

HAUORA HINENGARO: HE ARA TŪROA

POWHIRI & WELCOME



Your MC!
Also the South Aus. Mental Health Commissioner

HOUSEKEEPING

① IN CASE OF EMERGENCY: 'Exist' in the carpark

② GRAB A PROGRAMME!

③ BE SOCIAL

#HauoraHinengaro 2025

#TheMHSLearningNetwork

#TeHiringaManara

WELCOME!



TODAY'S THEME IS:

CRISIS RESPONSE

NEW!

40 FRONTLINE WORKERS

2 NEW CRISIS CAFES

NEW EMERGENCY DEPARTMENT

FROM THE GOVT. → 2 PEER LED ALTERNATIVE SERVICES

10 new mental health response lines.

new police mental health programme

Rolling out 6 crisis cafes.

92% increase in peer support workers

when people called 111, they got a criminal response, not a mental health one.

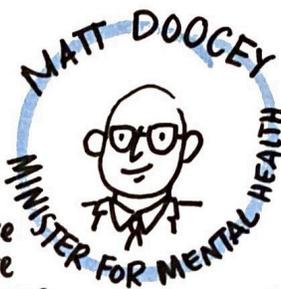
Ideas + Solutions are already there at the frontline

We've made GREAT PROGRESS IN NZ. Want to acknowledge those with lived experience.

NEW REPORT OUT! for crisis response

CHALLENGES

- 1. FRAGMENTATION
- 2. NATIONAL CONSISTENCY



ACKNOWLEDGE NGĀTI PĀOA + THEIR SPECIAL DAY WITH 3RD READING OF TREATY SETTLEMENT TODAY.

MENTAL HEALTH COMMISSION

Not just a watch dog but a guide dog.



Faster access to support

more frontline workers

Better crisis response

- 1. SOMEONE TO CALL
- 2. SOMEONE TO RESPOND
- 3. SOMEWHERE TO GO



92% increase in peer support workers

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HAUORA HINENGARO: HE ARA TŪROA

AN INTERNATIONAL PERSPECTIVE ON INNOVATION IN URGENT RESPONSE



UNLOCKING MENTAL HEALTH CARE THROUGH E-SOLUTIONS: INNOVATING FOR IMPACT

YOUR ORGS ARE NOT WHAT THEY SEEM

When it comes to mental health, we don't have time for 10yr research studies.



ALL CO-CREATED

Can be frightening

THEY'RE GOING TO BE USED ANYWAY

Make sure we build the right tools.

THE FUTURE!

KHP

WHAT IS IT? Kids Help Phone

whatever we do is co-created with young people

PRODUCING PERSONALISED PRODUCTS & SERVICES.

Has helped support our frontline staff.

GENAI

Use it for SELF-CARE

with Youth at the centre.

A PERSONALISED 'ECOSHERE'

36 years old & always innovating.

WE'RE A START-UP

TIME FOR A MINDSET SHIFT

We need to keep up with the TECH.

They want a BOT they can chat to.

But they want it to escalate to a REAL PERSON.

YOUNG PEOPLE ARE WHERE WE DON'T ALWAYS WANT THEM TO BE

IF YOU KNOW WHO YOU ARE, YOU'LL KNOW WHO TO GO

Completely VIRTUAL

Not all kids need mental health support but they all need ACCESS.

We have lots of data

fueling our decisions for the future.

INDIGENOUS action plan built by INDIGENOUS people.



Put it back on the social media co.s + algorithms

We're a tech org. with a LASER FOCUS on mental health.

WHAT WE DIDN'T KNOW We were building for COVID.



Built new tech Built new access points.

HOW DO WE DO IT?

- TRENDS
- AI
- TECH
- ETC.

OVERLAYING THIS ALL WITH OPEN SOURCE DATA

PRIVACY & DATA

We put up guard-rails

Young people are not as concerned as we think they are.

SOCIAL MEDIA BAN?

lots of REMOTE COMMUNITIES

We have to step into it because it's already happening.

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WHAT A GOOD CRISIS RESPONSE LOOKS LIKE FOR AOTEAROA



SYSTEM PERSPECTIVE - Sonya



LIVED EXPERIENCE PERSPECTIVE - Kerri



BI-NATIONAL PERSPECTIVE - Leanne



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WE'RE THE FUTURE

Young People's Perspective
on the Future of Crisis Service

WHAT MAKES A DIFFERENCE?

Clinical model doesn't work

Options & guidance

Listen to the intuition of young people

Holistic Preventative not reactive

Better coordination

Disclosure & having a plan around it

Build up knowledge & keeping person centre of their own care.

Recognising BURN OUT

WHO SLIPS THROUGH THE GAPS?

Youth are not HOMOGENOUS.

Might be easier to ask WHO ISN'T MISSING OUT?

18-25 YEARS

EMERGING ADULTS

Youth are relying on each other



YOUNG but put into adult care. Mixed care not working. Risk of abuse.

MĀORI over represented.

STIGMA + FEAR



FULFILLING STEREOTYPES but you're a person.

Told that I would get sectioned & taken away from my whānau

So I chose to sit in my darkness

RATIONING out use of services



Sharing online about services.

PUTS PEOPLE OFF

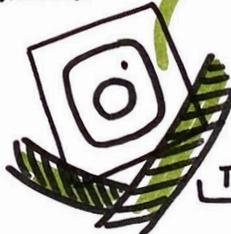
Even when you do everything right, still imp't. to acknowledge comments

ONLINE SPACES + SOCIAL MEDIA

We're not taught to talk about this stuff in a safe way.

YOU CAN REPORT A POST BUT THE PLATFORM DOESN'T DO ANYTHING.

Not knowing TERMS + NAMES used online creates a barrier.



BANS HARM THE VULNERABLE



WHANAUNGATANGA in services - trust, agency, respect.

WORK WITH WHAT WE'VE GOT

DON'T THROW THE BABY OUT WITH THE BATH WATER

Rather than a bed in a hospital



GYM SPORTS THERAPY

Take me with you "SHOW, DON'T TELL"

YOUTH

Build something for youth.

Youth want to be involved!

Give them KNOWLEDGE x TOOLS so they have agency.

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LOCAL + INTERNATIONAL EXAMPLES OF GOOD PRACTICE IN CRISIS RESPONSE

WE NEED A multi-modal approach

Mātauranga Māori: A Response to Crisis
→ HINE MOEKE - MURRAY

UNWELL TODAY

Meet me where I'm at:
The Value of Peer Connection in Crisis. → EMMA CONSTANTINE & MARINA McNAMARA

Connection is the opposite of FEAR.

OA list of services isn't a SYSTEM we're relationships!

A collection of services that wants to be a system when it grows up.



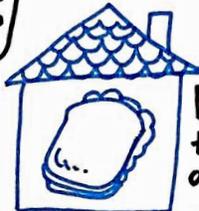
We can't keep investing in the CRISIS END. → benefits → health & recreation

WHERE IS DISTRESS RISING?

ICANZ

We go where the people are.

THE CENTRE



Kai@ the heart of what we do.

CRISIS STABILISATION UNIT

↳ It's therapeutic not in-patient Reducing in-patient hours by 500hr/wk.

Crisis Care: Building a Continuum Beyond the Emergency Room
→ AMANDA GOODSIR, TOM TSAI & HEIDY VAN ENGELEN

CSU

Patients in hospital can be transferred to CSU to remove from potentially harmful environment.

'PEER FIRST, PEER LAST' model of care

'A consumer Sometimes

A JOURNEY THROUGH CSU

A person always!

PEOPLE SAY IT'S LIKE NIGHT & DAY ☺☺☺
→ Their experience in CSU vs. other services.



Andrew Shorter stays Diversions from EDs

→ Most respondents had a positive experience in CSU

Led by PEER SUPPORT SPECIALISTS

OUTCOMES?

Shorter stays Fewer readmissions



REGENERATION RENEWAL GROWTH

peer-led, person-centered support

NOT stepped care but the person at

PEERS in ED is working!

PATHWAYS Part of Wise Group

Support tangata, whai ora + taiohi to live full lives

Tupua Ake: NZ's First Peer Led Alternative to Hospital Admission
→ JOE BISHOP

↳ "WHATEVER IT TAKES"

HEALTH ACTION TRUST - Nelson -

↳ we work across the continuum of support.

POLICE receiving fewer mental health calls

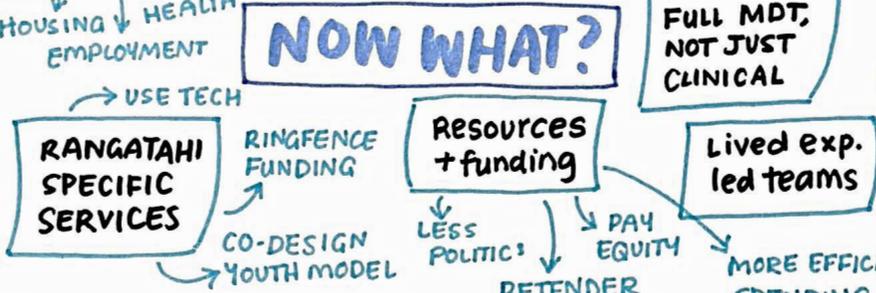
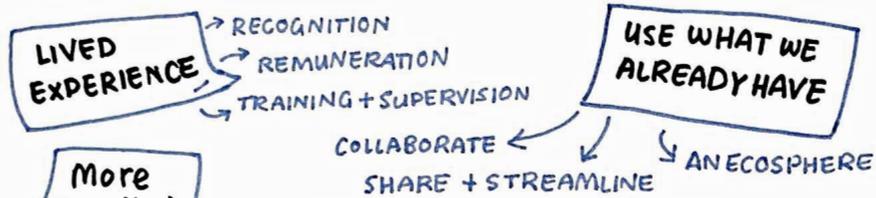
↳ police huddle

PATHWAYS

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SO WHAT? NOW WHAT?



EMBER INNOVATIONS
 Darryl Bishop MNZM,
 Emily Preston & Anja Satyanand.

PANEL OF DECISION MAKERS



RING FENCING

So WE KNOW WHAT WE'RE SPENDING + WHAT WE'RE GETTING.

Longer commissioning cycles

16-25
YR AGE GROUP

when we can't reset



OPPORTUNITIES TO INNOVATE!



REDESIGN PART OF OUR SYSTEM TO BETTER SERVE



DON'T WAIT FOR TOP DOWN

A willingness to give **POWER AWAY**.



Don't necessarily wait for more



It's not always incremental eg. COVID

BE DISRUPTIVE

Question why things are



ACCESS to good quality information.

HOW DO WE INVOLVE INDIGENOUS PEOPLE?

Be okay to ask the **HARD QUESTIONS**

WE HAVEN'T GOTTEN TO WHERE WE WANT TO BE

UNLEASH OUR COMMUNITIES!

what can we do today, tomorrow, etc.?



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