Te Manawa Taki Perinatal and Infant Mental Health Services

Environmental Scan

December 2023

Contents

1. Executive Summary

Purpose

This Project (comprising of an environmental scan and report) was commissioned by Te Whatu Ora to outline the current state of the Specialist Perinatal and Infant Mental Health and Addiction services in Te Manawa Taki Region, one of four regions across Aotearoa defined by Te Whatu Ora for the purpose of organising health leadership and services. This Environmental Scan is part of a quartet, with three other reports coming from the Northern, Central and Te Wai Pounamu Regions.

A better understanding of regional variation of investment, access to services and supports, and the experiences of whānau, and service providers in Bay of Plenty, Lakes, Tairawhiti, Taranaki, and Waikato districts was the focus. The learnings will be applied locally to improve access and enhance services and will be used Nationally to inform allocation of the $10.1 million set aside in Budget 2022 for perinatal and infant mental health and addiction services.

The environmental scan is aligned to the Kahu Taurima programme within Te Pae Tata, contributing to the strategic priority of improving access to specialist mental health and addiction services as part of the development of a perinatal mental health and wellbeing pathway. The Service Level Agreement prioritises equity of health outcomes for Māori and sets out five objectives that direct the environmental scan:

1. Understand the continuum of infant and perinatal mental health services across Te Manawa Taki including eligibility criteria
2. Identify current pathways between primary mental health services and specialist infant and perinatal mental health and addictions services
3. Identify opportunities to streamline and align services and ensure clear pathways
4. Identify how services are currently addressing the needs of Māori and other priority population groups
5. Link with the work on current pathways being undertaken as part of Kahu Taurima

Context

Te Whatu Ora Waikato led the environmental scan on behalf of the five districts in Te Manawa Taki and it builds on the previous work undertaken within the Region including:

- Te Manawa Taki Regional Equity Plan 2020-2023,
- Te Manawa Taki Infant and Perinatal Model of Care 2021, and
- Te Manawa Taki Mental Health and Addiction Wellbeing Whānau & Pēpi Project Report.

The Project Governance Group and author acknowledge with gratitude this earlier work and draw heavily on it in this Report. Additional whānau and provider stories gathered for this Project uphold and strengthen these previous findings and recommendations.

Approach

Te Manawa Taki as a collective of providers of mental health and addiction services recognises our obligations under Te Tiriti o Waitangi to enable Māori to live longer, healthier, and more independent lives, achieving equitable health and wellbeing as Māori. The Values of Te Manawa Taki are represented by the acronym T.A.H.I, (illustrated in the table below) these values have guided the environmental scan and report.

T	Tautoko (mutual support) – of each other; supported by our commitment to mahi tahi (a united cause).
A	Auahatanga (innovation) – is at the centre of what we want to do; supported by our kaitiakitanga (shared guardianship of our mahi/work) role.
H	Hauora (Māori health and wellbeing) – is our priority; supported by our commitment to equity and rangatiratanga (partnered leadership) role.
I	Ihi – the power of our integrity towards each other and what we do; supported by manākitanga (mutual support), whakawhānaungatanga (working together) and whakapakari (strengthening each other).

The voices of 302 whānau (including 123 whānau Māori) across the Region that had experienced mental illness or wellbeing distress associated with pregnancy, childbirth or having young children was collected for this project. Providers across the continuum of care were interviewed and others completed a template with details of their service including pathways, workforce and experiences of the sector. This information was combined with Regional data about our people and communities, deprivation, and geography to understand local need.

Findings

People across Te Manawa Taki have confirmed what previous research found. Despite dedicated compassionate kaimahi, services can be insufficient in some locations, inappropriate for some whānau, and inaccessible to others. Cost, distance, cultural responsiveness, stigma, relatability, unclear pathways, provider capacity/capability/criteria can stand in the way of recovery for many. Bright spots across our Region, such as Village Aunties, Peer Support Worker, and Mums4Mums, show us what can be achieved. We celebrate these staff and services and have learned from their successes and the stories of whānau to make our recommendations.

Recommendations

Continuum of Care
• Support early identification of risks to wellbeing by encouraging universal screening for mental health and wellbeing. Key contributors to poor wellbeing and mental health including social determinants should be included in this assessment • Ensure access to evidence based, culturally appropriate information and resources for birthing parents, partners and any whānau supporting a loved one with perinatal mental illness in English, Te Reo Māori and other languages to reflect local community needs • Recruit Peer Support Workers across the Region to bridge the continuum of care, improve access for Māori, and inform practice • Increase access to respite and community based skills development for parents to prevent escalating risk • Ensure timely access to specialist psychiatric, psychological, and Rongoā services when needed for those that are at severe risk of harm
Pathways
• Create, promote and maintain clear easy to follow pathways across the continuum of care with shared duty of care so no one falls through the cracks • Develop and maintain an accessible directory of services including each ring of the continuum of care
Opportunities for quality improvement
• Improve the cultural safety of services across the continuum, including enhancing the competence of providers in a trauma informed approach and to provide welcoming, safe and appropriate support and services for Māori and Pasifika whānau, young parents, gender and sexually diverse parents • Make it the responsibility of all those working with pregnant whānau and young children to reduce the stigma associated with mental illness and poor wellbeing, removing this barrier to accessing services
Address the needs of Māori, Pasifika, Rainbow, and Youth
• Appropriately resource and value culturally led services (including kaupapa Māori, Pasifika, gender and sexuality affirming, and youth services)
Kahu Taurima, consistency
• Build the knowledge, skills and practice of all those working with pregnant whānau and young children across the continuum of care • Standardise access criteria for secondary perinatal and infant mental health services – include parents with previous mental illness, whānau who have lost their baby (through death or uplifted by Oranga Tamariki)

The stories of our whānau and those that work to support them, show a need for more resources to be put into perinatal infant mental health services within Te Manawa Taki. As a Region we are equipped with an established network of leaders and providers to allocate resources where equity gains will be the greatest. However, the data doesn't just highlight gaps for increased FTE, it reinforces what previous research has found. Furthermore, it gives our teams and all those on the ground and in decision making, practical steps to create more accessible and effective services. Lastly, the report provides insights into how whānau and communities can be strengthened to keep people well.

2. Approach

2.1 Te Tiriti o Waitangi and Equity

The Service Level Agreement (SLA) references Section 7 of the Pae Ora (Healthy Futures) Act 2022 which outlines the Health Sector Principles. These principles describe key outcomes and actions intended to meet our responsibilities under the Articles of Te Tiriti o Waitangi, as articulated by the courts and the Waitangi Tribunal. The Act requires health entities to implement initiatives that give effect to the principles and that are aimed at improving the health sector for Māori and improving hauora Māori outcomes.

Taiahaha Taiahaha, Te Manawa Taki Māori Wellbeing Framework (defined in the five points below) guides this Project to meet our responsibilities under Te Tiriti o Waitangi.

1. Mana Motuhake – providing choice for whānau as determined by whānau and is accessible for ALL whānau regardless of circumstances. Mana Motuhake is evidence based and measured against the Articles of Te Tiriti o Waitangi.
2. Mo te Katoa (for everyone) - the right fit and connection for our whānau. Demonstrating tika, pono and aroha evidenced through naturally occurring action and assessment.
3. Matakite – flexible, adaptive, agile services that are close to the ground to whānau needs which includes and validates the natural intuitive ability of all to work alongside our whānau.
4. Tikanga and Kawa Based – is determined as a whānau knowing, grounded in indigenous collective ideology, informed by traditions of time and space.
5. Wairuatanga – heal the wairua; heal the whānau [Being committed to achieving equitable health outcomes for Māori. Te Manawa Taki Five Core Equity statements for mental health and addiction were derived from overwhelming feedback from whānau.

We will use this Project and all other initiatives to contribute to the shared vision of Equitable access for Māori, understanding improvements to service access and health outcomes for Māori benefit all those that call Aotearoa home.

2.2 Te Manawa Taki United

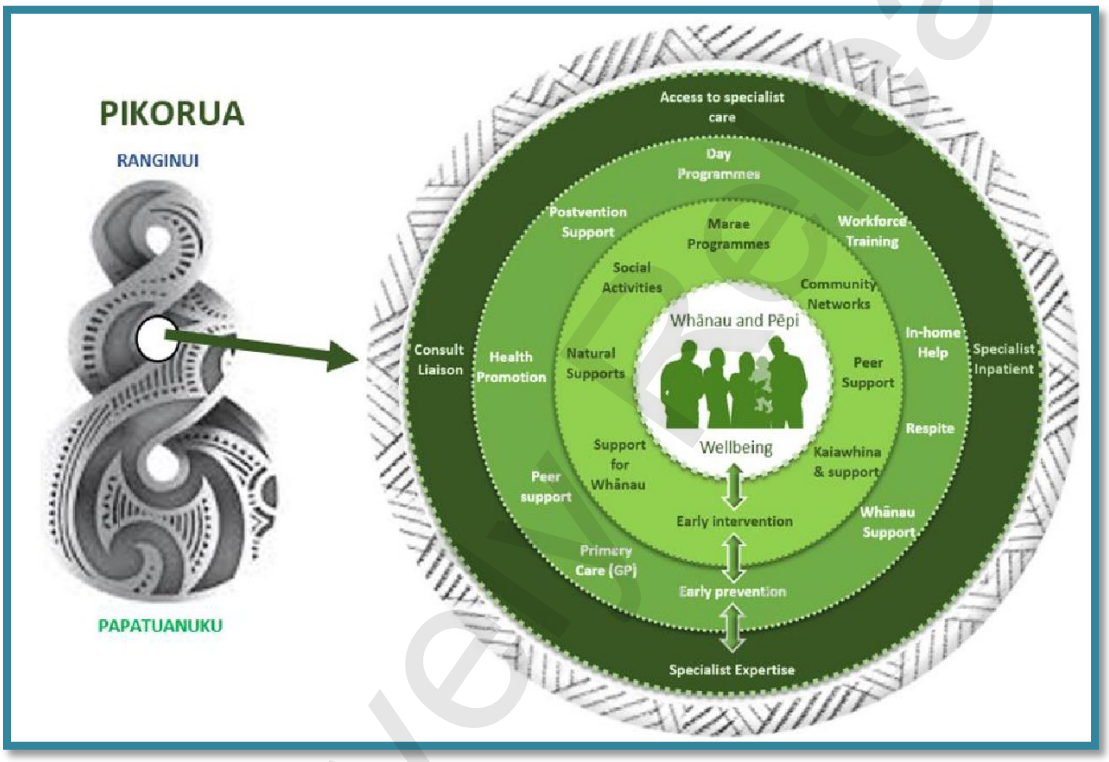
Te Manawa Taki has had a Regional Network in support of improved perinatal services since 2015. In 2020 it was decided a perinatal infant mental health and addiction project was required with similar intentions to this SLA:

- Effective level of provision with regionally agreed pathways of care that are culturally appropriate, safe and where possible addresses intergenerational trauma
- Experience of the whole whānau is valued
- All services involved are coordinated and seamless
- Ensure primary health pathways for caregiver and baby are developed

COVID-19, workforce shortages and other challenges have slowed progress toward these goals, however those working in perinatal and infant mental health and addiction services are a dedicated group and in 2022 a Te Manawa Taki working group was established to *"validate a flourishing Whānau and Pēpi community continuum of care that enhances hospital specialist services and focuses on vulnerable māmā and pēpi."*

With contributions from whānau, providers, experts, HealthShare, and artwork by Isobel Baxter, this working group developed the 'Staying Well – Keeping Well – Being Well' framework for whānau and pēpi.

We use the framework (illustrated below) as a cornerstone of this environmental scan as it holds whānau and pēpi at the center and focuses on being able to access the right service at the right time as determined by whānau. Dotted lines promote free flowing movement between integrated and holistic levels of care as whānau needs increase or decrease (see Appendix 1 for a detailed description of the framework and design).



2.3 Project Structure

This project was guided by Te Whatu Ora Waikato Perinatal Mental Health & Maternal Governance Group, members include:

- Andrea Darling, Maternity Quality and Safety Programme Coordinator
- Bobbie-Jane Cooke, Whānau Voice/ consumer representative (Chair and Administrator for Waikato Home Birth Association Co-chair for Home Birth Aotearoa Trust)
- Cath Anderson, Medical Director, Women's and Children's Health (co-chair)
- Heidi Steyn, Charge Nurse Manager Perinatal and ICAMH services
- Nicola Livingston, Operations Manager Mental Health and Addictions Services
- Sue Critchley, Director – Community, Rural and Specialty Mental Health & Addictions Directorate (co-chair)
-

The Project Working Group members supported this Project from across Te Manawa Taki. Our thanks go out to:

- Bianca Taute, Pou-Mahi Hapori/Community Perinatal Support Worker, Lakes
- Carly Ralph, RN Perinatal Mental Health, Lakes
- Cilla Allen, Service Manager Mental Health and Addictions, Tairawhiti
- Hayley Lord, Project Lead Community Psychologist Kawakawa Group
- Heidi Steyn, Charge Nurse Manager Perinatal and ICAMH services, Waikato
- Laurel Fields-Rolleston, Pou Tahu/General Manager, Hauora Waikato
- Nicola Livingston, Operations Manager Mental Health and Addictions Services, Waikato
- Penny Stevens, RN Maternal Mental Health Western, Bay of Plenty
- Ross Ekdahl, Manager Community Mental Health and Addictions Services, Taranaki
- Samantha Notman, RN Maternal Mental Health Eastern, Bay of Plenty
- Tim Gutteridge, Social Worker Perinatal Mental Health, Lakes

We would also like to express our sincere thanks to the whānau and providers that shared their stories and experiences. Ngā mihi aroha ki a koutou katoa.

2.4 Constraints, limitations, and context

Some stories and services are missing in this environmental scan due to the limitations of time – for busy providers, the capacity of the researcher, whānau juggling work, children and trying to manage their mental health - this tells its own story of overwhelm. This issue has been mentioned by previous groups, including the working groups for the Whānau and Pēpi Report and the Perinatal Model of Care. It is hoped that between the four Regional Reports a picture of perinatal and infant mental health and wellbeing services across Aotearoa will emerge.

For decades researchers in Aotearoa and overseas have written about the importance of wellbeing of hāpu whānau and pēpi and the intergenerational nature of this. Marginalised, unwell whānau and busy providers have shared their stories over and over. With this environmental scan and report we pledge to honor their experiences by making important changes now and for the future.

3. Methodology

3.1 Objectives

This environmental scan covered perinatal and infant mental health and addiction services across Te Manawa Taki Region with the following objectives as set out in the SLA:

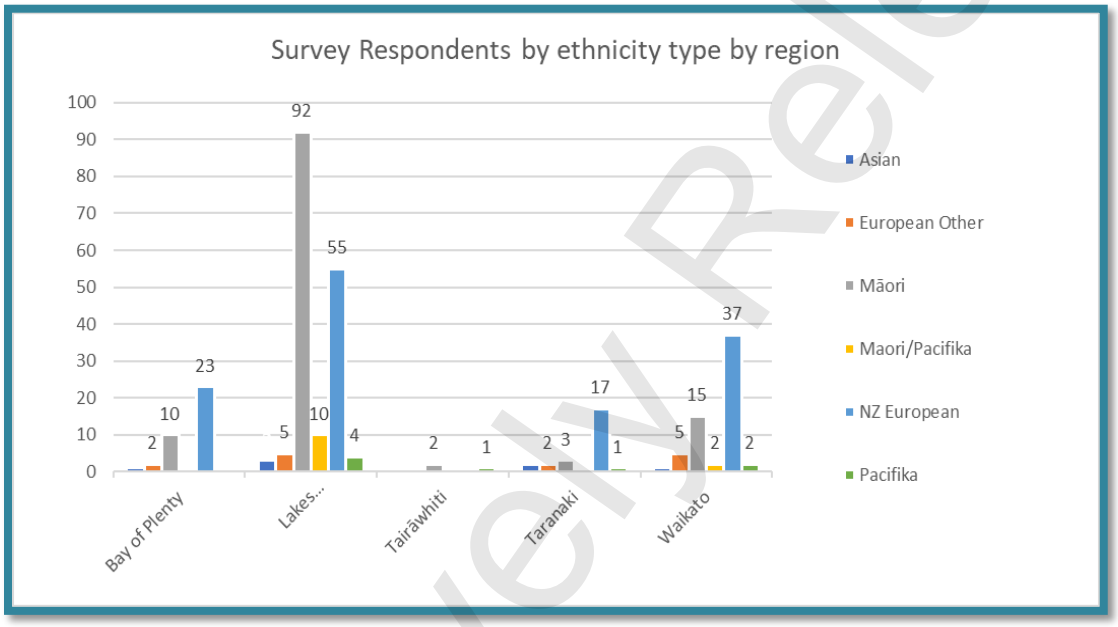
1. Understand the continuum of perinatal and infant mental health services across Te Manawa Taki including identifying any variation in models of service delivery and levels of service delivery – including services provided and funded by Te Whatu Ora and identifying variance in the model care across districts
2. Identify current pathways between primary mental health services and specialist perinatal and infant mental health services, including eligibility criteria
3. Identify opportunities to streamline and align services and ensure clear pathways to and between specialist perinatal and infant mental health services as well as opportunities for strengthening the relationship between primary mental health and addiction services and perinatal and infant mental health services
4. Identify how services are currently addressing the needs of Māori and other priority population groups and any areas for improvement
5. Link with the work on current pathways being undertaken as part of Kahu Taurima programme between current perinatal and child health services and specialist perinatal and infant mental health services. This includes reviewing current referral criteria from perinatal and child health services for all specialist perinatal mental health services to ensure consistency and also ensure specialist services provide consult liaison services to well child and perinatal services.

Project leads across the four Regions worked closely together to provide national consistency and share learnings. A communal folder gave access to shared resources and a regular online hui kept a level of consistency of approach and principles between the four Projects.

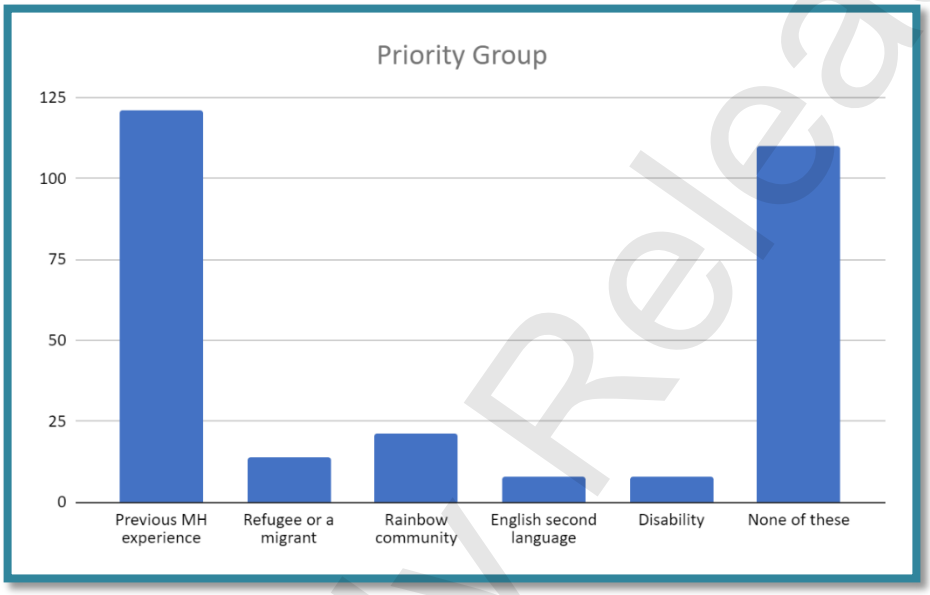
3.2 Lived Experience and Whānau Voice

The knowledge and experience of whānau across the region was captured through an electronic survey. The survey was developed by the team of project leads nationally, reviewed and tested by māmā with lived experience of mental illness and whānau Māori. Responses were collected from across the motu with Project Working Group members in Te Manawa Taki utilising their local networks to disseminate the survey link (see Appendix 2 for survey details).

The chart below shows the distribution and ethnicity of the 302 survey responders which included birthing parents and 53 supporters (such as partners, parents, and friends of the birthing parent):



The diverse communities within our Region, including priority populations, were represented with over a third of those completing the survey having previous lived experience of mental health and addictions problems. In addition to information collected on ethnicity, age, and rurality, survey question 4 *"We understand that some groups in our community may have more difficulty getting support and we would like to understand this better"* gave more detailed information about the diversity of our responders (results shown in the chart below).



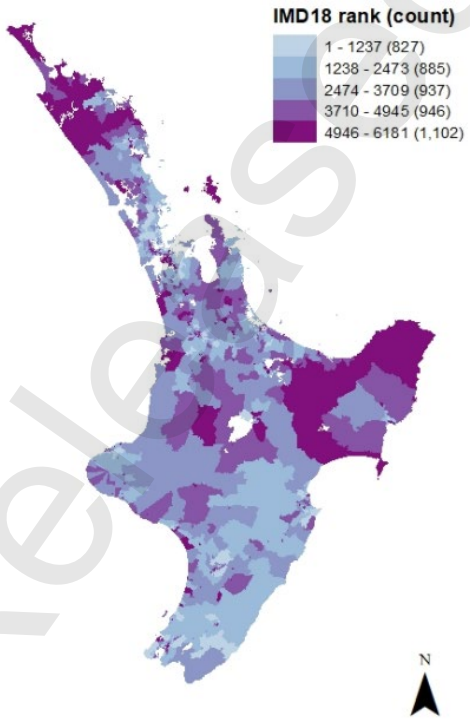
3.3 Provider information

A template (see Appendix 3) to gather provider information was adapted, with thanks to the Northern Region Project Lead, and sent to the Project Working Group to complete and disseminate to other services on the continuum. Getting a comprehensive overview of all providers in the continuum of care that support birthing parents and infants with mental health and addictions services was difficult due to time limitations of the workforces and the project team. Seven providers completed the template. Where there were known gaps, online searches or information provided in previous projects was collected regionally and utilised in this report.

Interviews with dedicated people working in perinatal and infant mental health, as well as aligned services, provided additional knowledge and stories. Approximately 30 interviews with general practitioners, consultant obstetrician, midwives, psychologists, psychiatrists, social workers, support worker, addiction clinicians and occupational therapists across Te Manawa Taki Region were completed.

3.4 Regional information

Information gathered through Te Manawa Taki Equity Plan 2020-2023, Te Whatu Ora databases, and Te Whatu Ora Regional Annual Reports, provides an overview of the Region. Te Manawa Taki covers a vast geographical area, some 21% of the land mass of Aotearoa 56,728 km2, stretching from Cape Egmont in the West to the East Cape. Our Region includes areas of the highest deprivation in the country. The chart to the right shows geographical variations in deprivation in the North Island using the 2018 New Zealand Index of Deprivation (IMD18).



Te Manawa Taki, Bay of Plenty, Lakes, Tairawhiti, Taranaki and Waikato, is home to 985,285 people 265,360 Māori (27%) and 43 local Iwi groups.

In 2019, 12,392 babies were born across our Region. The table below shows the total population in each district, the percentage of the districts population that are Māori, and the live births.

Area	Total Population	% Population Māori	Number of live births in 2019
Bay of Plenty	324,200	26%	3121
Lakes	110,000	37%	1561
Tairawhiti	49,300	53%	689
Taranaki	122,700	20%	1525
Waikato	482,100	24%	5496

The Gisborne and Coromandel districts have been hit by cyclone and storm damage in recent times adding to difficulties accessing service and putting further demands on the economy of the areas.

4. Findings

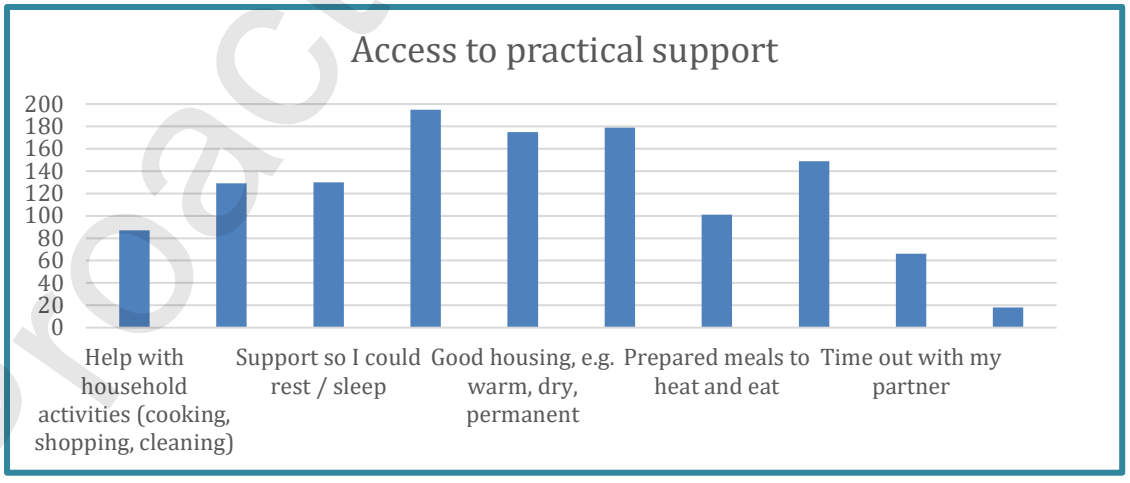
4.1 Continuum of Care

This section describes the continuum of services across Te Manawa Taki and includes feedback from whānau and providers about the quality, importance, and access to services and supports at each stage. Using the Staying Well – Keeping Well – Being Well Framework outlined above (from the Te Manawa Taki Whānau and Pēpi Report) we describe the continuum spanning from a protective inner circle of support from one's partner, whānau and friends, moving outward to a ring of community support and activities to stay well, then onto a ring of community services if wellbeing is compromised. Finally, if needed, in the fourth ring, resides secondary perinatal and infant mental health services. As with the stepped care approach to mental health services, whānau and pēpi can move across the rings as their mental health and wellbeing requires, receiving the least intensive services at the earliest opportunity. Overwhelmingly, all stakeholders spoke of the importance of having access to all levels from a prevention and recovery perspective. Frequently, gaps for whānau were cited across the continuum.

4.1.1 The inner circle, pēpi and whānau wellbeing

> Just having my mother awhi me during the times I needed her most, her presence was enough.

Whānau that responded to the survey talked about the importance of the support they received from their parents, partner, siblings, and extended whānau as well as friends. This support included delivering home-cooked meals, helping with chores, looking after the baby, being a listening ear, providing emotional understanding, and being there during the nights. Those in the inner circle also created a supportive environment by sharing parenting experiences and providing emotional relief. The whānau survey asked people to identify the practical things that they had access to in this protective circle. The chart below shows their responses:



These supports were not available for all whānau, 18 of the responding parents reported no access to any of the practical support listed and less than half had adequate income and financial security. The impact of a lack of these supports on mental health and wellbeing is well documented. This data provides clear insight into the areas of support required to prevent illness and protect wellbeing.

In addition to the specific mental health support services mentioned above whānau talked in equal proportion of the need for more housing security, more practical support (including childcare), more relationships support, and more access to exercise. Opportunities are present to support access to social support and services close to families to ensure the necessities are available. Checking whānau have transport for appointments or taking services to them. Social workers, navigators, peer support workers working to promote wellbeing through a strong inner circle and early identification of risk.

A warm more safe house for my children

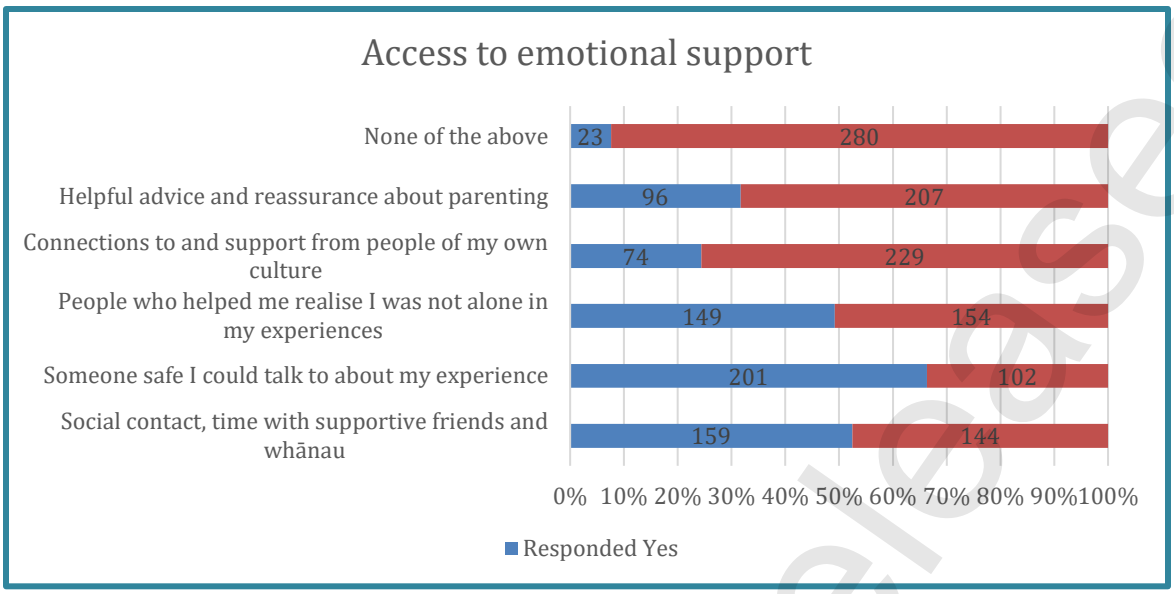
4.1.2 The second ring, community support and activities

The type of services that wrap around whānau and pēpi in this ring include marae programmes, community networks, and social activities – things like hāpu wananga, antenatal classes, and Plunket. Emotional support was hugely important in the responses from survey participants and it sits right across the continuum of care and is critical at all levels. We place findings about emotional support in the second ring, as when emotional support is lacking in natural supports, there is an opportunity for services to step in early.

A number of organisations provided standout support for parents surveyed including: Antenatal Classes and Groups where friendships were as valuable if not more so than the course content; Plunket although access and experience with Plunket varied across the Region; Playcentre (including Space); Mirimiri; 0800 Wellchild Helpline; The Village Aunties (Taupo); Mums4Mums (Bay of Plenty); Whānau Ora; Rotorua Mothers Group; Western Community Centre (Hamilton). Having access to a supportive midwife, as well as access to support groups (including peer support), other services and day programmes, and regular home visits by Kaupapa Māori services were important.

In home support would have been amazing for help with cleaning, making meals and someone to talk to as I don't have close friends or family that live near me

Whānau were asked in the survey about their own access to supports. Their responses are shown in the chart below.



> Reached out to few places and may get contact to say they would be in touch and never heard back. Very hard when putting self out there asking for help

Too many parents did not have access to the emotional support needed to help keep them well. This gap was not always identified by midwives, GPs or other services close to whānau. The gap where peer support could work in a prevention capacity, providing a relatable point of care for brief intervention and a warm handover to appropriate services and supports. In Lakes district, the addition of a Peer Support Worker to the perinatal mental health team has enabled earlier intervention and improved access to services across the continuum of care. Having a trusted peer support worker, that understands the journey whānau are going through and is knowledgeable about service and support options, would meet the unmet needs of many whānau in the survey.

In some circumstances services were available, but not accessible to whānau, because they didn't meet their cultural needs, or because of transport and/or cost barriers. Many parents who did not access services did so due to feelings of shame and feelings that they were not worthy. Others struggled to access support because they were busy with other children and work. Often, time was a barrier and a number of whānau were concerned what might happen to their pēpi if they seemed unwell.

> It wasn't affordable, I felt like my kids would be taken away if I shared how I was feeling mentally. I thought I would be judged by my own family and my kids dads family. Doing my own online research into my feelings helped but I wish I did reach out and didn't struggle for so long.

The type of services whānau identified as being most beneficial to their mental health and wellbeing in this ring were services that provided social connection and support, emotional well-being and access to resources. The need for socialising, connecting with others, and having friends or support networks to rely on is mentioned multiple times by those surveyed. This includes connecting with other

hāpu whānau, joining parenting groups, and having someone to talk to about non-baby related topics. The importance of emotional well-being is highlighted through various means such as journaling, counselling, reassurance about parenting, and empowerment during pregnancy. It also includes finding solace in nature, engaging in activities like yard work, and accessing mirimiri. Lastly, a recurring theme from those surveyed was the desire to access resources and services, including maternal supports, childcare, exercise facilities, playgroups, and communities/activities. These supports were cited as a way whānau could maintain physical health and provide postnatal care for both the mother and baby.

During pregnancy the most important aspects identified by whānau included having someone to talk to and receive emotional reassurance. Many individuals mentioned the importance of having someone to talk to who is non-judgmental and understanding. This includes talking with other māmā, venting or talking to someone external to their family, and just having somebody to listen and validate their feelings. Local support services that provided that connection for expectant mothers included support groups (whether face to face or online Facebook groups) and ante-natal groups. Lastly, whānau cited the importance of practical help and assistance. This includes having meals made, help with household chores, and support in caring for other children. It also involves receiving advice and guidance on coping with emotions and developing a plan to support overall well-being.

> Having people that sincerely cared, that listened, and somewhere to physically stay with care supports

After the child was born those surveyed mentioned the importance of having someone to talk to about their feelings and experiences as well as a place to access reliable information and resources. Support groups especially with other parents, including specific support groups for those suffering from postnatal depression, were cited as helpful for providing both connection and education. Plunket and the Plunket Helpline were identified as a common support mechanism in this ring of the care continuum. People's experience with Plunket services varied, for some the service was instrumental in their wellbeing. Other whānau reported they couldn't access their local Plunket nurse and others described feeling the reality of their mental health concerns or wellbeing distress was being questioned. Practical help with daily tasks, including assistance with meal preparation, household chores, and childcare were also deemed important to allow the new parent time to focus on bonding with the baby and getting enough rest. Service providers like the Village Aunties (Taupo) and Mums4Mums (Bay of Plenty) are examples of localised support services that meet these needs.

> When plunket came in it felt very "check boxy" with very little effort put into establishing a relationship and trust.

Special place of midwives

During pregnancy the most important aspect identified by whānau included access to and support of a midwife. A large number of individuals also mentioned the support and care provided by their midwives. They appreciated having regular appointments, feeling heard, and receiving guidance and reassurance throughout their pregnancies.

> Our midwife was amazing and very supportive.

Having the support of a good midwife was the highest unprompted response by survey participants (i.e. when asked "what or who helped you when you were in need", midwife was the most frequent answer provided). This tells us that the midwife role is a critical anchor in an individual's maternal and perinatal journey in respect to both their own and baby's physical and mental health. The next role that someone would seek support from was their GP.

Given the importance of the midwife role for an individual when they are pregnant it is critical that this service is well-utilised. Unfortunately for some priority populations in New Zealand we know this is not the case. In the **Waikato District Health Board Rapua Te Ara Matua Equity Report 2021** we know there is a 20% or greater equity gap for Māori and Pacific women compared to European/Other women registered with a midwife early in their pregnancy (see graph for details).

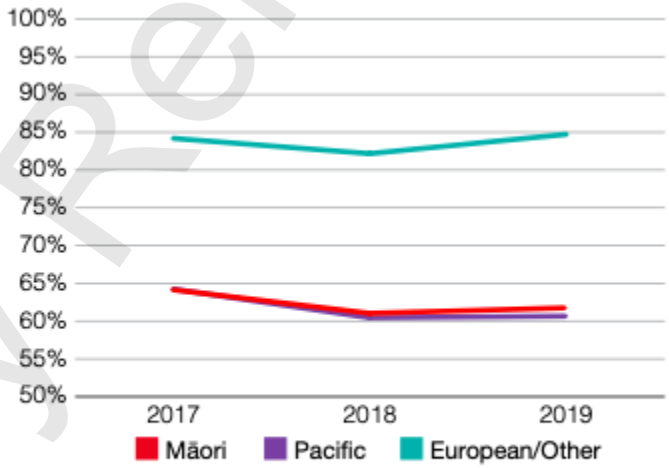


Figure 3: **Percentage of women registered with a midwife in the first trimester of pregnancy**
Source: National Maternity Collection, Ministry of Health

Furthermore, it is imperative that those in midwife roles are sufficiently trained to identify, support and know where to refer individuals facing mental health challenges. Whānau experienced differing levels of support from their midwives, many as mentioned were amazing, others lacked the skills to identify and respond to wellbeing distress. The Mental Health Foundation Perinatal Mental Health Position Statement in 2021 made the recommendation to *"support Lead Maternity Carers to routinely undertake psychosocial risk assessment for pregnant people, including a comprehensive assessment of risk factors for all wahine Māori undertaken at confirmation of pregnancy and/or on first presentation for antenatal care. The PMMRC found history of mental distress and illness and intimate partner violence and family violence were frequent experiences reported in a review of women who died by suicide."*

> Midwife visits were often short and unsupportive, felt like I could not be honest with sense of overwhelm I was feeling and when I did say I was struggling it was brushed off with oh having a new born is hard. Counselling that was available was generic and again felt like the counsellor did not quite understand

The implication of the midwife being the most sought after service type by individuals is that they are seeking advice from their midwife and/or GP - which is a third ring service - **before** accessing services that actually sit closer to them in the second ring of the care continuum. As a result, there is a higher likelihood of delays in access and/or a longer process whānau need to navigate than if they went direct to second ring services. In addition, we understand some second ring service providers no longer take self-referrals, instead they require referral from a GP (e.g. Mums4Mums (Bay of Plenty)).

Ongoing support from midwives and GPs continued to be one of the most important support services for whānau after the child was born. GPs were mentioned as a crucial support service, particularly for accessing referrals to other services and receiving medical care. Some individuals expressed gratitude for their GP's assistance in managing their mental health and connecting them with appropriate resources.

In addition to this, access to maternal mental health services was identified as key for whānau. Many individuals mentioned seeking support from maternal mental health services, such as counselling and therapy, to help them cope with postpartum mental health issues.

Opportunities in the second ring, community supports		
Information, education, and resources	more readily available information about the symptoms and the help available,	parenting programmes targeted programmes where OT had removed children (as without a child can't get perinatal support)
Social activities, support groups	greater access to support groups, Support groups for solo mums Online facebook groups	some regions missing support groups for mums with perinatal MH
Peer support!!	Someone who understands	Social supports

4.1.3 The third ring, services for whānau with wellbeing distress

For those parents and pēpi that became unwell, services and supports that work in the third ring of the framework provide early support and include primary care providers (GPs and Access and Choice positions - Health Improvement Practitioners, Health Coaches), peer support, and NGO providers working with whānau that are mild to moderately mentally unwell. Peer support and primary care also work across the continuum in partnership with other services and support providing early intervention care. The type of services to support whānau and pēpi in this ring include Kaupapa Māori services, home based support (mother and whānau), Support Groups (peer support), Family/Whānau Centres, and respite. Regular counselling sessions were frequently mentioned as a valuable resource for addressing mental health concerns. Counselling helped individuals cope with anxiety, depression, and other challenges they faced during pregnancy.

We identified the following services currently operating in this ring: Women's Wellness Mental Health Coach (Waikato); Family Start (funded by Oranga Tamariki); Te Ngako (Lakes); Kia Mama (Rotorua).
In 2021 the Te Manawa Taki Report identified that Taranaki was the only region to offer respite opportunities for mothers and Waikato was the only region to offer Family/Whānau Centres (including structured day programmes).

Primary care spans across the second and third rings as GPs and others including health improvement practitioners, health coaches, and nurses provide a familiar avenue for whānau to access services. Services such as Counselling (via GP, private or through employer Employee Assistance Programmes); Maternal Support; Women's Wellness (Waikato); After Birth Care; Family Start; Family Focus (Rotorua); Tipu Ora/Mānaki Ora (Rotorua); Hapū wananga (Rotorua); Mothercraft (Waikato); Women's Wellness (Waikato); Kia Mama (Rotorua).

Whānau appreciated support from community and medical services as they provided reassurance, guidance, and a sense of belonging, as well as specific mental health support during the postpartum period. Access to free or affordable counselling services was critical for many in their recovery. For a number of whānau, that wasn't available and for some the limited number of sessions weren't enough. This included access to face to face or online counselling services and a 24-hour support line to help address the mental load caused by a variety of factors, including pregnancy-related complications. For whānau in the Lakes region, services such as Mānaki Ora/Tipu Ora (Lakes & Waikato) were called out as valuable support for them.

> More avaliable sessions. Ability to choose specific counselor

4.1.4 Services in the fourth ring of the care continuum

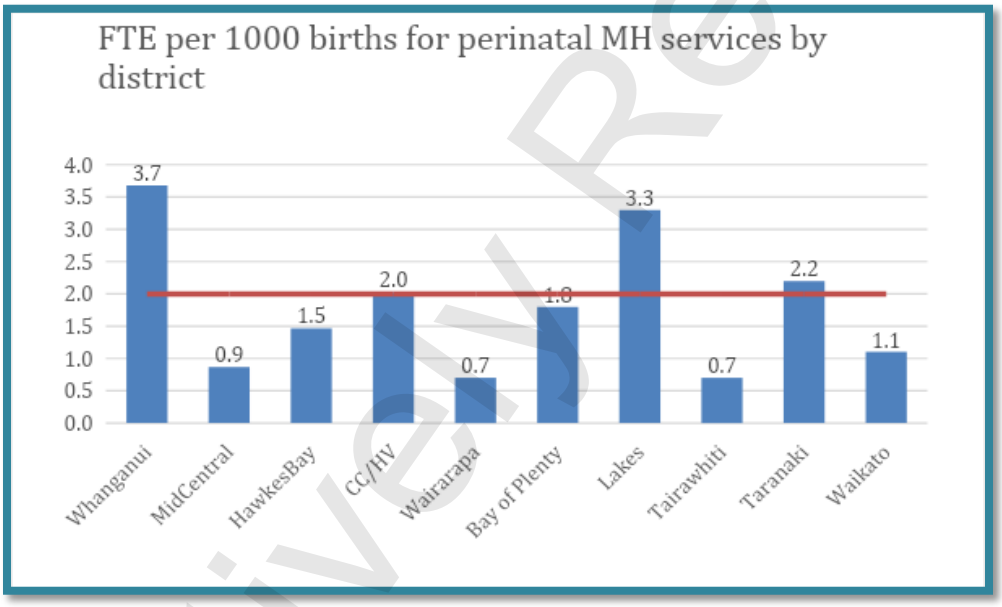
For those whānau experiencing moderate to severe mental health issues, services in the fourth ring include secondary perinatal and infant mental health and addiction services. The type of services to support whānau and pēpi in this ring includes specialist expertise, specialist inpatient, consult liaison, Te Whatu Ora funded services and most provided by Te Whatu Ora provider arm locally as well.

Perinatal and infant mental health services vary across the district with differing models of care and workforce structure. Feedback from whānau and providers varies across the Region where some have experienced the most life-saving support and others could not access support even in the darkest times. Some midwives were very complimentary about the secondary services in their region. However, others state they don't refer even when parents are very unwell because in their experience the criteria are too high and inflexible.

> Early pregnancy very little if any support was available. The community mental health team didn't even take me on their list as 'I didn't have an active suicide plan yet' and maternal mental health considered me too early on. Only after the delivery of our baba did I get referred to some trauma counselling and even then it was a couple of weeks wait.
> Aggressive advocacy by myself and my partner was what saved this pregnancy and to be frank, our baby's and my life. The mental health services unfortunately gravely failed us.

Whānau identified support from perinatal mental health and access to other specialist help as critical when they became mentally unwell. Various healthcare professionals were cited including psychiatrists, psychologists, mental health nurses, perinatal mental health, social workers, birth trauma specialists, and in patient care. Access to free professional help that is readily available and easy to find was a necessity, but it was often problematic for people to access. Many of those surveyed indicated that accessing specialist support was not always easy, particularly for those living in rural areas or priority populations. For others access criteria were prohibitive (see the Pathways section below for more information). Workforce shortages nationally have put increasing demands on access to psychiatry and psychology services, with recent data from Te Whatu Ora showing Aotearoa is in need of 120 psychiatrists, 408 mental health nurses and 115 clinical psychologists.

> People could've heard me asking for help earlier and not let me down



Both during pregnancy and after child birth, services that were specifically tailored to support the mental health of birthing parents during pregnancy and postpartum were of high importance for whānau. Support could involve narrative therapy sessions, consistent check-ins, support to make a plan for dealing with mental illness, and receiving professional mental health support. Therapy was mentioned as a helpful resource for addressing postpartum depression, trauma, and bonding issues.

Continuum of Care Recommendations

Continuum of Care
• Support early identification of risks to wellbeing by encouraging universal screening for mental health and wellbeing. Key contributors to poor wellbeing and mental health including social determinants should be included in this assessment • Ensure access to evidence based, culturally appropriate information and resources for birthing parents, partners and any whānau supporting a loved one with perinatal mental illness in English, Te Reo Māori and other languages to reflect local community needs • Recruit Peer Support Workers across the Region to bridge the continuum of care • Increase access to respite and community based skills development for parents to prevent escalating risk • Ensure timely access to specialist psychiatric and psychological services when needed for those that are at severe risk of harm

4.2 Pathways

Entry into services for whānau with mild to moderate mental health and addiction needs is usually through the Access and Choice Programme. The Access and Choice Programme expands mental health and addiction services in primary care through general practice, non-government organisations, and other mental health and addiction providers. The goal is to enable better access and more choice for whānau through free services for their wellbeing and emotional needs. Mostly referred through the GP, services at this level are provided by a specialist Health Improvement Practitioner (HIP) or Health Coach and funded through Integrated Primary Mental Health and Addiction (IPMHA) contracts with Primary Health Organisations, Māori, and Pasifika Health Providers. No whānau commented specifically about HIP or Health Coach support but many referred to the difficulty accessing a GP, long wait-times to see a GP, and the high cost of the GP visit. And as indicated in the table above, Access and Choice services are available to 50% of the population and only includes those enrolled with a GP. Access issues still remain for whānau not registered with a GP, or where seeing a GP for an initial referral or warm handover to the HIP or Health Coach is itself a barrier (see Appendix 4 for Access and Choice programme services by district).

The pathway into secondary perinatal and infant mental health services starts the same in each district across Te Manawa Taki with pregnant people (and for those areas with infant services, young children), that are residents of that area, and have severe and complex mental health needs. For most whānau this is by referral from their GP, midwife, internal Te Whatu Ora service (such as inpatient mental health, obstetrics, ED, Adult Mental Health), self and family referrals. The Edinburgh Postnatal Depression Tool was referenced however this tool does not cover the breadth of mental health concerns present, is not validated for Māori parents, and there is variation in how it is administered. The sector eagerly awaits a tool developed in Aotearoa.

> the threshold is very high we often have to actively advocate and lobby for access to appropriate level of support for women.

Referrals are received and triaged either within the Perinatal Mental Health (or Infant mental health) services or by the Adult Mental Health Triage team. This varied across the Region, in addition some districts have a specialist perinatal team member sit in the Adult Mental Health Triage process to support decision making for hapū whānau. Uncertainty around the services and pathways was a common theme within some districts, thus primary care providers and whānau were unclear about the process for accessing appropriate services and some in secondary teams were uncertain about community-based services. Whānau and providers alike spoke about the breakdown in communication between primary and secondary care services. Midwives spoke of not being able to access the medical and mental health history of the pregnant people they support. Without adequate training and tools, a number mentioned not knowing how to determine the need and, with previous experience of declined referrals, were unclear what support could be accessed should a need be identified.

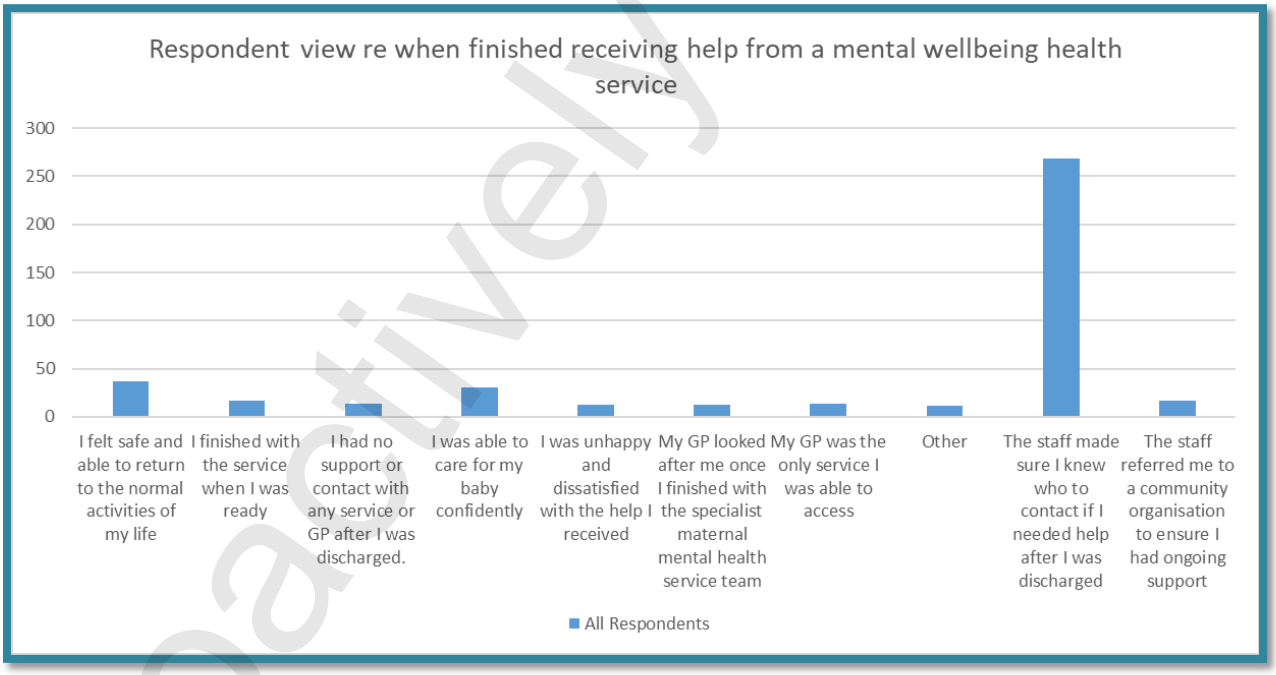
> I was phoned once by Maternal mental health but not ranked highly enough for ongoing care. There was no follow up by them or my GP to see if I was ok or offer of access to ongoing mental health support

Entry into secondary Perinatal and Infant Mental Health Services varies within Te Manawa Taki. Whānau, midwives and other health professionals working with pregnant people and young parents in distress stated they find the threshold for access too narrow and inflexible to meet the need. Many of those interviewed who work in perinatal services, despaired over the difficulty of accessing mental health support for whānau at the moderate to severe end of the spectrum of risk. Disparities in access arise in the types of mental illness treated (one midwife said she never bothers to refer anyone with border personality disorder as they will not be seen); whether the parent has experienced mental ill health previously (frequently described as an exclusion); how long someone has been pregnant for (one story told of a severely distressed person turned away because they were only 9 weeks pregnant); and the degree of distress and illness experienced. For some the threshold is too high.

Wait times can be too long for some whānau. Secondary services where triage goes through an adult mental health team seem to have a longer wait time for first contact. However, there was not capacity within this Project to explore this in depth.

> A quicker turn around. The hospital referred me and it was 4 weeks before I was contacted by maternal mental health. That's too long when you are feeling suicidal or feeling like you want to end a pregnancy due to severe Hyperemesis.

For those who accessed services there were often concerns around their readiness to be discharged and difficulties accessing support after discharge. Whānau were asked in the survey about their readiness to exit services. The highest scoring statements were "staff made sure I knew who to contact if I needed help after I was discharged" (86%). While only 4% of whānau indicated they were unhappy with the service they received, most did not feel ready to leave the service. Six percent agreed with the statement "I finished the service when I was ready" and only 4% confirmed "My GP looked after me once I was finished with the specialist maternal mental health service team". The chart below provides an overview of responses across Te Manawa Taki. These statements were mainly scored consistently across the Region and priority populations, the only statement where Māori had a greater variance in response was "I was unhappy and dissatisfied with the help I received". More Māori agreed with this statement than other priority populations. Less than 15% of those surveyed felt safe and able to return to normal life and care for their baby confidently after they had finished receiving specialist maternal mental health care.



Pathways Recommendations

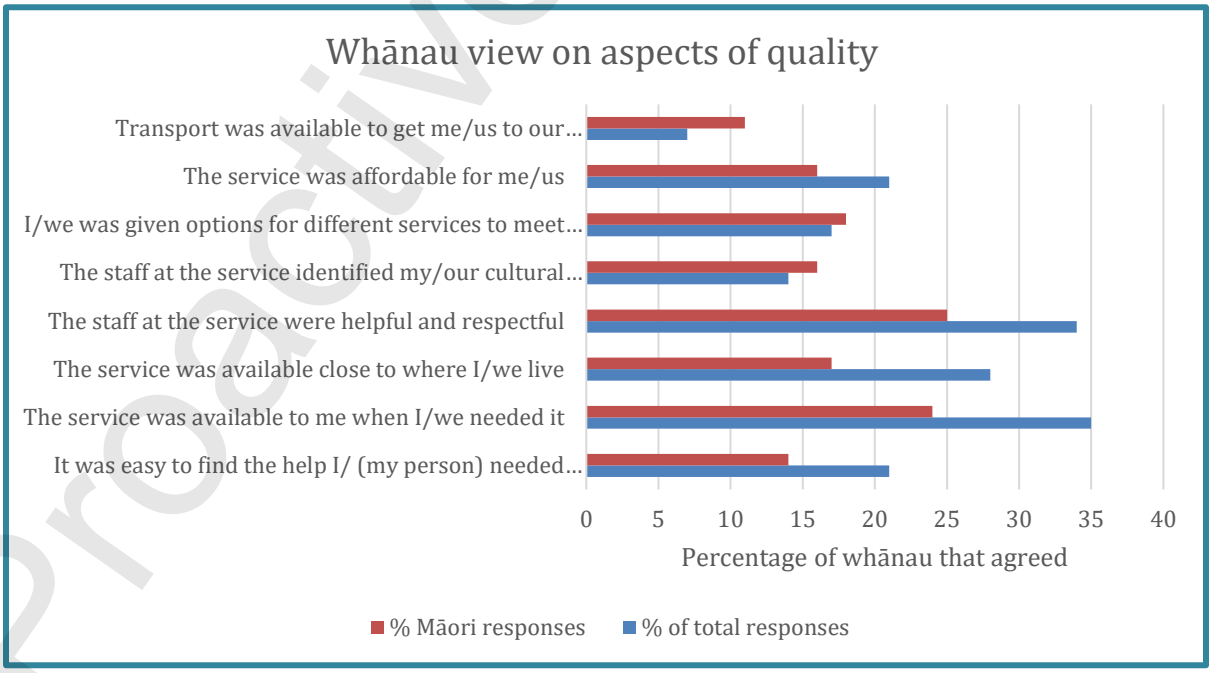
Recommendations on Pathways
• Create, promote and maintain clear easy to follow pathways across the continuum of care with shared duty of care so no one falls through the cracks • Develop and maintain an accessible directory of services in each ring of the continuum

4.3 Opportunities

4.3.1 Quality

Cultural awareness from all staff, respect for karakia, and the need for whānau to be around while birthing.

Access to more culturally appropriate services and more culturally welcoming and safe services are the most frequently mentioned improvement opportunities. Other whānau commented on wait-times, lack of response from providers, and the need for more services to provide home visits. The survey asked whānau to confirm whether certain elements of service quality were available to them. 34% of respondents felt that the service was available when they needed it and that staff at the service were helpful and respectful. Māori whānau were less likely to agree, with around a quarter of Māori agreeing the service was available when they needed it and the staff were helpful and respectful. The proportion of those surveyed agreed transport was available, had their cultural needs met, and were given options for services, were the lowest. The chart below provides an overview of responses to these questions by percentage of total responders and whānau Māori responses.



These experiences of whānau in Te Manawa Taki provide clear guidance on areas for improvement:

- Providing transport,
- Reducing cost (for example enabling direct access to HIPs and Health Coaches),
- Having access to a range of options for services (particularly resourcing kaupapa Māori services and providing and maintaining a directory of activities and services available in local communities),
- Culturally responsive services (meeting the needs of different ethnic groups, gender and sexuality affirming services, and young parents)
- Helpful and respectful teams (breaking down stigma), and
- Clarity around pathways through the differing rings in the continuum

4.3.2 Gaps in the current service provision

Whānau and providers highlighted a number of gaps in available services, some of these are mentioned in the continuum of care section above. Ensuring there are more culturally specific services available and better follow-up from the services they received (including the number of sessions and phone calls to check in so individuals don't feel alone) is desired. In terms of follow up, many survey respondents talked about the importance of having someone check in after the structured support is finished, returning calls and emails and the ability to extend counselling if the individual felt they were not ready to stop. One of the most common frustrations cited in the survey results was of being passed from one service to another and no one helping. The key type of services that whānau wanted more of and/or greater access to included:

Theme	Gaps in services from whanau	Gaps in services from providers
Information, education, and resources	more readily available information about the symptoms and the help available,	parenting programmes targeted programmes where OT removed children (as without child can't get perinatal support)
Affordable therapy	more free counseling/therapy perinatal and birth trauma specific counselling Cultural healers	couples counselling mild - moderate Perinatal MH services missing in some regions
Social services, activities, support groups	greater access to support groups, Support groups for solo mums Online Facebook groups Kai Someone to watch baby	some regions missing support groups for mums with perinatal MH
Services for partners	Support for tāne	
Respite, day services		mothercraft or parent center facilities only in main centers, i.e. Hamilton respite facilities in some regions
Access to secondary services	access to psychologists and medication	

4.3.3 Building competency

In addition to increasing the cultural competence of our workforce to create safer more accessible and effective services for Māori, youth, rainbow, and migrant communities, ensuring a high level of knowledge specifically relating to perinatal and infant mental health is critical. Whānau in the survey shared their stories of misdiagnosis, wrong services, and a lack of compassion and understanding of some common perinatal wellbeing concerns. Competency specifically in perinatal and infant mental health appears inconsistent across services including social workers, occupational therapists, counsellors, doctors, and nurses. The workforce shortage may have impacted this. Training is now available through Whāraurau that could provide a basis for many providers. The inconsistent competence of health professionals, particularly mentioned were midwives and GPs, in identifying mental health concerns or risk factors is a theme across Aotearoa; our research confirms the same in Te Manawa Taki. Given the focal point in whānau care these roles have, building knowledge and confidence is critical.

> I have felt embarrassed of my anxieties and intrusive thoughts and when I have talked about them I was told it was normal and welcome to parent hood

Opportunities for quality improvement
• Improve the cultural safety of services across the continuum, including enhancing the competence of providers in a trauma informed approach and to provide welcoming, safe and appropriate support and services for Māori and Pasifika whānau, young parents, gender and sexually diverse parents • Make it the responsibility of all those working with pregnant whānau and young children to reduce the stigma associated with mental illness and poor wellbeing, removing this barrier to accessing services

4.4 Meeting the needs of our priority groups

4.4.1 Key needs for Māori

Whānau told us successful intervention for Māori at any level of care need to be whānau-centred. Those surveyed, who didn't access health services said they leant on family for support and it was family where the majority got the most help, versus other social or community groups. As for non-Māori, Māori survey respondents spoke to the significant role midwives played as a valuable source of support and guidance by supporting mothers and providing care during pregnancy, childbirth, and postpartum.

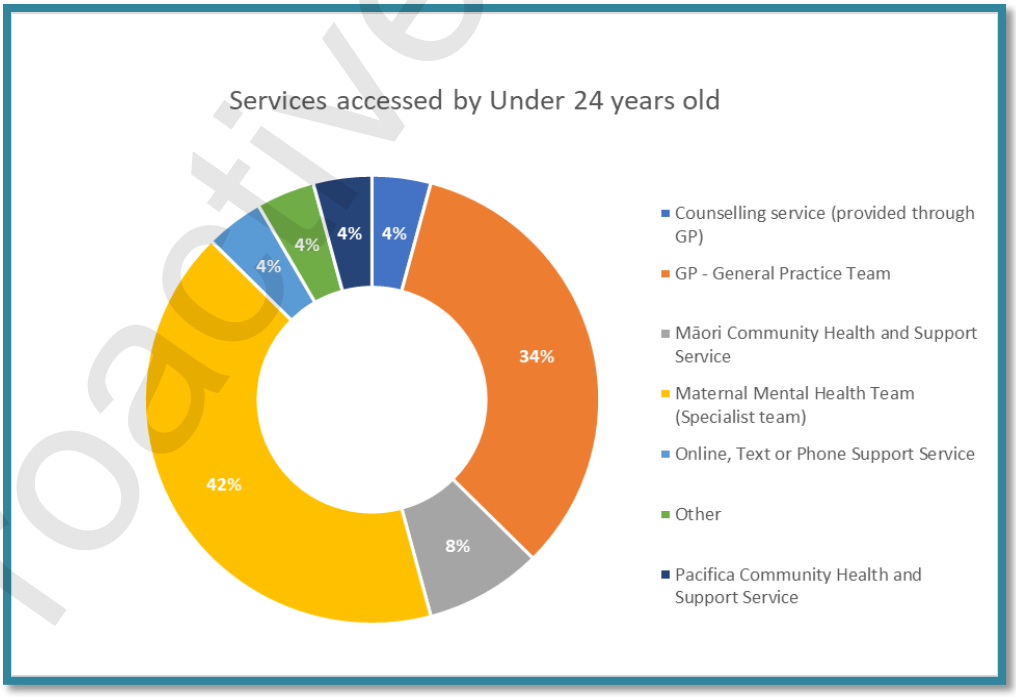
Similarly, Māori respondents who did access support services during pregnancy or after the child was born, still cited whānau support as critical. Whānau support included emotional reassurance, assistance with household tasks, childcare for other children, and providing meals. Additionally, Māori cultural values and practices were often mentioned as important sources of support, indicating the significance of maintaining cultural identity and connection for well-being. Feedback from the whānau survey reinforces the recommendations from Te Manawa Taki Report in 2022 regarding expanding the use of Mātauranga Māori models of care in services provided across Te Manawa Taki.

> The Maori Hauora support service was definitely helpful, just a shame it wasn't around years ago.
> I don't want to sound racist but the colonial construct does not and never will work for our people. We aren't meant to fit into a "box". Our uniqueness is intended to be embraced.

4.4.2 Key needs of young parents

55% of those who surveyed who were under 24 years old (31 young responders in total) reported to have experienced problems with mental wellbeing before becoming a birthing parent. The key needs for those under 24 years that differed to other groups were financial and housing support (including home based support), education around parenting skills, and reassurance about their parenting abilities and having someone to regularly talk to about their experience (either one on one with a midwife or other, via peer support, or in structured

> I wasn't aware of the help I could receive so had to go without and was extremely stressed til I asked for help wasn't ideal wish I could've received it sooner



programmes). Many mentioned the importance of having a listening ear, receiving advice, and being able to express their emotions in a healthy way.

Those under 24 years who had strong supportive whānau networks described the importance of these both during their pregnancy and after the child was born. Those without these networks found it harder and struggled if they did not have help from support groups, their GP, or accessing counselling.
Family Start was a common programme the Under 24 parents surveyed utilised. Kia Mama (Rotorua) and Māori Community Health and Support Service (Lakes) were also cited as providing good support to those under 24 years. These findings highlight the importance of having a supportive network and access to counselling or mental health services for young pregnant individuals.

Out of all the age demographics, the under 24 year olds spoke the most frequently about needing financial support to cover the costs associated with pregnancy, childbirth and raising a child. In respect to housing support those surveyed spoke of needing assistance to find safe and stable housing options for themselves and their child.

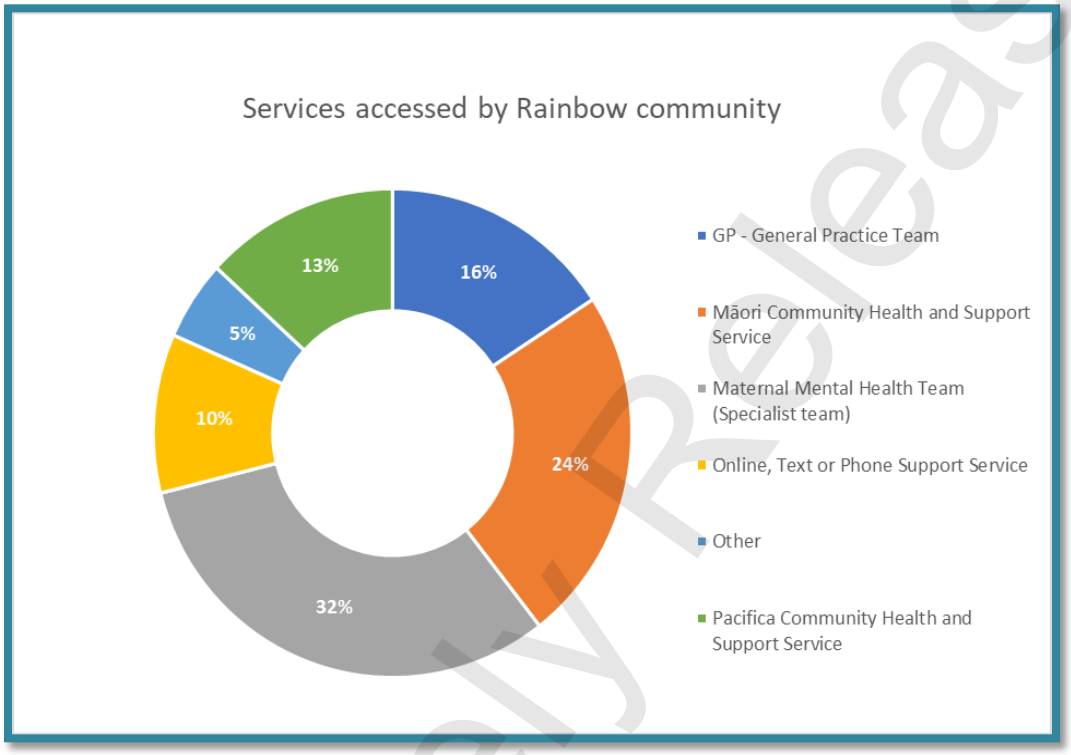
4.4.3 Key needs for those in the rainbow community

Twenty-one whānau completing the survey identified as part of the rainbow community. For these whānau a key need was continued support with mental health. 33% of those who identified as part of the rainbow community in the survey had experienced problems with mental health before becoming pregnant, and all in the rainbow community indicated that they had mental health problems either when pregnant or post pregnancy.

> I felt judged by the maternal mental health professional who visited me. I did not feel a sense of empathy or connection at all. A different attitude would have made a big difference

During pregnancy, many individuals from the rainbow community mentioned the importance of counselling, therapy, and access to mental health services to address their emotional well-being during this time. They also highlighted the significance of having a supportive network of friends, family, and healthcare professionals who understand and validate their experiences.

After the child was born many individuals mentioned the importance of support from their partners. They highlighted the role their partners played in providing emotional support, helping with household tasks, and being there for them during challenging times. Several individuals emphasised the significance of accessing mental health services that were inclusive and understanding of their experiences. This included counselling, therapy, and support groups.



Some individuals mentioned the importance of advocacy and community resources for the rainbow community. This included online communities, and support groups that provided a sense of belonging, information, and resources to navigate challenges. Having security of income came through in the rainbow community feedback. Having employers that provided sufficient time off to support one's pregnancy and birth of the child and having access to EAP support to cover the cost of counselling etc. was important to those in the rainbow community.

In summary, the needs of the rainbow community are similar to other groups - requiring social connection, practical support, peer support, and parenting support groups and communities (in person and online). The critical piece with all of these is that it is delivered in a non-judgmental way and is sensitive to their unique experience as members of the rainbow community.

Priority Groups Recommendations

Address the needs of Māori, Pasifika, Rainbow, and Youth
• Appropriately resource and value culturally led services (including kaupapa Māori, Pasifika, gender and sexuality affirming, and youth services)

4.5 Kahu Taurima

We are excited to have services within our Region strengthening current pathways between perinatal and infant services and specialist mental health services, enabled through new Kahu Taurima contracts. This includes providers based in Gisborne and Central/North Waikato.

Detailed findings from this environmental scan will enable district and region wide improvements as discussed above in the Pathways and Opportunities sections and will continue to build our partnerships with Kahu Taurima providers to contribute to the Kahu Taurima aim of the strongest start for our pēpi.

Kahu Taurima, consistency
• Build the knowledge, skills and practice of all those working with pregnant whānau and young children across the continuum of care • Standardise access criteria for secondary perinatal and infant mental health services – include parents with previous mental illness, whānau who have lost their baby (through death or uplifted by Oranga Tamariki)

5. Summary & recommendations

The stories and wisdom of over 300 whānau, impacted by mental illness and wellbeing distress during pregnancy and with small children, have combined with the experience of our sector providers, previous research and regional context to inform this report and the associated recommendations. People across Te Manawa Taki have confirmed what previous research found. Despite dedicated compassionate kaimahi, services can be insufficient in some locations, inappropriate for some whānau, and inaccessible to others. Cost, distance, cultural responsiveness, stigma, relatability, unclear pathways, provider capacity/capability/criteria can stand in the way of recovery for many. While many whānau have had positive experiences of perinatal and infant mental health services, too many have not.

The stories of our whānau and those that work to support them, show a need for more resources to be put into perinatal infant mental health services within Te Manawa Taki. As a Region we are equipped with an established network of leaders and providers to allocate resources where equity gains will be the greatest.

The data doesn't just highlight gaps for increased FTE however, it reinforces what previous research has found to enhance the accessibility and effectiveness of services. Furthermore, it gives our teams and all those on the ground and in decision making, practical steps to create more equitable outcomes. Lastly, the report provides insights into how whānau and communities can be strengthened to keep people well, reinforcing what these communities have always known, connection is key.

Recommendations

Continuum of Care
• Support early identification of risks to wellbeing by encouraging universal screening for mental health and wellbeing. Key contributors to poor wellbeing and mental health including social determinants should be included in this assessment • Ensure access to evidence based, culturally appropriate information and resources for birthing parents, partners and any whānau supporting a loved one with perinatal mental illness in English, Te Reo Māori and other languages to reflect local community needs • Recruit Peer Support Workers across the Region to bridge the continuum of care, improve access for Māori, and inform practice • Increase access to respite and community based skills development for parents to prevent escalating risk • Ensure timely access to specialist psychiatric, psychological, and Rongoā services when needed for those that are at severe risk of harm
Pathways
• Create, promote and maintain clear easy to follow pathways across the continuum of care with shared duty of care so no one falls through the cracks • Develop and maintain an accessible directory of services including each ring of the continuum of care
Opportunities for quality improvement
• Improve the cultural safety of services across the continuum, including enhancing the competence of providers in a trauma informed approach and to provide welcoming, safe and appropriate support and services for Māori and Pasifika whānau, young parents, gender and sexually diverse parents • Make it the responsibility of all those working with pregnant whānau and young children to reduce the stigma associated with mental illness and poor wellbeing, removing this barrier to accessing services
Address the needs of Māori, Pasifika, Rainbow, and Youth
• Appropriately resource and value culturally led services (including kaupapa Māori, Pasifika, gender and sexuality affirming, and youth services)
Kahu Taurima, consistency
• Build the knowledge, skills and practice of all those working with pregnant whānau and young children across the continuum of care • Standardise access criteria for secondary perinatal and infant mental health services – include parents with previous mental illness, whānau who have lost their baby (through death or uplifted by Oranga Tamariki)

6. Appendices

6.1 Appendix 1: Staying Well – Keeping Well – Being Well framework

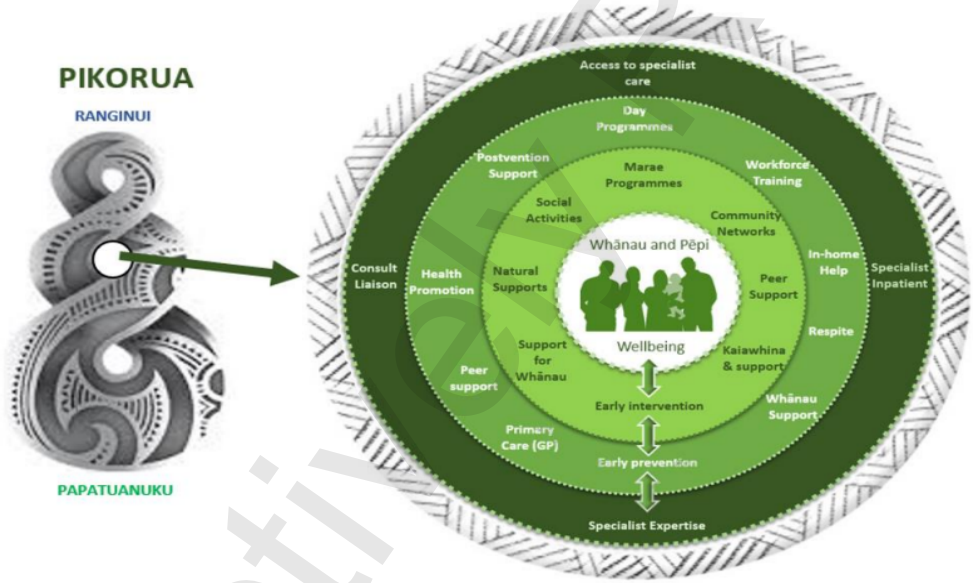
Section Eight: Framework for Whānau and Pēpi

Staying Well – Keeping Well – Being Well

This framework has been developed following consultation across the region with key stakeholders, including whānau and service providers. The framework focuses on whānau being able to access the right service and the right time as determined by the whānau. Our current service delivery is highly dependent on referrals going through to provider arm services which results in a large number of referrals not meeting the entry criteria threshold. This framework supports referrals to a service at a community and primary health level with services being geared up dependent on what the whānau needs. The lines around each ring is dotted which allows for free flowing movement between the levels of care as the needs for each whānau increases or decreases.

The Outer Ring

The outer ring Pikorua embraces the framework and links the inner circles to one another and holds whānau and pēpi at the centre of everything we do.



The triple twist Pikorua design is indicative of an intertwined pikopiko fern frond which traditionally was a staple food of the Māori (Tuarangi, 2014). Spiritually Pikorua represents interpersonal communication and the duality of physical and spiritual awareness, body and soul connections, which sustains shared growth and supports the development of wisdom (Pukepuke, 2016). The empty space within the Pikorua indicates *te korekore* the realm of potential being where every element of creation is spiritually linked with power which represents "a simultaneous dichotomy of absolute nothingness and absolute potential" (Piripi & Body, 2010, p. 37).

This shape of the Pikorua is symbolic of sustaining life and holding nourishment. Pikorua also refers to the interconnectedness of people/groups including challenges that occur and the reconciliation or restoration of these relationships (Pukepuke, 2016). The top of the Pikorua is indicative of spiritual (Ranginui) ancestral connections, with grounded theories symbolic at the bottom of the Pikorua to indicate the physical (Pāpātuanuku) world that we live in. When working with tangata whaiora, their issues are often concerned

with breakdowns in relationships, either personally with partners, mātua or tamariki, or professionally with community agencies.

Hine-te-iwaiwa was the wife of Tinirau and is known as the spiritual guardian of childbirth, weaving and the cycles of the moon (Jenkins & Harte, 2011). Some say that it is Hine-te-iwaiwa that assists at the entrance into, and the exits from this world. The story of Hine-te-iwaiwa can tell us much about how individuals and whānau respond to difficult relationships and how to care for tamariki within challenging environments.

Hineaura married Tinirau, they had a son Tu-huruhuru (Jenkins & Harte, 2011). They were happy until one day Tinirau hit her, she then took her son to live with her whānau. After months of pleading from Tinirau, Hineaura returned to her husband; he then found another woman. Hineaura objected so Tinirau imprisoned her with magic. She called on her whānaunga, Maui-mua, who saved her. Hineaura gathered her courage and moved on with her life, to mark the event she changed her name to Hine-te-iwaiwa. This story has many lessons for us today: Wahine being brave and having the courage to reject abusers in their household; Whānau gathering around to support wahine; Whānau males protecting their sisters/cousins from abusive husbands or partners; Whānau, friends and neighbours reporting any domestic abuse they see or hear.

The Pikorua shape shows its interconnectedness, its positive reciprocal relationship as well as the duality of the world that we live in including challenges that may arise between different relationships within whānau. Hine-te-iwaiwa became an expert in women's affairs and responsibilities supporting ruahine and puhi, including the domestic arts. She protects and defends women in their work especially in childbirth. Even today her pao is used in birthing rituals to ease and ensure safety for the māmā and the pēpi.

The Inner Ring

The inner ring hold the whānau and pēpi at the centre. Whānau is defined as all those relatives involved in providing care and support to the wellbeing of the pēpi. Currently services only support the māmā and pēpi, this framework looks wider to include all whānau. Whānau decide what services are appropriate to them at the time and place that they need it.

The Second Ring

The second ring holds the community services which are close to home and can be easily accessed by the whānau. The focus of this ring is early intervention and looks at options for whanau which includes marae-based programmes and community networks. Peer support and Kaiawhina support is established early and travels the journey with the whānau throughout the levels of care and support to ensure there is consistency.

The Third Ring

The third ring holds the NGO and Primary health contracted services which are also close to home and can be easily accessed by the whānau. The focus of this ring is on early intervention and works in partnership with the whānau to develop and co-design support and care options. Workforce development to all rings is provided by the third ring and include options as identified in the Workforce Section of this report.

The Fourth Ring

The fourth ring holds the Specialist services contracted services which responds to 3% of women who are acutely unwell. The focus of this ring is on inpatient care and clinical service delivery. This framework supports the outer ring providing a liaison consult role to the second and third ring to ensure that whānau and pēpi remain well in the communities where they live. This will ensure that whānau receive services at the right time and right place rather than being left on long wait lists or being referred back to their General Practitioner.

Liaison consult has been fully implemented in the Northern, Central and Southern regions and should also be considered for Te Manawa Taki.

6.2 Appendix 2: Whānau Survey

Te Whatu Ora
Health New Zealand

Parental Mental Wellbeing Survey

Te Manawa Taki

November 2023

This survey has been funded by Te Whatu Ora / Health New Zealand to help understand and improve mental health services for pregnant people

We would love to hear from you!

Te Whatu Ora
Health New Zealand

If you live in Aotearoa New Zealand and you had mental health problems when you were pregnant or had a young child, please fill out this survey.

This survey is confidential. It is OK to ask someone you trust to help you.

By completing this survey you agree:

- That Te Whatu Ora Mental Health team can use the information you provide for the purposes of perinatal mental health service development, quality and improvement work.
- You are participating voluntarily, because you want to.
- You understand that your participation will not impact on any health care that you, or your whānau are entitled to receive.
- You understand that any personal data held about you will not be identifiable outside of the project team.
- You can withdraw or amend your information prior to the information being grouped into a final report.
- You can access and amend any incorrect personal data which is held about you.

◯ Yes I agree

◯ No I disagree

It's ok if you don't agree, but it means we can't ask you to participate in this survey. Is there anything you do want to tell us?

If you would like to talk to someone about this before you complete the survey please email hayley@kawakawagroup.co.nz

Te Whatu Ora
Health New Zealand

You are the birthing parent.

Thank you for taking the time to complete this survey. We will keep what you tell us confidential.

Take your time and be kind with yourself. It is ok to have someone help you complete this survey if you need support.

We understand that some groups in our community may have more difficulty getting support and we would like to understand this better. Please select any of these options that apply to you

☐ I am part of the rainbow community

☐ I experience a disability

☐ I experienced problems with mental wellbeing before becoming a birthing parent

☐ I am a refugee or a migrant from another country

☐ English is my second language

☐ None of these options apply to me

Te Whatu Ora
Health New Zealand

Did you experience any problems with mental wellbeing around the time of your pregnancy and during the early years of your child's life (up to 3 years of age)? For instance anxiety, depression, intrusive thoughts, addiction, difficulty coping with the necessary activities of life?

◯ Yes

◯ No

◯ Maybe

What helped you when you were in need?

It is known that a range of different supports make a positive difference for birthing parents. Thinking about your own experience please select from below the supports that you had access to

☐ Social contact, time with supportive friends, and whānau

☐ Someone safe I could talk to about my experience

☐ People who helped me realise I was not alone in my experiences

☐ Connections to and support from people of my own culture

☐ Helpful advice and reassurance about parenting

☐ None of the above

Te Whatu Ora Health New Zealand

Support can also be practical things, thinking again about your own experience select all those that you had access to

- [ ] Help with household activities (cooking, shopping, cleaning)
- [ ] Adequate income & financial security
- [ ] Support so I could rest / sleep
- [ ] Available childcare
- [ ] Good housing, e.g. warm, dry, permanent
- [ ] Enough food in the cupboards
- [ ] Prepared meals to heat and eat
- [ ] Available Transport
- [ ] Time out with my partner
- [ ] None of the above

Anything we missed? What else did you need or needed? (There could be something you found very useful during this time, or something you needed that wasn't available for you.)

Did you access a service/s to help you with your mental health or wellbeing?

- ◯ Yes
- ◯ No **(please skip to page 9)**

Te Whatu Ora Health New Zealand

Tell us about the services you received

If you feel overwhelmed by these questions it is ok to pass

What kind of service/s did you access? Select all that apply

- [ ] GP - General Practice Team
- [ ] Maternal Mental Health Team (Specialist team)
- [ ] Māori Community Health and Support Service
- [ ] Pacifica Community Health and Support Service
- [ ] Online, Text or Phone Support Service
- [ ] Other (such as teen parent services)

Thinking about accessing health services to help you with your mental wellbeing, select all those that apply to you

- [ ] It was easy to find the help I/ (my person) needed for mental health distress
- [ ] The service was available to me when I/we needed it
- [ ] The service was available close to where I/we live
- [ ] The staff at the service were helpful and respectful
- [ ] The staff at the service identified my/our cultural needs and treated my culture with respect
- [ ] I/we was given options for different services to meet my/our needs
- [ ] The service was affordable for me/us
- [ ] Transport was available to get me/us to our appointments
- [ ] Other

Te Whatu Ora Health New Zealand

Thinking about your **pregnancy / hapūtanga** for you personally, what help that you received was the best help for you (or your person)?

Thinking about **after the child was born** for you personally or for the person you supported, what help you received was the best for you

Thinking about the help and health service your received, was there anything that could have been better, e.g. cultural support? *

How could it have been better?

Was there anything more that you might have wanted (but didn't get) to support your mental health?

Te Whatu Ora Health New Zealand

Thinking about when you/ your person finished receiving help from a mental wellbeing health service select all that apply for you / your person

- [ ] I finished with the service when I was ready
- [ ] I felt safe and able to return to the normal activities of my life
- [ ] I was able to care for my baby confidently
- [ ] The staff made sure I knew who to contact if I needed help after I was discharged.
- [ ] The staff referred me to a community organisation to ensure I had ongoing support
- [ ] My GP looked after me once I finished with the specialist maternal mental health service team
- [ ] My GP was the only service I was able to access.
- [ ] I had no support or contact with any service or GP after I was discharged.
- [ ] I was unhappy and dissatisfied with the help I received
- [ ] Other

Te Whatu Ora
Health New Zealand

If you didn't access a health service/s for help regarding trouble with mental wellbeing

We would really like to understand what may have stopped you from getting help. We understand that life is complex, and there could be a number of reasons for this happening.

Please tell us in your own words why access to a health service to help you with your mental health and wellbeing was not the path for you.

Even though you didn't use a health service, were you able to get help from your own friends, whānau and community?

- ◯ Yes
- ◯ No

Please tell us what was helpful and met your needs, from your own friends, whānau and community?

Parental Mental Wellbeing Lived Experience Survey

Te Whatu Ora
Health New Zealand

Please select any of these options that apply for you or your person

- ☐ I didn't know where to go to get help
- ☐ I didn't feel safe asking for help
- ☐ I needed a safe person to help me access help
- ☐ I live in a rural community and there were no health services close to me
- ☐ There were no services available that met my cultural needs
- ☐ The services were not available at the time I needed them
- ☐ My friends and family advised me not to ask for help
- ☐ I was worried about what might happen to my child if I asked for help
- ☐ I didn't realise I needed help but looking back I did need help for my mental wellness
- ☐ Other

Is there anything more you want to tell us about mental wellbeing, and what you need/needed when you were pregnant or had a young child, or supported a person like this?

Parental Mental Wellbeing Lived Experience Survey

Te Whatu Ora
Health New Zealand

Please tell us some information about you

To make sure we hear from a range of different people, with different experiences.

What is your age in years *

- ◯ Under 15
- ◯ 15-19
- ◯ 20-29
- ◯ 30-34
- ◯ 35-39
- ◯ 40-44
- ◯ 45-49
- ◯ 50-54
- ◯ 55-59
- ◯ 60-64
- ◯ 65-69
- ◯ 70-74
- ◯ 75 or older
- ◯ Choose not to say

Which ethnic group do you belong to? Mark the space or spaces which apply to you.

- ☐ New Zealand European
- ☐ Māori
- ☐ Samoan
- ☐ Cook Islands Māori
- ☐ Tongan
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Other

Te Whatu Ora
Health New Zealand

How would you describe where you live?

- ◯ In a rural area
- ◯ In a small town
- ◯ In a large town or city

What is the nearest town to where you live, or the name of the town you live in?

What is the name of the region you live in

- ◯ Bay of Plenty
- ◯ Lakes (Rotorua/Taupo/Turangi)
- ◯ Tairawhiti
- ◯ Taranaki
- ◯ Waikato

Te Whatu Ora
Health New Zealand

Thank you very much for taking the time to answer these questions

We would like to send you a $25 voucher to say thank you for sharing this information and for the time you have taken.

If you would like us to send you a $25 voucher... we only need your contact information to send you the voucher, we won't share it with anyone.

- ◯ Yes, by email. My email address is _____
- ◯ Yes, by text. My cell phone number is _____
- ◯ Yes, by post. My address is _____
- ◯ No thanks.

Te Whatu Ora
Health New Zealand

Before we finish, are you ok?

If any of these questions have raised difficult feelings for you and you want to talk about it please contact a trusted friend or person who works in a healing way with you and let them know. Or you can contact the 1737 service at any time for support. It's ok to not be ok, there is help available for you.

- Are you feeling stressed or just need someone to talk to?
- Are you feeling down or a bit overwhelmed?
- Do you know someone who is feeling out-of-sorts or down?

Whatever it is, we're here. Free call or free text 1737 any time, 24 hours a day. You'll get to talk to (or text with) a trained counsellor or talk to a peer support worker. Our service is completely free.

This is the end of the survey

We want to thank you for taking the time to participate.

Te Whatu Ora
Health New Zealand

Perinatal and Infant Mental Health and Addiction Service Environmental Scan November 2023

Provider Template

Te Whatu Ora / Health New Zealand has commissioned an environmental scan to understand the access pregnant people and those with young children have to mental health and addiction services.

If your service provides mental health or/and addiction services to pregnant people or those with young children we need to hear from you, please complete the template below.

This information will be provided to Te Whatu Ora to highlight any gaps in the sector and need across our communities. We will also use the information to develop a directory of services so we can all understand what services are out their to support whānau and how to access them.

If you have any questions please contact Hayley Lord (Project Lead, Te Manawa Taki) email: hayley@kawakawagroup.co.nz.

Service name:

Your name:

Your email:

Thank you for completing the middle and right column (if needed) in the table below. The first column shows an example of the type of information that is relevant. **Can you please email completed surveys to hayley@kawakawagroup.co.nz on or before Monday 4 December 2023.**

Pregnancy and Early Parenthood mental health and addiction services		
Example	Your service	Comments?
ACCESS CRITERIA (who can access you service?)		
Is eligible to receive public health services in New Zealand OR Requires urgent risk assessment associated with emotional distress related to pregnancy or parenting in the first year of an infant's life AND Is residing within the ? District catchment area		
REFERRAL PATHWAY (how are referrals made into your service? e.g. bpac referral from GP, fax referral from LMC)		

GPs, Midwives, Adult Community or Inpatient MH services, CAMHS, Consult-Liaison Psych dept, Whānau Awhina | Plunket, Community Maternity Services (Lactation Consultants, Childbirth Educators, LMCs, Maternity Social Worker), self-referral.		
REFERRAL EXPECTATIONS (what core information/processes are needed e.g. screening tools)		
Referrals are screened with consideration given to level of risk, the presence of perinatal stressors and attachment / bonding difficulties. The degree to which primary and secondary health has been trialled is also reviewed e.g., has the woman been given an adequate amount of time for medication to be of benefit? Has the woman been referred to community supports? Edinburgh Postnatal Depression Scale tool completed.		
TRIAGE PROCESS (how are referrals to your service triaged/prioritised?)		
Self-manage referrals and urgent work during working hours. Acute presentations not open with us are managed by the local CATT team until we process the referral.		
WAIT TIMES (how long can whānau expect to wait to access your service?)		
Referrer and client are contacted by key worker within 2 business days of referral being allocated or declined. Contacted by allocated clinician and plan appt time + contacts.		
INTERVENTIONS USED (what specific services does your service provide?)		
Group therapy – COS-P, ACT Talking therapies (e.g. CBT, ACT, CFT, CAT) All clinicians have completed Decider Skills training and use these in interventions (CBT, DBT and ACT skills)		

Social Work support: Medication - Discussion of risks/benefits during perinatal period, monitoring of medications. Support during adjustment to motherhood / bonding with child. Access to NGO CSWs, In-Home respite, and MBU as required.		
WHANAU INVOLVEMENT (are whānau members other than Māmā/pregnant person involved in your service?)		
Not embedded but encouraged.		
DISCHARGE PLANNING (How do you plan for whānau to leave the service?)		
Recovery plan is shared with client, GP, and NGO (if involved). Dr to Dr letter provided to GP if medication prescribed.		
WORKFORCE & FTE (please state the number of FTE you are funded for as well as vacancies you currently have)		
7 FTE: - Nurses (one in WHG, 0.5 Mid-North, one in Kaitaia) - 0.8 Psychologist - 0.2 Psychiatrist - 0.5 Team Lead - 2.0 Social Workers Vacancies: 1.0 FTE		
HOURS (when are you available to whānau?)		
Mon – Fri 0800 – 1630 For urgent matters after hours, advised to call Mental Health Line.		
LOCATION		

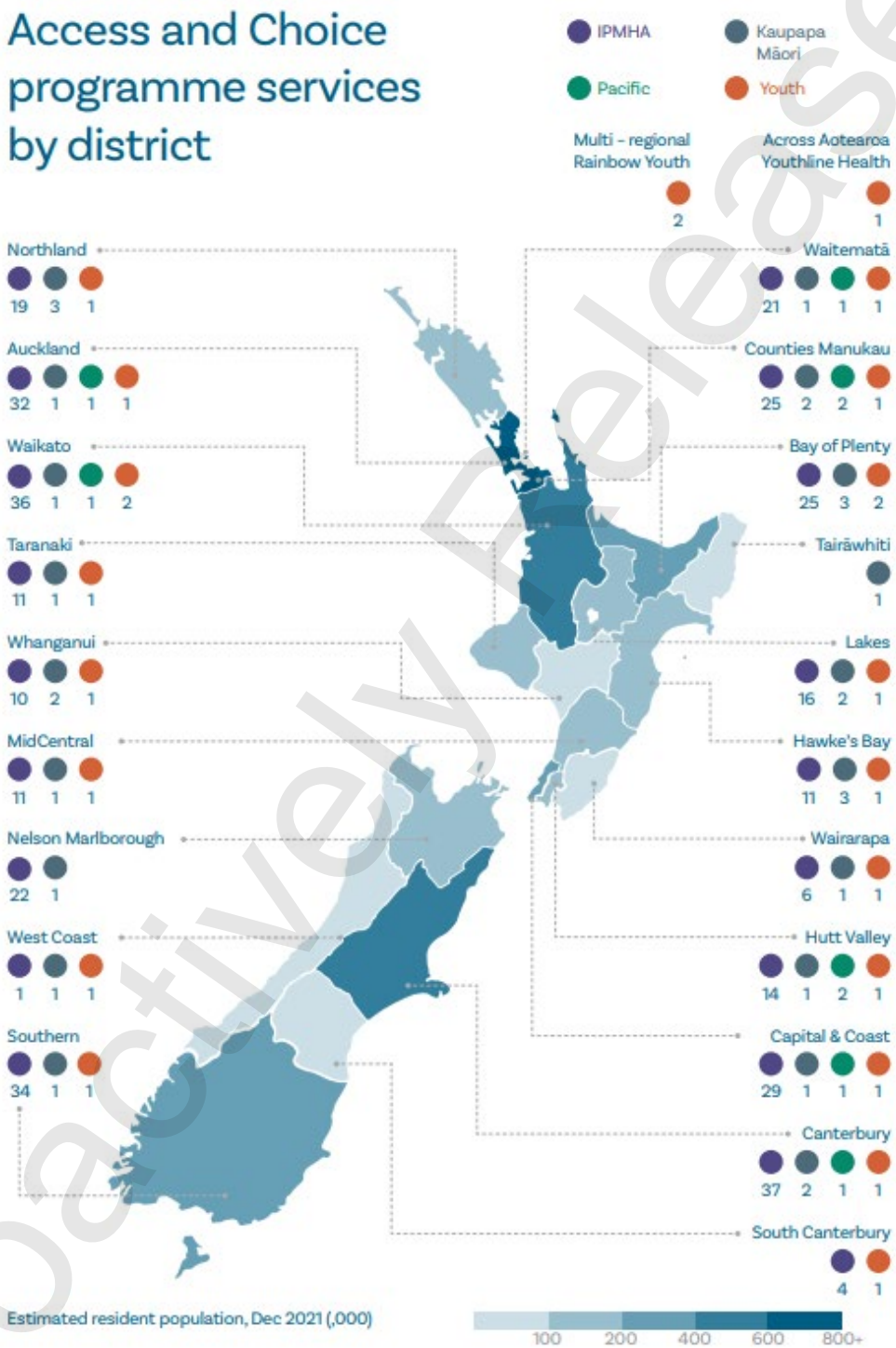
(where are you located and where do you see whānau?)		
Woman are seen in clinic, in homes, via Zoom / Telehealth, and in hospital settings. We also have a clinic at the NDHB Community Maternity Hub (co-located with Lactation Consultants, Community LMCs, newborn hearing check clinic, childbirth education classes, and "coffee group". It is currently on hold due to staff vacancies). We have outreach clinic bases in these small towns… We travel to whānau homes in these rural communities…		

Final question: How well do you feel services and supports in your region meeting the needs of pregnant whanau and early parents:

We understand you are busy and appreciate your time in filling this template out. If you have more you would like to share about access to mental health and addiction services for pregnant people and their whānau please get in touch with Hayley@kawakawagroup.co.nz.

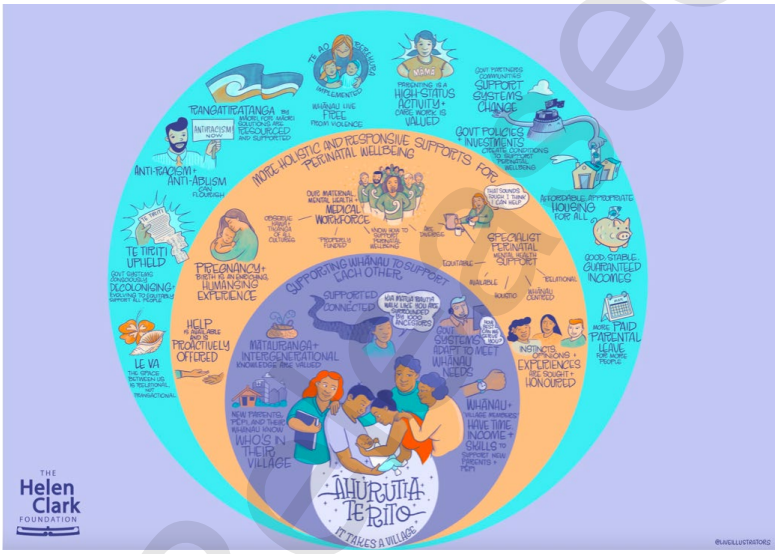
The service directory will be sent to you at the email address you provided when all the information is in.

6.4 Appendix 4: Access and Choice by district



6.5 Appendix 5: Supporting Documents

- Āhurutia Te Rito - It takes a Village Report (May 2022) by Holly Walker
- Kia Mauri Tau! Narratives of Recovery from Disabling Mental Health Problems (2002), Hilary, Linda, & Rose
- Me Kōrero Tāto, Let's Talk. Analysis of 29 Iwi and Community Hui Dec 2017-Aug 2018 MHAS Waikato DHB
- Te Manawa Taki Infant and Perinatal Model of Care January 2021
- Te Manawa Taki Mental Health and Addiction Wellbeing Whānau & Pēpi Project Report 2022
- Te Manawa Taki Regional Equity Report 2020 – 2023
- Waikato Maternity Quality and Safety Annual Report 2021 – 2022
- Warming the Whare, guidelines for gender affirming perinatal care



Application of earlier research in this report

Holly Walker in her 2022 Report identified eight key actions to improve maternal and perinatal mental health, they are:

1. **Alleviate or remove background stress** for new and expectant parents by making sure they have warm, secure, affordable housing, adequate food, and that they are safe from violence and abuse
2. **Make it easier for whānau/families** to spend time with and support new parents and pēpi
3. Ensure birthing parents have **access to continuous, holistic maternity care,** supportive birth environments, and tailored assistance to mitigate the increased risk of distress for some groups
4. Resource and empower **kaupapa Māori and community-led initiatives** to better support new parents, babies, and their whānau
5. Assist all who work with new and expectant parents and their babies, as well as their whānau, to **develop the skills to recognise when parents are at risk of distress**, identify what kind of support they need, and move quickly to provide it
6. Provide parents with hands-on **practical support** for aspects of parenting and daily life when required
7. Provide fast access to **affordable, culturally appropriate therapeutic services** for parents at risk of distress and with mild to moderate clinical need
8. Guarantee immediate **access to specialist clinical support** when parents become seriously unwell

Holly Walker's recommendations are not unique and similar themes are included in other research papers, including **Mental Health Foundation Perinatal Mental Health Position Statement** (August 2021). In their report, the Mental Health Foundation saw an opportunity for providers to look at whanau-centred innovations, informal social support, as well as resourcing community-based perinatal wellbeing groups and/or peer supports along with integrating positive mental health promotion into parenting programmes.

6.6 Appendix 6: Resources

https://www.justathought.co.nz/

www.pada.nz – Perinatal Anxiety and Depression Aotearoa.

New and Expectant Waikato Parents offers services and information for new or expectant parents in the Waikato area.

The Women's Health Action website covers a broad range of topics, including mental health.

www.depression.org.nz

www.depression.org.nz/maori/ (for Māori)

www.depression.org.nz/pasifika/ (for Pasifika)

Mental Health Foundation of New Zealand