key features of this service include integration with social services and a direct referral partnership with Pinnacle Health general practice clinics.</p>		
Promotional Resources	<ul style="list-style-type: none"> Participation in community events Social media - Facebook and Instagram 	Feedback Mechanism	Yes (exit survey)
Funded Staff Full Time Equivalents (FTE)		Funded at 30 September 2023	Actual at 30 September 2023
	Cultural	0.5	0.5
	Clinical	2	2
	Non-Clinical	3	2
Total Clients Seen (from 1 January 2022 to September 2023)	3830		
Total New Clients Seen (from 1 January 2022 to September 2023)	351		
New clients by Ethnicity	New clients by Age		
Pacific	31%	0-17	28%
Māori	43%	18-24	50%
Pākehā	15%	25-64	21%
Other	11%	65+	1%

NET Pacific and Pākehā (formally Nākū Enei Tamariki)

Pasifika Shining Lights Service

Location	Hutt Valley		
Description of Service (Key Features)	Pasifika Shining Lights is a comprehensive service to Pasifika aiga/magafaoa/famili and parents through the antenatal period and to infants and young children and their families through to age five. The service promotes wellbeing and addresses mild to moderate mental health distress and addiction concerns.		
Promotional Resources	<ul style="list-style-type: none"> • Brochures and posters • Social media - Facebook 	Feedback Mechanism	No Yes (exit survey)
Funded Staff Full Time Equivalents (FTE)		Funded at 30 September 2023	Actual at 30 September 2023
	Cultural	0	0
	Clinical	1.4	1.4
	Non-Clinical	0.5	0.2
Total Clients Seen (from 1 January 2022 to September 2023)	387		
Total New Clients Seen (from 1 January 2022 to September 2023)	144		
New clients by Ethnicity	New clients by Age		
Pacific	69%	0-17	13%
Māori	11%	18-24	8%
Pākehā	12%	25-64	76%
Other	8%	65+	3%

Pacific Health Services Hutt Valley

Toloa Service

Location	Hutt Valley		
Description of Service (Key Features)	The Toloa Service is a “by Pacific for Pacific” primary mental health and addiction service that is fully culturally connected (based on our Aiga-centred model of care and Pasifika values) and fully accessible to all Pacific peoples in the Hutt Valley.		
Promotional Resources	<ul style="list-style-type: none"> Social media - Facebook 	Feedback Mechanism	No
Funded Staff Full Time Equivalents (FTE)		Funded at 30 September 2023	Actual at 30 September 2023
	Cultural	0	0
	Clinical	2	2
	Non-Clinical	1	1
Total Clients Seen (from 1 January 2022 to September 2023)	1192		
Total New Clients Seen (from 1 January 2022 to September 2023)	552		
New clients by Ethnicity	New clients by Age		
Pacific	89%	0-17	24%
Māori	6%	18-24	5%
Pākehā	3%	25-64	70%
Other	2%	65+	1%

Etu Pasifika (subcontracted via Pasifika Futures)

Ngalu Fānifo Service

Location	Christchurch, Canterbury		
Description of Service (Key Features)	Ngalu Fānifo refers to surfing the waves and in the context of Etu Pasifika's mental health service, it's a new wave for mental wellbeing. It acts as a metaphor where one is riding the wave of emotions until they reach a smooth landing. This service enables families to access resources needed to manage their own mental health challenges including clinical psychological support. Key features include integration with Etu Pasifika's general practice clinic.		
Promotional Resources	<ul style="list-style-type: none"> Promotion on the Pasifika Medical Association website Social media - Facebook Three community events 	Feedback Mechanism	Yes (exit survey)
Funded Staff Full Time Equivalents (FTE)		Funded at	Actual at
	Cultural	1.5	0
	Clinical	3	2.9
	Non-Clinical	2	2
Total Clients Seen (from 1 January 2022 to September 2023)	2590		
Total New Clients Seen (from 1 January 2022 to September 2023)	1219		
New clients by Ethnicity	New clients by Age		
Pacific	55%	0-17	19%
Māori	14%	18-24	19%
Pākehā	11%	25-64	57%
Other	20%	65+	5%



INSIGHTS



1 Integration within organisations leads to success



Pasifika Access and Choice services that are well embedded in organisations and effectively integrated with other health and social services are more likely to thrive and be successful.

Integration of the Pasifika Access and Choice Programme within providers' broader suite of services appears to be the key contributing success factor for positive service uptake and service utilisation. Providers with well integrated services report most of their Pasifika Access and Choice clients have come from internal referral/connection. There are a range of ways providers have integrated the programme, including:

- Sharing staff across a range of service offerings, including Pasifika Access and Choice.
- Creating or using intake or triage models which assess the range of needs people have and then tailoring interventions from the range of social and health services offered by the organisation.
- Staff providing Pasifika Access and Choice services liaising with colleagues across their organisations to promote understanding of primary mental health and addiction support and encourage collaborative care.

Multiple providers have integrated the programme with other primary health services especially general practice clinics. A number of providers that do not offer general practice have integrated the programme with social support services. As a result, uptake of the service is fluid, with health and social services teams having the ability and capability to internally direct people who would benefit from mental health and/or substance related harm support to the Pasifika Access and Choice staff. This often leads to co-working between health and social care professionals.



We help our clients with real practical actions to make sure we provide that early intervention, to keep their wellbeing well.

- Service Leader



A significant portion of referrals into the programme stem from internal referral, which were reported to often be related to staff from other services actively talking about mental wellbeing and promoting access to, and awareness of, the Pasifika Access and Choice service in their organisation. People who have accessed the service spoke about the advantages from obtaining mental health support in a community setting and organisation that they are familiar with and comfortable in, as opposed to seeking assistance from specialist services in or near a hospital. Additionally, people reported needing to go to a specialist or hospital-based service for mental wellbeing reasons carried a stigma and should only be used for high-needs support. Survey data showed that 84% of participants found it easy to get into Pasifika Access and Choice services. People also reported experiencing seamless referral processes and efficient support in the comfort of a familiar place of care.

Education focused on physical wellbeing and nutrition within some providers also serves as a pathway into the Pasifika Access and Choice programme. Some providers use health coaches or similar roles to provide a range of physical wellness and nutrition support that then acts as an entry point for mental wellbeing support. Additionally, some providers refer to their non-clinical FTE as 'health coaches'. It is important to note that these roles differ from the health coach positions funded through the mainstream Access and Choice Programme, known as the Integrated Primary Mental Health and Addiction programme (IPMHA).

80% of survey participants reported that they were more aware of, and knowledgeable about the mental health and wellbeing supports that are available in their community as a result of accessing the programme through an organisation they were already connected to.

This positive outcome seems largely linked to providers integrating Pasifika Access and Choice with other services in their organisations as well as working in collaboration with external health and social organisations. Seventy percent of survey respondents reported they had received support towards linking in with other health and social services (either internal or external from the organisation) from the Access and Choice programme.

This type of integration of service delivery is consistent with Pasifika ways of being by connecting spiritual, cultural and family wellbeing with physical and mental wellbeing. Pacific peoples are less likely to thrive if there are family, spiritual, community, or cultural challenges. Providing integrated support that responds to these issues as well as specific mental health and wellbeing support is more likely to be culturally responsive and safe.



This service not only looks after me, they look after my family also - with anything we may need. Housing support, with money, social services... everything.

- Person who Accessed Service



2 Flexibility has enabled Pasifika ways of working



The initial design work led by the Ministry of Health, that informed the Pasifika Access and Choice programme intentionally created space for providers to have the flexibility needed to shape and experiment with service design, delivery, and care models. This flexibility acknowledged that there was no specific or single primary mental health support model that would work for Pasifika communities. Providers have been encouraged to work closely with their communities to design services that are informed by Pasifika ways of being and work for Pacific peoples. This approach is popular with providers and appears to have been effective. Leaders, staff, and people who have accessed the service have recognised it as a significant contributor to the programme's success and effectiveness.

Providers were positive about the autonomy they have had to develop and manage their services. Service leaders felt empowered to make decisions about models of care that reflect what best fits with their organisations. This has allowed for workforce decisions to be made that complement other internal health and social services provided and the optimisation and utilisation of staff skill sets and time.

Staff and people who have used services think Pacific designed services can contribute towards better understanding, relatability, and connection between the health professional and people being supported. This enables trusting relationships to be built, better client engagement with the service, language barriers to be removed, and cultural identity to be honoured.

88% of survey participants reported that the service they accessed met their cultural needs and understood their cultural values and identity.

People who participated in the evaluation reported feeling safe and attributed this to the Pasifika ways of working and values that ground the services. This included acknowledgement of faith and spirituality, and the importance of creating a connection and strengthening the va.

Talanoa emerged as an effective tool for individual and family healing. While 'talanoa' is a generic term for conversation in a number of Pacific languages, providers used the term talanoa in the context of talking therapies where people were encouraged to share stories, ideas and aspirations in the context of a respectful therapeutic relationship. Participants who had used services consistently highlighted talanoa as an important and favourable part of the service, reporting that it enhanced a sense of safety and comfort and encouraged them to openly share their stress and distress challenges.



This is not a prescribed service, it's very much up to us on how we deliver the service based on our own models. We have the freedom to understand what the community is needing and how we address those needs is up to us. This works best for the communities we serve

- Service Leader



3 Growing a Pasifika workforce continues to be a challenge



The Pasifika Access and Choice workforce has evolved as the services have developed. Providers have tried a variety of clinical, cultural and non-clinical roles, to suit the evolution of their services and the workforce that is available. Recruitment was identified in the process evaluation as a key challenge, and remains a challenge with service leaders still report challenges finding the right staff. Clinical roles are usually the hardest to fill. In the context of the programme 'clinical' refers to registered health professionals and registered social workers.

One of the two key workforce roles in IPMHA is the Health Improvement Practitioner (HIP) role which is based in general practice. Whilst this role was originally designed to deliver brief interventions in a general practice setting, two Pacific providers chose to explore the use of this role within their Pasifika Access and Choice workforce, as well as experimenting with different workforce options. All who originally adopted the HIP role, have since adapted or moved away from the role completely as they reported that the requirements of the Pacific communities they were serving were not being met. This was due to the structure, obligations, and expectations that are tagged with the HIP role regarding service delivery, including limits on consultation times.

Pasifika Access and Choice providers have essentially developed a new workforce for primary mental health and addiction for Pacific communities. While this has advantages in terms of being flexible, bespoke and responsive to Pacific communities, it does come with challenges related to training, supervision and ongoing learning and development.

Providers reported non-clinical positions, such as health coaches and community support workers, present unique challenges from the perspective of service delivery. While these roles are specified in contracts and are an essential, valued part of the services, providers have taken some time and experimentation to effectively harness the potential of these roles, often through a process of trial and continual iteration. This learning process has involved ascertaining the relationship between this workforce and the clinical roles, and working out the flow and collaboration between both types of roles when working with a family. Some services have also tried using these roles for peer support (with workforce that have lived experience) and using the roles as a more informal entry point to the service.



We have had to learn how to best utilise these roles (non-clinical) through trial and error.

- Service Leader



Triage roles have been adopted by some providers. Leaders who have developed a triage role report significant improvement in the quality of referrals and alignment of presenting issues with the team's skill mix. Triage roles have had more of a focus on liaising with internal and external referrers than other team members. This approach has improved referral appropriateness, increased the efficiency of service operations and improved the experience of those accessing the services, according to service leaders and staff. In contrast, providers who do not have dedicated triage roles (or triage functions within a role) voiced challenges regarding referral appropriateness and quality.

Service leaders reported significant challenges accessing appropriate training for Pasifika Access and Choice staff. Many services were experiencing similar workforce challenges, but there was little evidence of reaching out and networking between providers to collaboratively respond to issues. It is acknowledged that the Ministry of Health, and later, Te Whatu Ora hosted quarterly fono with the provider network in an effort towards encouraging networking, collaboration, and the sharing of learnings.

Le Va, the national center for Pacific mental health and addiction workforce development, has been contracted (until December 2023) by Te Whatu Ora to provide workforce development support to the Pasifika Access and Choice programme. The Fenoga Pule: Journey to Wellbeing Framework, was created by Le Va to help enable workforce growth, targeted professional development, and enhanced standards of practice for the Pasifika Access and Choice workforce. Le Va has identified four priority training areas for development and delivery:

- Development and delivery of a foundational, psychoeducation-based training for the Pasifika workforce (delivered on 25 September, 6 October, and 2 November 2023).
- Further design and delivery of Pasifika assessment and case formulation tools (delivered on 31 October, 7 and 28 November, and 5 December 2023).
- Development and delivery of culturally appropriate trauma informed and healing centered approaches and interventions (to be delivered in the 2024 calendar year).
- Development and delivery of culturally appropriate addiction approaches and interventions (to be delivered in the 2024 calendar year).

Le Va established an advisory group comprising experts with both clinical and cultural knowledge within the provider network. The purpose was to oversee programme development, provide feedback, and ensure that the new training was suitable both clinically and culturally. Four sessions took place with the advisory group in Auckland, Hamilton, and Wellington from February to July 2023.




There really is a lack of ongoing training and support for us - in both the clinical and non-clinical roles. It would also be great if we could better collaborative and share our experiences across providers.

- Staff Member



4 People who access services are better equipped to deal with distress



Most people who have used the Pasifika Access and Choice programme and participated in this evaluation reported improved coping skills and mechanisms to manage mental stress and distress as well as an improved ability to recognise when they are stressed and/or distressed.

81% of survey participants reported receiving the right tools, resources and skills to manage their anxiety and stress through the Pasifika Access and Choice service they accessed.

Pasifika Access and Choice providers offer a variety of tools and strategies to people that are focused on enabling them to manage stress and distress and reduce substance related harm. Among these approaches, Focus, Acceptance, and Commitment Therapy (FACT) is a commonly used tool based on acknowledging aspects people cannot change while committing to those they can change. Talanoa in the context of evidence-informed talking therapies is reported to be an effective tool for individual and family healing. Talanoa not only enables people to share their feelings and challenges but also highlights the value that talanoa can have with trusted family and friends.

Additional tools that were noted to be effective for managing stress and distress included praying and becoming stronger in faith and spirituality, meditation, calming techniques, breath techniques, journaling, setting and accomplishing goals, and engaging in physical activity.

85% of survey participants reported services improving their emotional, spiritual and/or mental wellbeing.

81% also reported being able to better recognise feelings of stress and/or distress.

People who have accessed services reported experiences of their family becoming proficient at identifying signs of their stress and distress and gauging when to provide specific support or space. This observation illustrates the growing awareness within family and the potential positive impacts the programme is having on family wellbeing.



Given advice on how to move forward was life changing. I already made my mind up that I was going to be on the sickness benefit and in a wheelchair. This service gave me ways on how to deal with these negative thoughts. Talking with staff is also so good for me - just letting it all go.

- Person who Accessed Service



5 ‘Consult liaison’ is a critical part of the programme



Providers that have incorporated a type of consult liaison into their services have seen impacts with significantly improved referral levels and quality, collaboration between both internal and external services, and flow between services for people accessing support. For the purposes of this evaluation ‘consult liaison’ is a term being used to include Pasifika Access and Choice staff:

- Providing education, advice and support to internal colleagues from other services within their organisations (e.g. social services staff, general practice staff).
- Providing education, advice and support to external colleagues from other organisations.
- Collaborating with both external and internal colleagues, to provide collaborative care and joined up support for people.
- Discussing possible referrals before they are made to increase the understanding of the support needs and presentation and to decrease inappropriate or unnecessary referrals.
- Liaising with specialised mental health services on complex and high need cases.

The benefits of consult liaison that staff reported include:

- External and internal colleagues having increased understanding of mental wellbeing, stress, distress and substance related harm.
- External and internal colleagues having increased confidence to respond to and engage with an appropriate level of mental wellbeing and substance related harm within their own care, without referring.
- External and internal colleagues knowing when and where to refer when they assessed more specialised or more intensive mental health and substance related harm support would be beneficial.
- Quicker access to specialised mental health services.

Service leaders highlighted the importance of recognising consult liaison as an integral component of the Pasifika Access and Choice programme. The qualitative data collected and analysed as part of this evaluation shows that there are clear benefits of consult liaison and emphasises its value and impact. At present there is no quantitative data available to better understand or measure the impact further.



We are spending a significant amount of time having to train and build the confidence of our colleagues internally and also with partnerships externally.

- Staff Member



6 The programme is having an impact on reducing stigma



Community outreach is undertaken in a variety of ways by all providers and forms a key part of the Pasifika Access and Choice programme. Outreach contributes to the promotion of the services and the destigmatisation of mental health and wellbeing issues within Pacific communities. This is reported by staff to be having positive flow on impacts to increased discussion about mental health and wellbeing issues within families, social networks and community settings like churches, as well as increases in self referrals and referrals of friends and family.

Some providers also facilitate group programmes in the communities they work in. These programmes encourage group talanoa about holistic wellbeing, fostering improved management of mental distress within a nurturing and communal setting. People who participated in groups emphasised the value of feeling part of the community, engaging in talanoa, forming connections, realising others are going through similar experiences. People engaged in group programmes also report feeling more able to talk about mental health with family and friends. In particular, elders expressed anticipation for these interactions, highlighting how these opportunities were something they looked forward to each week.

Targeted cohort specific groups, particularly groups designed for Pacific men with a focus on physical and mental wellbeing, are reported to have been particularly impactful. Staff reported that these groups establish a secure space for men dealing with stress and distress to come together, participate in physical activity and wellbeing talanoa and that this leads to a sense of camaraderie and connection among Pacific men and addresses some barriers for men around wellbeing help seeking and talanoa.

78% of survey participants reported that the Pasifika Access and Choice service they accessed helped to reduce stigma in relation to mental wellbeing and substance related harm among Pacific peoples in their community.

It is clear there is a reduction in stigma and associated negative perceptions associated with mental health and wellbeing for those that have connected with Pasifika Access and Choice services, including family and friends of those that have accessed support. Determining the extent of impact is challenging due to the diversity and ad hoc nature of much of the activities providers have undertaken.



We don't use language like "I'm going to refer you to the mental health nurse". We phrase it along the lines of "you know that feeling you have, I have a colleague who can help you with what you're feeling and how it's affecting your sleep."

- Service Leader



Reducing Stigma Within Organisations

As well as the range of groups and community outreach, providers have undertaken significant work within their own organisation and other health and social service organisations they work with to reduce stigma and increase understanding about mental health and wellbeing.

Some providers noted a degree of reluctance and lack of confidence around mental health services among internal colleagues that stemmed from stigma, a limited comprehension of the Pasifika Access and Choice programme, and perceived risks of their organisation 'working in mental health'. The consult liaison work Pasifika Access and Choice staff have undertaken was reported to have had a significant impact on reducing stigma within organisations. Leaders report changing attitudes, increased knowledge and confidence within their organisations. Staff reported the positive impact that 'mental wellbeing literacy' has had into their own families, social networks, and communities. This flow on effect within Pacific communities can not be underestimated.

While change is happening, there are still significant challenges talking about mental wellbeing in some Pacific communities, and mental health and addiction are often seen as 'taboo topics'. The appetite for such discussions, particularly with community leaders like ministers, is often limited. The work of reducing stigma related to mental wellbeing in Pacific communities is ongoing and requires sustained attention.

Intentional Language

Language like 'mental health' and 'addiction' can act as barriers for Pacific communities. Numerous providers have intentionally adapted language and communications within their services to encourage access.

Rather than positioning themselves as a mental health service, some providers are using language like counselling, mind health, wellbeing or mindfulness to describe their services. This language is in addition to the names or brands providers are using for their Pasifika Access and Choice service, which are often in Pacific languages. Naming of the service and branding has been intentional, conveying life as a complete journey with both good and tough times, and emphasising the importance of overcoming challenges with support.



Having a mental health team initially was a bit scary for our social workers because they didn't understand.

- Service Leader





FUTURE FOCUS AREAS



Future Focus Areas



Five areas have been identified to focus ongoing improvement efforts.

- 1** Review arrangements for workforce training and development, emphasising regular training opportunities for new staff, ongoing training, and the establishment of communities of practice and peer supervision groups across providers for leaders, clinical, cultural, and non-clinical staff.
- 2** Consider scaling the learning from triage roles across the programme to enhance referral quality, streamline resource allocation, and improve the process and quality of care.
- 3** Consider the establishment of a collaborative recruitment plan and effort across providers. This would be focused on addressing vacancies and could include pooled resources and expertise.
- 4** Explore options to enhance data quality. This should be focused on improving data quality, facilitating easier data collection and interpretation, and could include reviewing the current reporting template.
- 5** Review programme metrics to include measures for consult liaison, community outreach, and stigma-reduction activity in order to gather more comprehensive information about the programme's impact in addition to direct clinical work.

Mālō ‘aupito

Fa’afetai tele lava

Meitaki ma’ata

Fakaaue lahi

Vinaka

Ngā mihi

Thank you

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