

Stakeholder summary of changes

Local Adult Specialist Mental Health & Addiction Service

August 2025



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This document gives an overview of changes made since the decision was taken to establish a Local Adult Specialist Mental Health & Addiction Service. More information about this service [can be found on our website](#).

How we got here

- January 2023: [Draft concept](#) setting out a model for a new way of working, shared with kaimahi and stakeholders for feedback
- March: Series of [design workshops](#) for the proposed new service take place
- April-May: Feedback collated and used to shape draft proposal
- June: Proposal shared with staff for consultation
- July-September: Feedback period ends; responses collated and reviewed
- September: Decision document released
- October-November: Further consultation on Rapid Response function
- December: Rapid Response decision document released
- January 2024: Start of implementation

Related reports

Change proposal summary document, June 2023

Timeline of changes

Vision, principles, and Model of Care confirmed: December 2023

Confirmation of the vision, principles, and Model of Care outlined in the change proposal, as well as the leadership structure, signalled the end of the consultation period for the Local Adult Specialist Mental Health & Addiction Service.

More information

[Vision, principles, and Model of Care](#)

Telephone triage transition: March 2024

Since March 2024, our telephone services have been provided by Whakarongorau Aotearoa, a well-known national telephone service which offers free, 24/7 health advice and support across New Zealand.

People in mental health distress or crisis can contact MHAIDS on the same number as previously – 0800 745 477 – however, when their call is answered, they are welcomed to the 'Greater Wellington Mental Health and Addiction Service' instead of Te Haika.

The service is staffed by registered mental health and addiction clinicians who help people to access the services and support they need. Their focus is clinical prioritisation and navigating people to the right services, especially in crisis. They do not provide in-depth therapeutic support.

There have also been changes to the process for referrals to provide a more local, integrated response. Information for our communities is **available on our website**.

As we move into this new way of supporting people accessing MHAIDS services, we need to ensure that tāngata whaiora being supported by an MHAIDS service know to **call their case manager/team** in the first instance during office hours. This will make it easier for tāngata whaiora to get the right support they need faster.

Threshold Assessment Grid (TAG) matrix exercise: May 2024

In 2024 adult community mental health teams took part in a Threshold Assessment Grid (TAG) matrix exercise, which provided information about the tāngata whaiora they were seeing.

An incredible 2,068 TAG questionnaires were completed, and all TAG questionnaires completed within two weeks – meaning we achieved 100% completion.

The project analysed the data, and the results were shared with the teams, some of whom have implemented some of the recommendations from the TAG exercise into their day-to-day work. This includes increasing our engagement with NGO providers and primary care to help facilitate tāngata whaiora journey to recovery and provides a more holistic approach to care.

Future actions include:

- Repeating the exercise when the localities/home bases are more established.
- Inviting tāngata whaiora and whānau to complete their own questionnaires, so we can better understand individual perspectives and preferences.
- Planning a similar exercise for our cultural services, ensuring that tāngata whaiora and whānau are included.

Planning for our future property needs: August 2024

As part of our locality development, we want to make sure our physical spaces reflect our principles of being community-based, accessible, and welcoming.

Working with our Property and Facilities team, as well as key staff on how we use our buildings and office spaces, we identified the following spaces as high priority for refurbishment or new locations:

- Central Region Eating Disorders Service
- Kāpiti Adult Community Mental Health Team (CMHT)
- Infant Child, Adolescent and Family Service (Hutt Valley)
- Hutt North Adult CMHT
- Crisis Resolution Service

We anticipate that some of this work will require significant long-term planning and investment. We will keep you updated on timeframes as we progress.

Leadership training: September 2024

In 2024 we introduced a new project workstream within the Local Adult Specialist Mental Health and Addiction Service that focuses on developing our organisational culture.

Leaders undertook a leadership training programme, building skills to help them share and role model the vision, principles and culture of the new service.

Participants identified personal standouts from the sessions, including:

- “...understanding more about how my core values influence my leadership, reflecting on the need to utilise other leadership styles to fit different situations, and growing leadership in others.”
- “(The **DISC framework**) helps to understand the personalities of the team and how I work with them.”
- “Understanding stress responses and the physiological process of stress.”

Leaders then started putting learning into practice:

- “(I have been) spending more time working with the team listening, sharing concerns and ideas, (and) promoting the rationale for change.”
- “I have been tailoring the communication about the change programme to align with where people are in their understanding.”
- “Sharing as much information as available with the team. Being transparent.”



Photo: Māori Equity Lead Group. L-R, front row: Hiraina McKenzie, Kaihautū / Director Māori; Keta Te Ahuru, Māori Equity Lead; Lisa Naufahu, Personal Assistant to Director Māori. Back row: Māori Equity Leads Eddie Edmonds, Henare Parker and Te Manu Tutaki Wi-Neera.

Leadership positions appointed: February 2025

All leadership positions in the new structure were appointed by February 2025, with the Lived Experience and Equity Leads completing the new structure.

Māori Equity Leads

Taurite Matua Māori (Equity Leads) provide leadership and guidance to develop, implement, and refine Tiriti o Waitangi-led and pro-equity approaches, ensuring the provision of quality and safe services.

Henare Parker (Quality Clinical), **Keta Te Ahuru** (Younger Persons), Eddie Edmonds (Acute Care sector), and Te Manu Tutaki Wi-Neera (Intellectual Disability Service) work at a leadership level with Operations Managers and Clinical Leads to effect structural equity.

While focused on reducing inequities and improving health outcomes for Māori, this work will benefit everyone who uses MHAIDS services, through a renewed emphasis on flexible, dynamic care delivered by staff able to work effectively with all tāngata whaiora and their whānau.

Lived Experience Leads

Last year three Kaiarahi Wheako Ora | Lived Experience Leads were appointed to elevate the voices of people with lived experience in MHAIDS' Local Adult Specialist Mental Health and Addiction Service's three localities.

Sarah Porter, Leo McIntyre, and Cory Simpson are responsible for advancing person-directed care and engagement with tāngata whaiora and their whānau.

They partner with their respective locality's Operations Manager and Clinical Leader to identify opportunities for service improvement. Each locality team is working to deliver a plan to improve services for those who live within their localities.

Advancing the lived experience voice: Meet our new Lived Experience Leads

Intake & Assessment: January – March 2025

Ensuring timely access to services in the community is one of the core principles of the Local Adult Specialist Mental Health and Addiction Service. We know that if people are seen earlier, the outcomes are often more effective.

Using the skills of our intake staff and Quality and ICT teams, and with the support of our clinical and operations leadership, we have reviewed our processes and made improvements.

This work has included:

- Updating our policies and procedures to take a person- and whānau-directed approach.
- Establishing a quality improvement framework for managing referrals to our services and monitoring wait times.
- Working with our intake and assessment clinicians to ensure that our approach is the same across the district.

Results:

- In March 2024 we saw 36% of people face-to-face within three weeks (target is 80%), and 67% of people within eight weeks (target is 95%).
- Despite a 25% increase in referrals from the previous year, in March 2025 we saw 67% of people face-to-face within three weeks, and 100% of people referred to our service were seen within eight weeks.

While we are pleased with the results, we continue to work hard in this area to make sure our processes are sustainable for the future. Working with our Lived Experience team is crucial to ensure that the viewpoints of tāngata whaiora and whānau are included any service developments.



Changes see quicker ED wait times for those in distress: July 2025

The Change Programme Team is excited to highlight some of the excellent work happening to support our local Emergency Departments. Current data shows that local EDs are the highest source of referrals for our crisis teams, and we are committed to ensuring a specialist MHAIDS workforce can respond to tāngata whaiora and whānau who present to ED.

Changes that have been made at Wellington Regional Hospital's ED means people in mental distress or experiencing a crisis are being seen more quickly.

Firstly, the introduction to ED of Specialist Clinical Nurse (SCNs) - previously known as Mental Health ED Liaison Nurses, who can provide assessment, care planning and support.

These are more advanced ED nursing positions, and their appointment reflects the increasing complexity of mental health presentations. Having specialist staff based in ED reduces wait times and improves the experience of people needing urgent mental health support.

While it's still early days and these roles are yet to be fully recruited to, we're already seeing benefits to care with a reduction in wait times for people presenting in ED with mental health issues between March and May this year. This means we're making

progress on the 'shorter mental health and addiction-related stays in emergency departments' mental health target.

The other change – the relocation of the Wellington CRS from Kenepuru Community Hospital to the Wellington Regional Hospital campus near the ED in April 2025 – enables the team to respond more promptly when someone presents in crisis.

Development of the Primary Care and Community Transitions function: July 2025

MHAIDS' current Primary Care Liaison (PCL) service connects GPs with mental health and addiction specialists, who offer guidance in decision-making and help plan treatment for tāngata whaiora.

This gives the benefit of closer relationships with our colleagues in primary care and helps empower primary clinicians by sharing knowledge. PCL clinicians can also offer advice on the most appropriate service for onward referral, streamlining the referral process.

As part of the ongoing work to establish a Local Adult Specialist Mental Health & Addiction Service, we are now beginning work to develop the Primary Care and Community Transitions (PCCT) function within the three localities.

Part of this process includes delivering on the vision of a strengthened primary care function and will include work to clarify the PCL role and integrate clinicians into the three localities: Wellington, Hutt Valley - Wairarapa, and Porirua – Kāpiti. We anticipate this will yield positive results like those of the 2022-23 integration of intake clinicians into community teams.

The PCCT function will have a renewed focus on tāngata whaiora transitions between primary and community care and MHAIDS specialist mental health and addiction services.

Finally, the PCCT function will be made available to a wider variety of primary care providers such as NGOs, to help support tāngata whaiora who are not enrolled with a primary care provider.

Our first steps will be a careful analysis of the data to determine where clinical FTE should be based across the region to best achieve more equitable, integrated care.

Reviewing the Model of Care for acute day services: July 2025

We are looking at the ways mental health services are delivered to tāngata whaiora in their local communities. One piece of work focuses on acute day services within MHAIDS, more specifically, the Regional Acute Day Service (RADS) which is currently based at Kenepuru Community Hospital, Porirua.

We are doing this with a shared goal, to improve services for the people using them and for the staff providing them.

Our first step will be to gain a better understanding of the role the Regional Acute Day Service (RADS) plays in meeting the needs of tāngata whaiora.

Beginning in mid-July, Project Lead Sinéad McCambridge will undertake a literature review and talk to key stakeholders, including other districts who provide similar services. The voices of those who use our service will also be crucial in planning the future model of care and service delivery approach. Speaking with the staff who work in RADS will also be a crucial part of this process, and this will be done once the literature review is complete.

We expect the review to take six months, with no disruption to current services anticipated.

What's next?

- Repeat of the **TAG matrix exercise** in 2025
- Further implementing the shared **Model of Care** in acute inpatient units to support improved service delivery.
- The Lived Experience Team is preparing a **journey mapping exercise** to engage with tāngata whaiora who have experienced transitions into the community from acute services and community teams. The team is working to generate interest from tāngata whaiora and whānau, and looking forward to welcoming clinicians, leaders, and managers as equal partners in exploring the barriers and potential solutions.
- Further implementing the functions in our home bases for each **locality** as we work towards an integrated model of care in our adult community mental health teams.

