

Kia matāra: Negotiating Challenges in Māori Development. Moderator -
Bridgette Masters

A collaborative approach to improving youth mental health.

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Nga Taiohi Whai Marama / Youth Connex was developed collaboratively by three organisations: Health Waikato Mental Health, Te Runanga o Kirikiriroa, and Linkage. These organisations had a vision of creating greater integration and improved pathways between youth and mental health services, as well as providing a service explicitly based on youth-friendly principles. The key aims of Whai Marama Youth Connex are to improve youth's access to services and contribute to the development of a youth service-provider network. To fulfil this we aim to provide a range of services, integrated pathways and capacity building on several levels, the client level, the provider level and the funder level. Debbie Goodwin (Tuhoe) was employed as the Manager of the service and has a key role in developing the organisation, planning and shaping its services, and employing and managing its' staff. She will give an overview of how the service is developing in partnership and biculturally, how youth-friendly principles are enacted, and what some of the key issues have been in its early stages.

Kei te mihi nui ki a koutou katoa

Ko Mataatua te waka, Taiarahia te maunga, Ohinemateroa te awa, Ko Te Mahurehure te Hapu, Te Rewarewa te marae.

My presentation today covers my journey developing a new organisation over the last seven months under the umbrella of “partnership” in the area of early intervention in youth mental health. I am also going to discuss some ideas around collaboration, given that the service is about working together in partnerships of many kinds.

As the Manager of Whai Marama Youth Connex, I have a key role in developing and shaping the organisation and its services, employing and managing its staff and facilitating relationships on many levels, including working with the Whai Marama Youth Connex Steering Group, and forming good relationships with other mental health service providers, youth service providers, and key community stakeholders. This project is about working towards integration between a wide range of people and organisations within the

mental health sector, the youth sector, the community, and government sectors.

The History

In its initial stages Nga Taiohi Whai Marama / Youth Connex was initially labelled “Team Y: the integrated youth mental health project”. Three established community and government organisations, Health Waikato Mental Health, Te Runanga o Kirikiriroa, and Linkage, developed the idea for it collaboratively. These organisations submitted a proposal to the District Health Board with a vision of creating greater integration and improved pathways between youth mental health services, as well as providing a service explicitly based on youth-friendly principles.

Before my involvement, an implementation plan was developed in consultation with a range of people who work with youth. This plan provided the

value base, vision, mission, and targeted services that were to be provided over a phased implementation process. One of the points about collaboration is that, contrary to the belief that collaboration will be quicker, practical experience shows that it initially takes longer. The planning phases of this service took approximately nine months; the implementation phase took almost a year from the employment of the Manager to a point of service delivery and service consolidation.

The Development Process

Following are some key processes and structures that were developed to give validation to the desired principles of being youth friendly, and involving youth participation, integration, and partnership.

Shared Governance role with youth

One of the first developments to take place was youth inclusion on the governance structure. This provided oversight for the employees of the service and accountability for the funders.

A steering group was set up and included key representatives from the three partnering organisations and three youth representatives from the community. The desired ideal was a 50 / 50 split between youth and adults, and a 50 / 50 split for Māori and non-Māori.

Youth represented as workers / employees

Secondly, there was the recruitment of youth as employees of the service. Given that the agreed definition of youth was 12 – 25, five young people under 23 were employed in the service, out of nine employees.

Youth represented at the service level

A youth participation / consultation group was developed over the first few months with the aim of training and providing young people with skills: enabling them to have input into the projects and service delivery of the organisation. Again, a key point in this process was the lengthy time it took to develop a core group of participants who had a commitment to the kaupapa. Providing incentives and transport assistance has enabled this group to be

maintained and grow. A problem encountered in this process was the difficulty in getting a wide range of young people to feel comfortable in a group of people who are quite different from themselves. An alternative strategy is being developed, where groups of similar young people (generally grouped on the grounds of ethnicity) are supported both as separate entities and as a collective.

Development of youth friendly models

Another key area of development for the service has been facilitating the formation of our service delivery models to align with the values and principles of youth-friendliness. The staff have been able to shape models which they consider to be “youth-friendly” ways of working. Such principles include youth accessibility, appropriateness of the service for youth, affordability, and dealing with confidentiality issues. Therefore, delivery is free, transport is provided, and choice about environment is given. An 0800 freephone number is provided, service information is printed in a youth-friendly format, and assessment processes are delivered in a way that is both holistic and youth-friendly.

Developments of service delivery have included the implementation of a simple assessment called the CHEADS assessment, and the use of strengths-based collection of background information. CHEADS, is a developmental framework, and is an acronym for Culture, Home, Education, Activities, Drugs and Alcohol, Sex, Suicide. It takes into account a holistic and developmental view of the young person which looks at both risk and protective factors.

Our model of service delivery places emphasis on the context as well as the content, because the context and environment of the “interview” or “assessment” is extremely important to young people. There was much discussion among the staff about providing the right environments, ways to develop rapport, the use of Māori processes such as when and how to include mihi, and a lead worker role to maintain continuity for the young person.

A key barrier has been the physical locality and clinical-feel of the offices. To

address this, a youth space has been established and plans to move closer to the central city are in the pipeline.

Paradigms in development processes

It is often difficult to change people's existing paradigms. Mathews (verbal presentation, Beyond the Rhetoric in Early Intervention Conference, Adelaide, March 2003) has developed what he terms a transformational paradigm, which is a tool for changing processes and ultimately gaining effective outcomes from "programmes" through transforming people's way of viewing the world and its various "problems," and through reflexive practise.

The staff's paradigms about young people, and how to work with them, were essential to the development of services that would ultimately provide both structures and processes in working with youth that were positive, strengths-based, and relevant to young people. It was helpful that most of the staff were free from preconceived ways of working within existing mainstream mental health frameworks. Much of the training and capacity building work with other organisations is about changing paradigms and frameworks people have about working with young people.

Development of a Bicultural Service

The service has had key inputs from Māori, the Manager being Māori and five of the eight other staff are also Māori. Given that Māori live biculturally, and span both Western-European and Māori worlds, a model of a bicultural service is being developed. However, we are not solely a by-Māori for-Māori service, as we are aiming to deliver appropriate services to Māori and non-Māori, and we are able to use our staff to provide both a Māori kaupapa and a general kaupapa for youth and whānau.

Organisational Contributions – some positive outcomes of collaboration and partnership.

One of the interesting elements of the project has been the experience of partnership between three health organisations. The structures and supports

each have brought to bear on the project, and the contributions each have made, have greatly aided its successful implementation.

Te Runanga o Kirikiriroa: At present, the project operates from Te Runanga o Kirikiriroa's offices in Higgins Rd., Hamilton. Te Runanga is an urban iwi authority for matā waka and Pacific peoples. Its aim is to support the development of Māori and Pacific people within Hamilton city. It is also a health provider and has a range of health contracts.

Te Runanga o Kirikiriroa supports the project by providing an environment and organisational culture which is kaupapa Māori, supporting with powhiri, mihi, karakia, kaumātua, mentorship, and help during crisis support. It also provides financial support services, human resource infrastructure, reception services, policy and service development support, and other practical support to staff.

Linkage: Linkage has a base in the centre of Hamilton. They provide referral and brokerage services to all people who access them. Linkage contributes a model in referral and brokerage that Whai Marama Youth Connex has adapted. It has provided the project with mentors, experience in service provision, and data capture systems (for example, referral, and other client forms, which have been adapted to Whai Marama's services delivery model). It also provided the key vision for the website and database developments, with the aim of improving information about services through the medium of the internet.

Health Waikato Mental Health: This is part of the District Health Board services, which provide core mental health services to the Waikato population, including hospital-based services; community adult mental health; drug and alcohol; maternal mental health; and child, adolescent and older person's services. Contributions from this organisation include a range of support services including financial management and human resource infrastructure, managerial training, supervision, and in particular, networks with other mental health services within Health Waikato.

Although the present rhetoric around "collaboration", "partnerships", and "working together", is prolific, there is

actually little research which that can inform on how effective collaboration works. Future evaluation of this service is planned to provide information about how collaborative ventures such as this work, and what the negatives and positives are.

Collaboration and power dynamics

When I think about collaboration, I think about the marae. A Marae is where “working together” really happens. A marae could not exist without people who work together. Some definitions of collaboration include the following....

- Collaboration involves partnerships where people work co-operatively towards shared goals.

Collaboration is:

- Shared authority and responsibility for, and management of, the work
- Joint investment of resources, e.g., time, work, funding, materials
- Shared liability or risk taking and accountability for the partnered project
- Collaboration on common causes
- Mutual benefits (Pomeroy, 2000).

Notions such as collaboration, integration, partnerships, and the like, need to be defined explicitly as there are many different meanings for these words. For example, for some people, collaboration can have negative connotations; due to the use of the term collaborator in wars, and the fact that sometimes collaboration has worked against Māori. Similarly, the meaning of “partnership” can have many

forms when using a term such as “in the name of partnership”. Because of the range of collaborations and partnerships occurring, including the Government-driven policies about integration and partnership, it is essential that each partner or stakeholder comes to an agreed understanding of the meaning of the words used in that specific context.

Research suggests that agencies, client groups, and communities do not benefit equally from the emergence of integrated and/or co-ordinated activity, and that powerful agencies tend to dictate both the open and hidden agendas on which multi-agency business is conducted (Blagg, 2000). Powerful agencies are often in a position to influence agendas and even the composition of community forums. One suggestion is that government agencies and service providers need to be aware of their power and modify their behaviour to minimise this.

Summary

The project is still at the early stages of establishing a service with a youth-specific orientation in the Mental Health field, through integrative and partnership approaches. There are many lessons to be learnt in the future about collaboration, but there is definitely anecdotal evidence that collaboration between various agencies can contribute to greater accessibility and improved service delivery for young people.

References

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