

**Meeting Minutes for first Deaf MH&A Advisory Group Meeting 10AM -- 12PM 1/9/20**

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| **Agenda item:** | **Minutes** |
| Attending  In person | Kellye Bensley, Alexandra Carr, Marion Blake, Winter Jones (note taker), Wenda (interpreter) Melissa Sutton (interpreter) Shannon Morris, Jamie Dowdle. |
| Attending by Zoom | Rachel Coppage, Catriona Sainsbury, Lynx, Kirsten Smiler, Barbara Disley, Katherine Hickson, Victoria Manning. |
| Context to this work: | * Platform has been working for a number of years with other agencies to shine light on issues for Deaf and Mental health issues which have been neglected over many years * Platform has strong relationships with organisations and government connected to the provision of mental health and addiction support, we will use these relationships to progress this work. * Introductions: See Bio’s on the website for information about group members. |
| Work program: | We have a contract with the Ministry of Health (MoH) that covers three main areas:   1. workforce development (WFD) 2. Service development 3. Access to health promotion and information   Engagement and Deaf leadership being the foundation of this work. |
| Reporting to the MoH is: | * Monthly updates * Month 4: what is the current situation a stocktake in the 3 work areas (WFD, service development and access to health promotion and information) * What are some improvements that can be achieved within a year? * Recommendations for the future? |
| Foundation of this work is Engagement and Leadership that are broken up into: | 1. Advisory group   2. Engaging with the Deaf community across NZ; including  -focus groups and 1:1 session.  -Jo to get her guidance on how to meet with Deaf people from local Deaf leaders.  -Jo is going to Chch tomorrow where she will attend a focus group of Deaf community members co-hosted with a local Deaf person, 1:1 visits, a meeting with an organisation that supports Deaf people and Deaf professionals that work in the support sector.  3. Engaging with organisations involved with the 3 work areas for example; Te Pou, health Promotion agency, mental health and addiction services, MoH- MH&A directorate and the Disability Directorate, HRC. |
| Comments and Questions: | |
| Q: What are the time frames around engagement? | There are deliverables set by the MoH -- reports are due at different times, monthly reporting at 4, 6 and 9 months.  This group will go through to the end of June 2021. |
| Q: How often do you imagine we might meet? | A: 4-6 meetings through to the end of next June 2021  If I need any advice from any of you, which I know I will need, I will contact you directly not wait for a meeting. |
| Q. Can Platform communicate through Electronic platforms, where you can see documents, group, live chats, post things so we can all keep informed and have an equal understanding and access? | A: I think this is up to the group, communicating through written English could be a barrier for some people. |
| Q: How would opportunities for the Deaf community to meet with you be advertised? | A: Jo is going to Christchurch next week and working with Deaf community leaders to set up focus groups, 1:1 meeting and meeting with service providers. She has not yet planed other trips but knows where she will go.   * This is not a research project and we don’t have the resources to hear from everyone. There is already some information already collected. * We need to go to the most excluded groups including; youth, Maori and hear from people who don’t tend to go to focus group or forums. * Deaf people/leaders from an area will know the best ways to get information from their community and I will take this advice. |
| Comment: | I think it would be important for Platform to have a sign name, to create a brand, a sign name that people can promote, to build up trust, having partnerships with Deaf people. |
| **Examples of the work Jo has done so far:** | **Platform has lots of contacts with government and I am ‘piggybacking’ on these contacts to identify areas where we can improve access in the short term.** |
| [MH101 workshops](https://www.blueprint.co.nz/workshops/4-mh101/): | * Government funded workshops for the general public to increase understanding of Mental health and how to support your family, workmates, friends. * we are engaging in a Co-design process with blueprint to ensure the workshops are accessible for all Deaf people. * Blueprint will then run these workshops around NZ |
| Health Promotion Agnecy | We are talking with the health promotion agency about how their public health messages can be accessible to the Deaf community. |
| Changing Minds | Is an organisation run by people with a lived experience of mental distress. They received funding post lockdown to run online wellbeing sessions. We are working with them to work out what would be accessible and useful for the Deaf people who are needing support around their mental health. We don’t know if they will be successful or useful so we’re seeing how they go. |
| Mental health Foundation | * we are working on profiling a Deaf person in the biggest campaign around mental health awareness by the Mental Health Foundation. |
| Questions and comments: | |
| Q: Concerns raised about the need for a systemic structure, what are the key areas, rather than an adhoc approach? | * The Deaf community is often asked to come to focus groups, but nothing comes out of it, time and time again. It’s important that Deaf people can see and get improvements even if they are small. * Deaf people should have choice, like everyone else, taking lots of opportunities allows for this. * We should try lots of things, be opportunistic in the short-term. * One of strategies is to engage leadership in the sector, not in one place as funding sits in different entities and we are working strategically through all of them * Long-term we want to have a coordinated system, but we need to remind ourselves that Deaf people have a right to choice. One thing that one Deaf person might want is not what another would want, so good to have a range of initiatives to allow choice. Deaf people can trial services and find what suits them. |
| Comment: | There are different level of mental distress including people who very unwell, we need to make sure we hear from people who need psychiatric help. People with more severe mental health journeys need to be included as well. |
| Comment: | The major concern for organisations, is they say they have no money and don’t have the resources to translate etc. We need to figure out a way of broadening their awareness,  Health promotion is not just for English speakers in NZ. |
| Comment: | 1. The principles identified through WAI 2575 (Health Services and Outcomes Inquiry) are a revision on the principles previously identified (partnership, participation and protection – which are recognised various Ministries and including MOH). The revised and recommended principles are:  * Guarantee of Tino Rangatiratanga * Equity * Active protection * Options * Partnership  1. These are significantly different to the older ones as they align with the view that inequities are unacceptable. My guess is that these are not well understood outside of Māori leadership, communities and academics, but if you are thinking about service provision for Māori, these need to be considered in the design phase. 2. A number of significant reports were produced as a part of this process, including ones for mental health and disability. These are reports which I think are relevant to this work specifically for our Māori Deaf whānau. The links to the reports are: [https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/](https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwaitangitribunal.govt.nz%2Finquiries%2Fkaupapa-inquiries%2Fhealth-services-and-outcomes-inquiry%2F&data=02%7C01%7Ckirsten.smiler%40vuw.ac.nz%7C599b538cc30147bd571b08d858f7c2e7%7Ccfe63e236951427e8683bb84dcf1d20c%7C0%7C0%7C637357168529286689&sdata=tlIIXPANIUS73xHfINJYZ0kzBH4KhYKbDo%2FgDblSppE%3D&reserved=0) 3. These are principles which apply to Māori Deaf, but there are lessons to be learned for the wider Deaf community. Specifically, that inequities are unacceptable and that we need to revise and resource services from this perspective. Personally I believe that we need to examine the role of data – without robust data processes we can’t define problems and solutions, we can’t monitor progress and importantly we can’t define the scope of resources which will allow for sustained service provision. I am most frustrated with this latter point. 4. The mental health focus is important, however I would like to see a stronger health promotion focus knowing that many of the challenges faced can be prevented or mitigated if we look to a short, mid and long term approaches to on health promotion (at individual and Deaf community levels). |
| Workforce development – There are 3 parts to this: | 1. Mainstream workforce -- know very little about Deaf culture/language 2. Deaf/hearing professionals -- have knowledge of Deaf culture/language and fluency in NZSL (thought different levels) 3. Interpreters -- working in mental health settings  * Some Deaf people who trained as counsellors, social workers are not able to get a job to get hours to register. * What are some short-term changes -- training for interpreters in mental health, E-learning for mainstream professionals? * How do we bring Deaf professionals together? * How do we create a sustainable workforce * We know Deaf support people or Deaf interpreters are used overseas and here sometimes, how do we create sustainable jobs in the area? * We want more Deaf professionals, but we need a system that will employ them. * Platform has done a lot of work around the community support workforce and peer workforce. We need to investigate the use of a Deaf peer workforce. How would we do that for Deaf people and what other roles are needed that we haven’t even thought about yet. We need to be more creative about how roles will work. * There is no point in developing a workforce that doesn’t get employed. Very few DHBs are purchasing peer support services |
| Comment | * Covid-19 has shown us the potential of telehealth, which has worked successfully overseas. |
| Comment | * We need to keep in mind Deaf people who don’t have the skills to navigate the internet. We need to navigate them, they’re the ones who probably need the most support. |
| Comment | * Deaf Aotearoa’s experience through the lockdown focused on communities that had very different needs. Lots of senior citizens don’t have access to the internet or mobile or don’t want to use those platforms. |
| Service Development | * How do Deaf people currently access support? In Invercargill compared to Auckland? * Quick wins: we are working with an online primary health provider that currently provides phone support for mental distress and we are working with them to be able to provide support via zoom. This service also manages the 1737 help line and health line. This service was designed for Maori who are WINZ clients, couldn’t get to a regular appointment. We are working with them to see if they could add video, access primary mental health service online. |
| Bigger plan: | * We will build a big picture of the system, what is the journey currently of a Deaf person through the system and where are the biggest problems, so we know where to focus resources. |
| More background: | * At the start of this work we had a 3 year plan but that was reduced to 1 year. We need to complete a report and work with the Ministry to make a compelling case to MOH about why this work needs to continue. * If the govt is re-elected, they have committed themselves to improve things around mental health. They will take on the Health and disability review. |
| Comment: | We have seen many initiatives come and go; what experiences have Maori had that we can learn from. |
| Missing data? We need data that can be used to highlight inequities and influence decision making. | * Platform is doing a lot of work around data at the moment, data is a big issue. When data is collected about what services and support they receive, data on whether someone has a disability or is Deaf or uses NZSL is not currently collected. We know things anecdotally, but not through data yet. * The IDI (integrated data infrastructure) is a network of data collated across NZ. However, there are limitations across what kind of data is collected. We have already tried that, the data that is collated doesn’t differentiate for Deaf or NZSL use. |
| End of meeting | Thank you everybody for your time today. I will send out the minutes to everyone and look to put them on the website. |