

# Phase 3 Report on the National Telehealth Service Evaluation

Prepared for:  
Ministry of Health  
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# 1. Executive summary

## **The Ministry of Health (the Ministry) commissioned an evaluation of the National Telehealth Service (NTS) between 1 June 2017 and 31 October 2019**

The evaluation assessed a dynamic service within a rapidly changing health system. The Ministry expected that by November 2019, NTS would have evolved to meet the changing needs of New Zealanders, and new technologies. The evaluation focussed on the whole-of-the-NTS and did not seek to assess each individual line. Where appropriate, the evaluation placed focus on key services.

## **The evaluation assessed six key evaluation questions**

The evaluation assessed NTS's implementation, user access, experience and outcomes, impact on the health system, and considered value for money. The evaluation focussed on identifying NTS quality improvements and contributing to its ongoing innovation. The questions are cited in the boxes below with the improvement question answered in the areas of future focus.

## **We used a three-phase evaluation approach to answer the evaluation questions**

In 2017, Phase 1 was the post-implementation review (Litmus and Sapere 2017a). In 2018, Phase 2 evaluated Healthline (Litmus and Sapere 2018a). [REDACTED]

## **This report presents the Phase 3 evaluation findings from June 2018 and October 2019**

The Phase 3 evaluation had two key areas of focus:

1. A process evaluation of the NTS whole-of-service to assess ongoing implementation
2. A process and outcomes evaluation of NTS mental health and addiction (MHA) services.

The evaluation included the impact on NTS MHA services of the Christchurch terror attack on 15 March 2019. It also considered the changing context of MHA following the Government Inquiry into Mental Health and Addiction. We excluded the Early Mental Health Response service and undertook a brief review of the Stop Smoking support service.

## **The Phase 3 evaluation findings are based on mixed method data collection**

- NTS administrative data and data matching with specialist mental health services, emergency department attendances, inpatient events and primary care
- A clinical call review
- Cost and value for money analysis
- Qualitative interviews with NTS stakeholders, Homecare Medical staff, MHA service users and non-users, and MHA primary and secondary health providers.

# 1: Our assessment of the ongoing implementation of the NTS whole-of-service

Our process evaluation assessment is based on trend data and stakeholder reflections on the ongoing implementation of the NTS between June 2018 and June 2019.

## To what extent is NTS delivered as intended?

### The Ministry of Health-led service specifications for NTS continue to be met

NTS is a secure service with stable technology and qualified staff. The service continues to provide 24/7 support through the intended channels. NTS provides a clinically-safe MHA service (Litmus and Sapere 2018a). Since 2015, NTS has evolved and innovated.

### NTS responds to contact from almost one in ten New Zealanders

The number of contacts to NTS has increased by eight percent since the service began. Healthline continues to account for over half of all contacts (55 percent in the year ending April 2019). However, MHA contacts are increasing. During the evaluation period, MHA contacts grew on average by 2,000 contacts per month.

### As intended, NTS service use is changing

Contacts have increased in MHA services (except for the Gambling Helpline), ambulance secondary triage, and Early Mental Health Response. The way people contact NTS is also changing, with text message use increasing. People who call frequently make up a substantial proportion of contacts to NTS services, particularly in MHA services. A very small group of people who call very frequently account for a lot of contacts in NTS MHA services.

### NTS has an important role in responding to multiple national emergencies

Examples include the Kaikoura earthquake response (2016) and the Havelock North Campylobacter outbreak in the water supply (2016). In March 2019, Homecare Medical's response to the Christchurch terror attack again demonstrated its ability to work collaboratively across the health system to effectively respond and scale to an emerging crisis. To strengthen emergency response, Homecare Medical is working in partnership with the Ministry and DHBs to ensure NTS services are embedded in emergency plans.

### Homecare Medical continues to strengthen the organisation's equity focus

In 2019, Homecare Medical introduced cultural supervision, worked on developing diversity awareness training, and progressed work to hire a more inclusive and diverse workforce. Homecare Medical are embedding practices such as mihi whakatau for new staff, mihimihi, and karakia throughout the organisation. However, recruiting and retaining a diverse and responsive workforce to meet the varied needs of New Zealanders is a challenge, as is measuring and monitoring equity outcomes for the NTS service.

### **Data quality is improving within known constraints of meeting user preference**

Within the MHA services, the tension exists between seeking to collect demographic data and ensuring clients' preference for anonymity is met.

Homecare Medical has reviewed data processes with EY to improve access and quality. In 2019, the organisation assessed changes identified in the EY report to improve data quality. Homecare Medical is also investing innovation funding to improve data systems.

### **Homecare Medical continues to improve and innovate NTS to meet changing needs**

The partnership contract requires Homecare Medical and the Ministry to work closely together to deliver the service objectives and innovate. The relationship between the Ministry and Homecare Medical continues to strengthen, enabling NTS innovation and change. Cross-sector innovation is also supported through the Service Improvement Board, a cross-sector advisory group which provides professional governance. However, at times not all funders are fully engaged to explore potential innovation opportunities.

Homecare Medical excels at customer-centred innovation and engages iteratively with service users to improve the service. As intended, Homecare Medical is leveraging the NTS platform to support wider government agency innovation (e.g. Safe to Talk—a sexual health and abuse line developed with the Ministry of Social Development).

### **Areas of focus going forward for the ongoing implementation of the NTS**

We acknowledge Homecare Medical is working in several of the focus areas noted below. This action reflects Homecare Medical's and the Ministry's positive engagement with interim evaluation findings and then acting on the insights with support of management and governance.

- In partnership with DHBs and the Ministry to embed NTS into emergency plans to respond to crisis and health emergencies.
- Homecare Medical to continue to strengthen the diversity and cultural competency of their workforce.
- Homecare Medical to continue to improve data collection, quality and access to inform quality and equity strategies.
- All funders to engage in the partnership process to maximise the potential opportunities of the NTS to support the work of their agencies.

## **2: Our assessment of NTS MHA**

We drew across the data collection sources to make evaluative assessments for the NTS MHA service across five key evaluation questions and identified areas of focus going forward (the sixth question).



## To what extent is NTS MHA delivered as intended?

Homecare Medical has delivered the NTS MHA services as specified in the contract and is working on service quality improvements.

### **NTS MHA services are a changing part of NTS**

Contacts to NTS MHA services have doubled since NTS's implementation to around 76,000 people each year, largely due to contacts to 1737. Most NTS MHA service users are only contacting MHA lines, with just six percent also contacting Healthline. Homecare Medical continues to identify and implement service improvements in MHA services.

### **Recruiting and retaining skilled and diverse staff is a challenge for NTS MHA services**

DHBs are increasing wages in regulated workforces and Homecare Medical sits squarely in that market. NTS MHA staff find their work challenging, given the number and complexity of callers and the different modes of response (from calls, text, and web). The clinical panel review identified considerable variation in call-taker quality in the NTS MHA services.

### **Areas of focus going forward for the ongoing implementation of the NTS MHA**

- Homecare Medical to continue to strengthen the diversity of its workforce and provide ongoing support to NTS MHA staff.
- Ongoing clinical reviews and professional development are needed to reduce variability in NTS MHA calls.

## To what extent is NTS MHA meeting the needs of New Zealanders, including Māori, Pacific and other priority populations?

### **Service users interviewed were mainly positive about their experience with NTS MHA**

Most users felt heard and understood by the call-taker. They liked that the service was free and confidential. They appreciated the advice or listening ear provided by the call-takers. Of those interviewed, most were feeling depressed, anxious, or wanted to quit smoking. These users often experienced barriers and stigma accessing face-to-face care. First-time users often felt anxious and ashamed before contacting NTS MHA services. Most users interviewed were reassured and would use the service again, when needed.

### **The clinical call review also found some positive impact for the service users**

In almost all calls, there was some positive impact for service users, despite variability in the delivery of the intervention. More call-takers were less effective than expected, though none did harm.

### **Non-users interviewed have some awareness of NTS MHA services**

Most non-users tended not to have an immediate need to contact the NTS MHA. However, non-users also identified a range of barriers preventing them from using NTS MHA including shame and difficulty in talking about their issues with a stranger. Awareness of the self-help tools The Journal and The Lowdown was low, although many were seeking self-help resources.

### **We were unable to make a robust assessment on equity of access for different groups**

Data limitations restrict our ability to assess equity of service use. Demographic data on ethnicity is recorded for around 31 percent of users. Of those recorded, Māori users make up 19 percent. Although Māori use of NTS is representative of the general Māori population, MHA prevalence rates are higher amongst Māori indicating a continuing service gap. Achieving equitable service provision will involve assessing these disparities for Māori and other identified population groups.

Māori, Pacific and Rainbow users interviewed had mainly positive service experiences accessing NTS MHA support. However, these users emphasised the importance of cultural competency for call-takers.

### **Areas of focus going forward to better meet the needs of New Zealanders**

- Homecare Medical, HPA and the Ministry to consider ways to increase non-user awareness of NTS MHA services, particularly the self-help tools of The Lowdown and The Journal.
- Homecare Medical to continue to strengthen NTS as an equity-led service and the provision of diversity training.
- Homecare Medical to continue to enhance the cultural competency and congruence of NTS MHA staff.

**How well does NTS MHA improve the ability of New Zealanders, including Māori, Pacific and other priority populations to take appropriate health action?**

### **Most NTS MHA users interviewed were seeking help for non-acute MHA care**

Many users contact NTS MHA for non-acute MHA care, and are not seeking a referral or further health action. However, some MHA providers expressed concern at the low number of referrals from NTS MHA, particularly to problem gambling services.

## **A small group of people who contact NTS MHA very frequently create capacity challenges for NTS MHA**

Data matching identified people who frequently called NTS MHA also used other primary, secondary and acute MHA services. The call review also identified use of NTS MHA may not provide the best support for these users.

## **Stakeholders identified concerns with both the Gambling Helpline and Quitline**

Problem gambling stakeholders are concerned about low referrals from the Gambling Helpline to face-to-face providers. Concerns were also raised about the marketing of the Gambling Helpline and the cultural competency of call-takers, particularly for Asian and Pacific callers.

Quitline is operating in a changing smoking cessation context and some stakeholders are questioning Quitline's relevancy. However, face-to-face smoking cessation providers value Quitline as the 'door' to smoking cessation.

## **Areas of focus going forward to enable users to take appropriate action**

- Homecare Medical to work collectively with the MHA sector to explore how to better support NTS MHA users to connect as needed with face-to-face providers.
- Homecare Medical is working with other providers to offer an integrated primary and secondary care and telephone-based support service to people who call NTS MHA services frequently, to better meet their needs.
- Homecare Medical is undertaking a review of the Gambling Helpline to understand why the line has changed and how internal changes can improve the service.
- Homecare Medical and the Ministry to determine the value of a more thorough investigation into the relevancy and effectiveness of the Quitline brand and programme design in the changing smoking cessation environment.

## **To what extent is the investment in NTS value for money?**

### **MHA is the least costly NTS service at █████ per contact**

The evaluation has not assessed value for money. The difficulty of assessing the value of the service from each contact means an accurate value for money assessment is not possible.

Investment in technology or infrastructure is a barrier to entry for new services and was a key factor in the establishment of NTS. Using the NTS platform provides a benefit to the Ministry and wider social sector government organisations and NGOs.

The counterfactual of not having an NTS MHA is unpalatable. The alternative to establishing Homecare Medical's MHA service would mean higher cost, less resilience to cope with health emergencies, and likely less clinical supervision.



### **NTS MHA services may provide small diffuse benefits for people who contact them**

Most service users interviewed valued NTS MHA support. They felt heard and understood by call-takers. Most service users also trusted NTS MHA advice. MHA providers who were aware of the service also valued NTS MHA services. Stakeholders and MHA providers consider NTS has the potential to add capacity to the stretched MHA system.

### **How and to what extent is NTS impacting on other parts of the health and social system?**

#### **NTS is unable to make a significant difference to meeting New Zealanders' MHA service needs without considerable expansion**

NTS MHA responds to contact from an estimated 1.6 percent of the New Zealand population. The Government Inquiry into Mental Health and Addiction reported MHA need in the population may be as high as 20 percent. NTS is unable to meet this service gap alone. However, NTS is important as a national, easy to access and free 24/7 service responding to low-medium MHA needs as well as crisis situations. Without NTS these service users are likely to struggle to access support elsewhere. Greater clarity on NTS's role and system integration will strengthen its contribution to the MHA system.

#### **Face-to-face providers have limited understanding of how NTS MHA users integrate with their services**

DHBs with after-hours contracts with Homecare Medical are positive about these services and MHA providers frequently distribute NTS MHA numbers, particularly 1737. However, referrals and warm transfers are limited. Some providers have little understanding of what support NTS MHA services provide to service users. Stakeholders are seeking more data and reporting from NTS to understand and trust the service.

#### **Areas of focus going forward to strengthen system impact**

The value of the NTS MHA could be further strengthened through working collectively with the MHA sector to strengthen system integration by increasing referrals, shared plans, and signposting to face-to-face services.

## 2. National Telehealth Service overview

This section provides an overview of NTS and the NTS mental health and addiction (NTS MHA) services.

### NTS role and objectives

The Ministry partners with Homecare Medical (New Zealand) Limited Partnership (Homecare Medical) to deliver the integrated NTS.<sup>1</sup> The Ministry is the primary funder of NTS with additional funding from the Accident Compensation Corporation (ACC), Health Promotion Agency (HPA), Ministry of Social Development, and the Department of Corrections.<sup>2</sup> NTS has a Service Improvement Board, which is a cross-sector advisory group including the Ministry, ACC, the Ministry of Social Development, and HPA.

The purpose and objectives of NTS are to:

- Be a trusted part of the healthcare system that offers a confidential, reliable and consistent source of advice on health care to enable consumers to manage their health care in an appropriate manner.
- Facilitate the right person delivering the right care at the right time and at the right place.
- Increase cost-effectiveness in the healthcare sector and reduce demand on other health services.
- Have the flexibility to adapt and develop over time to meet the changing needs of users and technology.<sup>3</sup>

The NTS platform allows Homecare Medical to expand and partner with other agencies to better meet New Zealanders' needs.

### NTS provides a range of services

NTS provides clinically appropriate, evidence-based services 24 hours a day, 365 days a year. It delivers unplanned care and counselling services through telephone triage and phone advice, text, email, phone applications, social media and web-based services. Service users receive triage, health advice, support, counselling care, information and signposting to appropriate services and care.

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<sup>1</sup> A limited liability partnership is a relatively recent form of corporate whereby the partners to the venture retain limited liability, but their tax status is maintained.

<sup>2</sup> Collectively referred to in this report as the NTS funders.

<sup>3</sup> Retrieved from <http://www.health.govt.nz/our-work/national-telehealth-service/aims-national-telehealth-service>

At September 2019, NTS included the following services: health advice; stop smoking support service; alcohol and other drug counselling support; mental health, depression and anxiety counselling support; gambling counselling and support; poisons advice; immunisation advice; advice on prostate cancer; support for people who call 111; and other services.<sup>4</sup>

## Four service lines make up NTS MHA services

The four service lines comprising the NTS MHA service are Need to talk? 1737; Alcohol Drug Helpline; Depression Helpline, including The Journal and The Lowdown<sup>5</sup>; and Gambling Helpline. MHA services form the largest part of NTS after Healthline.

Users can contact the NTS MHA team via different channels—phone, text, social media, webchat or email. Each service line has a variety of numbers or websites. We included the following services in this evaluation:

- Need to talk? 1737 has one number to call or text
- Depression (and anxiety) has one number to call, two text, one webchat and two email addresses, and two websites: The Journal and The Lowdown
- Alcohol Drug Helpline has four numbers to call, one to text, and online chat available. The numbers to call include a general line, Māori line, Pasifika line, and a Youth line
- Gambling Helpline has five numbers to call, including a general number and specialist lines (Māori, Pasifika, Debt, and Youth Gambling Helplines).

This evaluation excluded a detailed assessment of the following MHA services:

- Early Mental Health Response (EMHR) service, as a separate evaluation is assessing this service.
- Quitline, as it is beyond the evaluation scope to undertake a substantial review. However, we have presented Quitline trend data, and changes in smoking cessation services by Homecare Medical since the completion of the Phase 2 evaluation report. We have included a brief assessment of stakeholder feedback.

We have updated data and presented high-level findings for these NTS MHA services.

## NTS operates within the MHA system

The New Zealand MHA system includes the activities, organisations and resources focussed on improving, promoting, restoring, or maintaining mental health and reducing the impact of addictions (World Health Organisation 2005). The MHA system includes self-care and virtual services, primary and community care, MHA services and health promotion, prevention, and de-stigmatisation approaches (HDC 2018). Primary mental health services most often

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<sup>4</sup> More information on NTS services is available at <https://www.health.govt.nz/our-work/national-telehealth-service/range-services-provided>

<sup>5</sup> The Journal and The Lowdown are managed by HPA with support from Homecare Medical.

support people with mild to moderate MHA needs. General practitioners, counsellors and psychologists often deliver primary mental health services. Secondary (or specialist) MHA services aim to meet the needs of the estimated three percent of the population with serious mental illnesses. They are delivered by DHB MHA services (community-based and inpatient) and non-government organisations (community-based and residential).

NTS MHA services could be considered a primary mental health service. However, people who use secondary services and people in crisis also contact NTS MHA services.

## **The MHA system is undergoing changes**

An estimated 50-80 percent of New Zealanders experience mental distress or addiction in their lifetime (Government Inquiry into Mental Health and Addiction 2018). MHA places a burden on individuals, whānau, communities and New Zealand as a whole. In 2014, the cost of serious mental illness was estimated at \$12 billion (Government Inquiry into Mental Health and Addiction 2018).

The MHA system faces considerable challenges. Many people experience barriers to MHA care, including limited access to services in rural areas, long waitlists, or financial barriers (such as attending a GP or accessing support for non-acute care not covered by secondary services). Furthermore, significant disparities exist in MHA incidence, outcomes, treatment and experiences, with Māori and Pacific people experiencing higher incidence rates and poorer outcomes (HPA 2018; Office of the Director of Mental Health and Addiction Services 2018).<sup>6</sup> Adults living in socio-economically deprived areas are also 2.5 times more likely to report experiencing psychological distress than those in the least deprived areas (Ministry of Health 2019a). Additionally, MHA practitioners are experiencing workforce pressures, increasing caseloads with higher complexity and risk (Government Inquiry into Mental Health and Addiction 2018).

The Government Inquiry into Mental Health and Addiction, He Ara Oranga (the inquiry), recognised the system needs considerable changes to improve New Zealanders' wellbeing. The report found the current system focusses on addressing crisis needs, and the model of service is usually medical and not preventative.

The inquiry found that three percent of the population use secondary MHA services provided by DHBs and non-government organisations (Government Inquiry into Mental Health and

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<sup>6</sup> Māori account for 28 percent of all mental health service users. In 2017, Māori were 3.9 times more likely than non-Māori to be subject to a community treatment order and 3.4 times more likely to be subject to an inpatient treatment order (Office of the Director of Mental Health and Addiction services 2018). Demographic factors do not account for the differences between Māori and non-Māori (for example, the proportionally younger Māori population and higher numbers of Māori living in socio-economically deprived areas).

Addiction 2018). However, around 20 percent of New Zealanders need MHA support for depression, distress or addictions.

The inquiry recommended increased access, more coordinated responses and improved choice of services, including culturally appropriate support. It identified the need to focus on priority groups including Māori, Pacific, children/young people and Rainbow (sex characteristic, sexuality and gender diverse) communities. The inquiry recognised the social determinants of MHA (such as poverty, housing and employment) need to be addressed in addition to improving MHA services. It described the need to transform primary health care through co-design with service users and sector, and also acknowledged considerable workforce challenges in meeting the needs of New Zealanders.

In Budget 2019, the Government increased investment in the MHA sector. Work with service users and others is underway to transform the MHA system to meet the needs of New Zealanders. In this context, the Ministry and Homecare Medical are considering the role of the NTS MHA services in the wider system transformation.



## 3. Phase 3 of the NTS evaluation

This section presents an overview of the NTS evaluation and the Phase 3 evaluation.

### The NTS evaluation has three phases

The evaluation purpose is to assess NTS's implementation and user outcomes, to understand the health system impact and provide a value for money assessment. The evaluation is assessing a dynamic service. The Ministry expects NTS to progressively innovate to meet the changing needs of New Zealanders.

The key evaluation questions are:

- To what extent is NTS delivered as intended?
- To what extent is NTS meeting the needs of New Zealanders, including Māori, Pacific and other priority populations?
- How well does NTS improve the ability of New Zealanders, including Māori, Pacific and other priority populations to take appropriate health action?
- What are the areas for ongoing improvement?
- How and to what extent is NTS impacting on other parts of the health and social system?
- To what extent is the investment in NTS value for money?

The evaluation focussed on the whole-of-the-NTS and did not seek to assess each individual line. In part, this reflected NTS was seeking a shift to a more holistic, user-centric service. Where appropriate, the evaluation placed focus on key services (e.g. Healthline, given it makes up a significant proportion of NTS contacts).

We have used a three-phased evaluation approach to answer the evaluation questions. In 2017, we completed Phase 1, the post-implementation review (Litmus and Sapere 2017b). In 2018, Phase 2 reported on Healthline and NTS services providing injury-related support/advice (Litmus and Sapere 2018a). This report presents findings from Phase 3, the evaluation of NTS MHA services.

### Phase 3 of the NTS evaluation has two areas of focus

Phase 3 provides a process and outcomes evaluation of NTS MHA services and the final process evaluation of the whole-of-NTS to assess ongoing operation, changes in service use, and equity of access.

The evaluation addresses the following key questions within two focus areas.

### **Focus area 1: Ongoing process evaluation of NTS (whole-of-service)**

1. How well is the implementation and adaption of the NTS (whole-of-service) continuing?

### **Focus area 2: Evaluation of NTS MHA services**

2. How well have the NTS MHA services been delivered and adapted against the 2015 service specifications?
3. How well have NTS MHA services responded to the Christchurch terror attack?
4. How might the NTS platform and capability contribute to the transformation of the MHA system?

Within this evaluation, the MHA system is defined as:

- providers who leverage the NTS MHA services
- providers who do not leverage the NTS MHA services
- community-focussed promoters of MHA
- funders of NTS MHA services
- MHA and other providers who receive referrals from NTS MHA services
- DHBs
- General practices
- Government agencies with client bases who may overlap with NTS MHA users
- MHA advocacy groups.

### **A mixed-method data collection was used in Phase 3**

To answer the Phase 3 evaluation questions, we completed the following evaluation activities.

For the ongoing NTS process evaluation (whole-of-service), we:

- Updated the baseline analysis completed in the post-implementation review and Phase 2 (Litmus and Sapere 2017b; Litmus and Sapere 2018b).
- Updated the cost per contact analysis across NTS service lines.
- Completed 33 key stakeholder interviews and two group discussions to understand the ongoing implementation of NTS and its innovation and integration with other parts of the health system. The sample achieved is in Table 1.

For the process and outcomes evaluation of NTS MHA services, we:

- Analysed data on MHA lines to understand service use, non-use and equity of access.
- Completed data matching with:
  - Programme for the Integration of Mental Health Data (PRIMHD) for DHB and Non-Government Organisations (NGOs) secondary mental health services
  - National Non-admitted Patient Collection (NNPAC) for emergency department attendances

- National Minimum Data Set (NMDS) for inpatient events
- Pharmaceutical Collection for community dispensed mental health medication
- ProCare data for general practice consultations and funded primary psychological services (enrolled people only).
- Completed a clinical panel review of MHA calls to assess the value and quality of NTS MHA services.
- Completed case studies in Waikato and Counties Manukau DHB areas to understand the user journey, their experience and pathways in the context of their lives, communities and local health services. We also identified barriers and reasons for not using NTS MHA services. The sample achieved is in Table 2 and Table 3 below.
- Interviewed stakeholders about the delivery of NTS MHA services and their integration with the MHA system.

**Table 1: Achieved purposive sample for key stakeholder interviews in Phase 3**

Stakeholder type	Method	Number
Ministry of Health	Interviews	7
Other government funders	Interviews	7
Wider sector stakeholders	Interviews	11
Homecare Medical	Interviews	8
Homecare Medical (frontline staff)	Mini groups	7 (2 groups)

**Table 2: Achieved purposive sample for users and non-users in case studies**

Users and non-users		Counties Manukau n=17	Waikato n=13
<b>Usage</b>	Users	13	9
	Non-users	4	4
<b>Gender</b>	Female	7	3
	Male	10	10
<b>Service<sup>7</sup></b>	Depression	5	3
	Alcohol and Drug	2	2
	Gambling	1	0
	Quit	4	3
	1737 Need to talk?	3	4
<b>Ethnicity</b>	Non-Māori and non-Pacific peoples	6	5
	Māori	5	6
	Pacific peoples	6	2
<b>Other</b>	Rainbow Community	1	1

<sup>7</sup> The sample for service type does not add to the total number of service users as some people used more than one service.

**Table 3: Achieved purposive sample frame for health and other MHA providers**

Stakeholder type	Counties Manukau n=9	Waikato n=7
DHB (Planning and Funding)	1	0
DHB secondary MHA care	1	2
Primary care/community MHA providers	6	3
Māori and Pacific MHA providers	1	2

The evaluation activities are described in the NTS Evaluation Plan (Litmus and Sapere 2019).

### **The Phase 3 evaluation has some limitations**

The ability to draw from multiple data sources strengthens the evaluation findings. However, the evaluation has some limitations.

#### **NTS's data quality**

Data limitations for data matching are identified in Section 7. The key data limitation with data matching was the small number of service users with NHI and demographic information.

#### **Qualitative limitations**

A known limitation of face-to-face research on health and social interventions is selection bias. In MHA services, participants who are doing well are more likely to agree to take part in evaluation interviews than participants who are not doing well.<sup>8</sup>

We sought to mitigate this potential positive recruitment bias by recruiting interview participants through Homecare Medical, community connectors, and a recruitment agency. All service user participants had contacted NTS MHA services within the last 18 months.

We did not recruit participants experiencing acute mental health needs. We interviewed five people who had contacted NTS MHA more than five times in the last year.

### **Report structure**

**Section 1** provides an update of the usage trend data, key investigation areas, and follow up on areas identified in the Phase 2 report (Litmus and Sapere 2018a). This section responds to the following evaluation question:

- To what extent is NTS delivered as intended?

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<sup>8</sup> For example, King and Stephenson 2016 describe challenges assessing AOD treatment programme outcomes.

**Section 2** presents findings from the process and outcomes evaluation of NTS MHA services. This section responds to the following evaluation questions:

- To what extent is MHS NTS delivered as intended?
- To what extent is NTS MHA meeting the needs of New Zealanders, including Māori, Pacific and other priority populations?
- How well does NTS MHA improve the ability of New Zealanders, including Māori, Pacific and other priority populations to take appropriate health action?
- What are the areas for ongoing improvement?
- How and to what extent is NTS MHA impacting on other parts of the health and social system?
- To what extent is the investment in NTS MHA value for money?

The evaluation focussed on the whole-of-the-NTS MHA service and did not seek to assess each individual line. In part, this reflected NTS seeking to provide a holistic user-centric service. The evaluation identified two areas for further investigation: the Gambling Helpline, due to feedback from providers, and Quitline, to build on findings from Phase 1 and 2<sup>9</sup>.

**Section 3** presents the evaluative assessments against the key evaluation questions and our recommendations for the ongoing NTS implementation, and targeted recommendations for NTS MHA services.

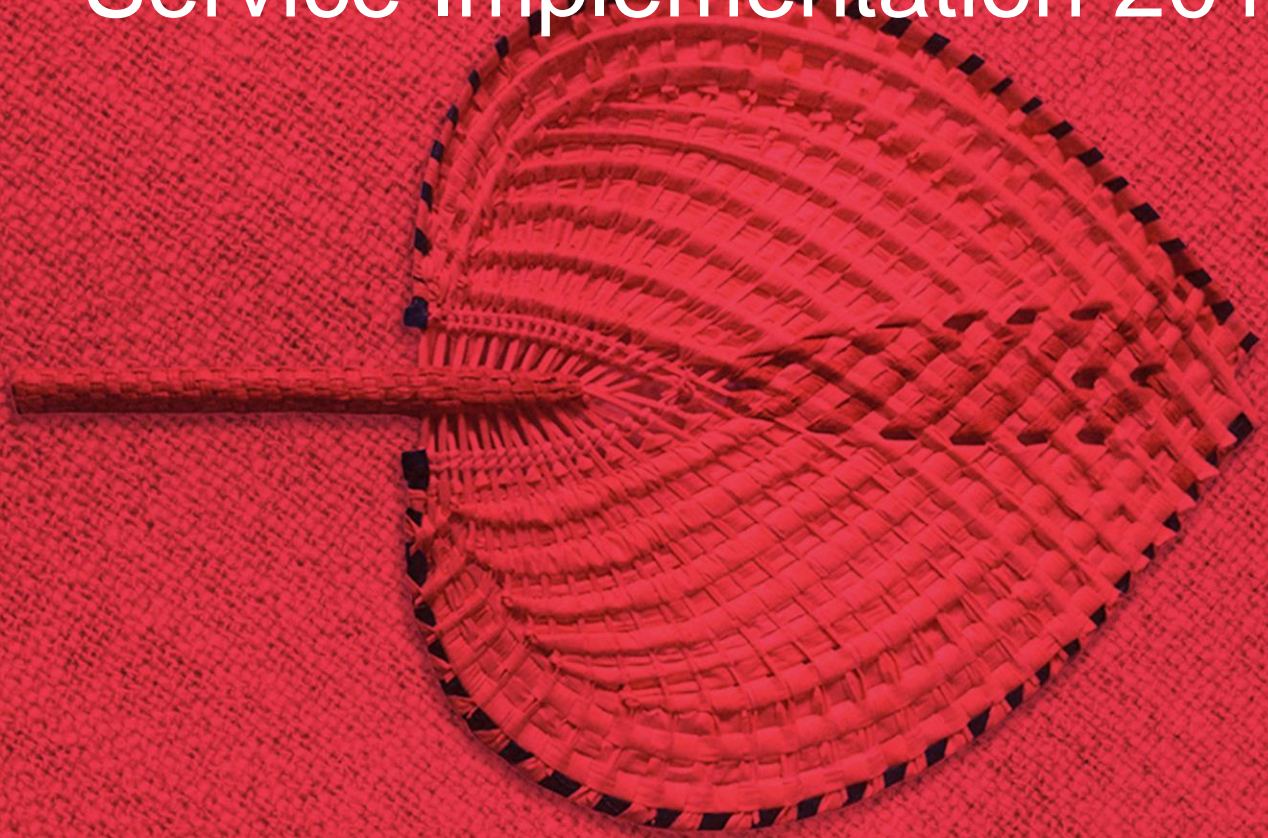
The report addresses the evaluation questions at a strategic thematic level drawing across the data streams.

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<sup>9</sup> As noted, we agreed with the Ministry that it was beyond the scope of this evaluation to complete a substantive review of Quitline.



Section 1:  
Process Evaluation Update of  
the National Telehealth  
Service Implementation 2019





## 4. Update on the NTS implementation

This section presents stakeholder reflections on the ongoing implementation of the NTS between June 2018 and June 2019, and follow-up on key investigation areas: partnership model and the equity-led approach (Litmus and Sapere 2017a, b; Litmus and Sapere 2018a, b).

It addresses the following key evaluation question:

- To what extent is NTS delivered as intended?

### Evaluation assessment

As in previous evaluations, the Ministry of Health-led service specifications have been met and, as intended, NTS has continued to evolve. Quality improvements are evident in the core NTS business. Service innovations are occurring within NTS and through the adoption of the NTS platform by other government agencies to respond to new social sector opportunities.

The partnership-based contracting model continues to be a key enabler of this adaptive process. Homecare Medical and the Ministry have worked to strengthen their partnership and sought to leverage new opportunities. Further work is needed by other funding partners to maximise the potential of the NTS platform for their agencies.

The NTS platform has effectively responded on several occasions to national emergencies. Homecare Medical's response to the Christchurch terror attack demonstrates its ability to rapidly scale the NTS platform, respond to emerging issues, work collaboratively with other agencies, and ensure culturally appropriate responses during stressful events.

Homecare Medical continues to work to create an equity-led NTS service. Over the last three years, Homecare Medical has taken steps to strengthen NTS's equity-led focus as demonstrated through cultural supervision and equity-led designs. However, more work is needed to create an inclusive and diverse workforce, build cultural competency, and monitor equity outcomes.

Homecare Medical continues to work to improve data quality within the limits of maintaining callers' preference for anonymity, particularly in relation to MHA services.

## Evaluation findings in 2019: NTS continues to evolve

### The NTS partnership model strengthened over the last three years

Over the last three years, the Ministry and Homecare Medical have learned how to work in partnership and continue to grow their learnings.

### The NTS partnership model enables NTS's ongoing innovation

The NTS partnership model is a key mechanism to facilitate NTS's intended benefits. The model uses relationship-based accountability in addition to compliance-based monitoring. Relationship-based accountability enables NTS to deliver agile and responsive services and focus on service innovation.

An ongoing tension of the NTS contract is meeting the compliance requirements needed by funding partners, while seeking to innovate. In 2019, stakeholders agreed the partnership has continued to develop. Trust between the Ministry and Homecare Medical is high. New reporting templates against key indicators, when implemented, will offer greater clarity on NTS's ongoing performance for the core business.

### The partnership model requires attention and resources to operate within this negotiated space

Both the Ministry and Homecare Medical continue to invest time and resources to agree on, and seek to deliver, shared goals. Funders and Homecare Medical have systems and processes in place to discuss the core NTS business, and areas of potential service improvement or innovations for health or other government agencies. Within this dynamic framework, tensions need to be aired and negotiated. Funders and Homecare Medical describe the relationship as based on a shared vision and high trust.

*Both the range of services here and the high trust agreement give us a level of agility but also give us a willingness to work together and hidden in that is the opportunity for better decisions and better outcomes. Because if one party is the sole decision-maker, then all their biases can follow through. If there is more than one party in the decision process you get a stronger decision, but you've got to work harder to get agreement and consensus. (Ministry of Health stakeholder)*

Funders have a responsibility to engage and identify ways the NTS platform can improve services to their agency's users. At times, funders are not fully engaged in exploring potential opportunities. For the partnership model to be effective, Homecare Medical needs responsive partners who are agile and able to adapt to changing contexts and needs.

## **The Christchurch terror response demonstrates NTS capability and value in system responses**

Since 2015, NTS has worked on multiple national emergency responses. Examples include the Kaikoura earthquake response (2016) and the Havelock North Campylobacter outbreak in the water supply (2016). In March 2019, NTS responded to the Christchurch terror attack.

### **Homecare Medical rapidly scaled and effectively responded**

Homecare Medical was able to rapidly scale-up to provide emergency mental health support and capacity to affected New Zealanders. Rapid scaling was possible due to the existing NTS platform (i.e. the NTS information technology infrastructure, NTS staff and established trusting relationships across the health sector). To support the cross-agency response to the Christchurch terror attack, Homecare Medical undertook the following:

- Increased promotion of 1737 across a range of media and social media platforms and in a variety of languages.
- Responded to a considerable increase of calls to 1737 and other NTS MHA lines.
- Employed and provided a short training to an additional 83 MHA professionals to expand the service and enable them to meet the service need.
- Developed media guidelines for reporting on the events with the Ministry, Canterbury DHB and the Mental Health Foundation.
- Worked with the Ministry to develop resources for coping with a traumatic event. The resources were available in English, Arabic, Farsi, Indonesian, Malay, Somali, Turkish and New Zealand Sign Language. The resources linked to 1737 as an additional support source.
- Provided staff wellbeing support such as Employee Assistance Programme (EAP) support, access to clinical supervisors, massages, and mindfulness experts. Peer and leadership support were also fostered.

Stakeholders considered call quality and staff wellbeing were maintained during the crisis period. Homecare Medical, due to in-house clinical and media expertise, was able to address an emerging issue of the media re-traumatising first responders, victims and the wider public. This response highlights the depth of expertise to effect change rapidly and minimise harm in a challenging environment.

### **High-trust relationships enabled Homecare Medical to scale NTS MHA rapidly**

Stakeholders consider the effectiveness of the Christchurch response was due to the strength of existing relationships between Homecare Medical, the Ministry, and other stakeholders, particularly the DHB. These relationships had been strengthened through previous disaster response efforts, such as the Kaikoura earthquake response.

*We have now been at the table together for about five natural disasters. We were able to call and make the calls. There was really high trust between individuals. (Homecare Medical stakeholder)*

Stakeholders also consider Homecare Medical's positive brand-recognition with mental health professionals facilitated professionals' high trust and willingness to work under the Homecare Medical brand.

Homecare Medical had a positive and well-established relationship with Canterbury DHB, which enabled their effective response. Homecare Medical is working with multiple DHBs to strengthen connections across organisations and enable an integrated response.

Wider sector stakeholders also considered existing relationships an important factor in their ability to support Homecare Medical's response to the terror attack.

*We felt we had such a good relationship with Homecare Medical, we released two of our staff to go and help them out when they were getting swamped with calls. (DHB stakeholder)*

### **Systematically linking NTS services into emergency plans will strengthen future responses**

Before the Christchurch attack, the Ministry, Homecare Medical and Canterbury DHB did not have an embedded or systematic emergency plan to respond to similar emergency events. Stakeholders consider future emergency responses will be strengthened with additional planning and further relationship building. Homecare Medical is developing a checklist for future responses.

*My key reflection on Christchurch was that our relationship with Canterbury DHB and people in the Ministry of Health running the incident and St John enabled us to respond in the way that we did. If it had happened with a different group at MOH and in a different DHB we would have had a different experience. (Homecare Medical stakeholder)*

## **NTS continues to innovate and improve services**

The Ministry of Health-led service specifications have been met, and over time levels of service have progressively improved. Innovation<sup>10</sup> is one of NTS's key objectives. NTS was envisioned to be adaptable and flexible to respond to New Zealanders' changing needs and new technologies (Ministry of Health 2015).

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<sup>10</sup> Innovation is defined as executing new ideas to create value. Innovation can be new services for existing users and/or new users, and innovations of existing services for existing users and/or new users.



## **Homecare Medical engages with service users to improve the service and design new offerings**

As reported in 2018, Homecare Medical excels at customer-centred innovation. Engagement in 2018-2019 included online, social media-based user discussion, design and testing to improve customer platforms. Homecare Medical uses this feedback to improve service delivery.

In 2019, Homecare Medical expanded a pilot of Puāwaitanga, an online tool to provide phone-based counselling to people unable to access face-to-face support. Service users and clinicians contributed to service design and development.<sup>11</sup>

## **Stakeholders have differing perceptions of the balance achieved between innovation and maintaining core services**

Some funders and wider sector stakeholders consider NTS is innovating too rapidly. They are concerned NTS innovation may happen at the expense of core services delivery. These stakeholders are seeking data and reassurance from Homecare Medical that core services are being maintained as new services or other innovations occur.

Other stakeholders, including some funders and Homecare Medical stakeholders, consider NTS is innovating at an appropriate rate.

## **Homecare Medical is leveraging the NTS platform to support wider government agency innovation**

As intended, the NTS platform is being used by other government agencies to provide new services to their clients. For example, MSD worked with Homecare Medical to develop and expand Puāwaitanga. Similarly, Homecare Medical worked with the New Zealand Defence Force to provide a mental health support line.

## **Being equity-led is an ongoing journey<sup>12</sup>**

To respond to persistent health inequities, the Ministry is developing an approach to better understand equity gaps, assess where time and resources should best be invested, and increase direct action (Ministry of Health 2019b). The Ministry describes equity as:

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<sup>11</sup> Puāwaitanga is not an NTS service. However, it leverages off the NTS platform and knowledge. Services like Puāwaitanga align to the NTS service intent.

<sup>12</sup> NTS MHA service user and MHA provider feedback is discussed in section 2.

*In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes. (Ministry of Health 2019b)*

Since 2015, Homecare Medical has made progress in implementing initiatives to address health inequities through NTS. This progress is ongoing.

Homecare Medical is building on and strengthening equity initiatives introduced in 2018—as an example, developing new services using equity-led designs (Puāwaitanga).

In 2019, Homecare Medical developed and strengthened the organisation’s equity focus by:

- **Introducing cultural supervision.** In 2019, cultural supervision is voluntary and responds to questions or areas for discussion identified by staff attending the session. In 2020, Homecare Medical will trial sessions based on professional development gaps in the role of front-line staff. Homecare Medical will continue to assess how to ensure cultural supervision has the intended uptake across all staff.
- **Developing diversity awareness training** for staff to be delivered from 2020. Diversity awareness training will be compulsory for all staff. In 2019, Homecare Medical developed and delivered small training sessions on unconscious bias for staff.
- **Working to hire a more inclusive and diverse workforce** and assessing hiring policies. This work will continue in 2020.
- **Strengthening ways of building relationships** (whakawhanaungatanga) for frontline staff.

Practices such as mihi whakatau for new staff, mihimihi, and karakia have become a stronger part of organisational culture. However, further work remains to embed these throughout the organisation.

In 2020, Homecare Medical will commence an Iwi partnership programme. This delay is to ensure Homecare Medical has the organisational capability to build external Iwi relationships.

## **Providing a diverse and responsive workforce to meet New Zealanders’ needs is a challenge**

Homecare Medical recognises the need for a diverse and inclusive workforce. The organisation is developing strategies to recruit and retain a diverse workforce that represents New Zealand’s population. Māori, Pacific people, and other ethnic groups with a background in nursing and mental health are in high demand across many health providers. Although a strategy is in place, stakeholders are aware it will be difficult for Homecare Medical to employ a representative workforce within this wider context. Some stakeholders also recognise it may be challenging to recruit culturally and ethnically diverse employees to an organisation that is perceived to be mainstream or culturally Pākehā.

Stakeholders note addressing unconscious bias is sometimes challenging for a work-from-home and older workforce. Some stakeholders identified the need to ensure Homecare Medical's commitment to equity does not become tokenistic or lead to equity fatigue within the organisation.

Some stakeholders also identified risks in relying too heavily on individual Māori or other staff members to implement system-level change. This practice risks loss of knowledge and relationships if individuals leave, and possible burnout for staff members. For example, supporting kaupapa Māori practices such as karakia, waiata, and whakawhanaungatanga needs to be the responsibility of all staff members, not just individual Māori staff. Reliance on individuals also places a knowledge burden on these individuals without acknowledging the diversity within Māori and Pacific communities.

## **Measuring and monitoring equity outcomes remains challenging**

Equity data and ways to measure equity outcomes for NTS MHA services continue to be a concern for stakeholders. Stakeholders are eager to see agreed measures to assess equity and monitor these measures.

Some external stakeholders consider Homecare Medical should articulate the equity strategy more strongly to external stakeholders, including face-to-face providers, to provide sector reassurance.

## **Ongoing data constraints are being addressed**

In 2017 and 2018, the evaluation identified data quality as an area for further improvement. In 2018, we assessed Homecare Medical's data quality as moderate, as data was difficult to access and extract, and some key information was not recorded or accessible. For example, all injury-related calls were not recorded. In 2018, data quality was a significant limitation in our costing analysis.

Throughout 2018 and 2019 Homecare Medical reviewed data processes with EY to improve access and quality. In 2019, Homecare Medical is assessing changes identified in the EY report to improve data quality. Homecare Medical is also investing innovation funding to improve data systems. This work is part of a five-year data strategy and is being monitored through the NTS Service Improvement Board. As these changes were incomplete at the time of the evaluation, we cannot assess whether the changes will adequately address the identified data constraints.

## Considerations going forward

Based on the findings of the ongoing implementation of the NTS, the following are areas of focus going forward:

- All funders to engage in the partnership process to maximise the potential of the NTS for their agencies.
- In partnership with DHBs and the Ministry, ensure NTS MHA and other NTS services are embedded in emergency plans to respond to events such as the Christchurch terror attack.
- Homecare Medical to continue to strengthen NTS as an equity-led service.
- Homecare Medical to continue to strengthen diversity awareness, support staff, and work to recruit a diverse workforce.
- Homecare Medical to continue to improve data collection, quality and access.

## 5. NTS user trends from November 2015 to April 2019

This section provides an update of the trend analysis for NTS. In Phase 1 of this evaluation, we provided statistics on NTS, including how the service changed in the first 18 months of operation. In Phases 2 and 3, we updated this analysis. Below we present the significant changes in NTS service delivery.

This section contributes to addressing the following key evaluation question:

- To what extent is NTS delivered as intended?

### Evaluative assessment

NTS responds to contact from almost one in ten New Zealanders, with contacts increasing recently. The service mix of NTS contacts has changed since implementation in 2015. MHA services, ambulance secondary triage and EMHR have seen increases in service use, while Healthline use has decreased. Although previously trending down, Quitline use has increased in the last year.

The contact model is changing in MHA, with text messaging increasing substantially. Most people used only one NTS service. However, a small group of people who call very frequently account for a large number of contacts.

### Evaluation findings in 2019

#### Almost one in ten New Zealanders contacts NTS

In the 2018 calendar year, almost one-in-ten New Zealanders contacted NTS (427,000 people or 9%). Some people contact NTS more than once—NTS users made 1.5 contacts each on average.

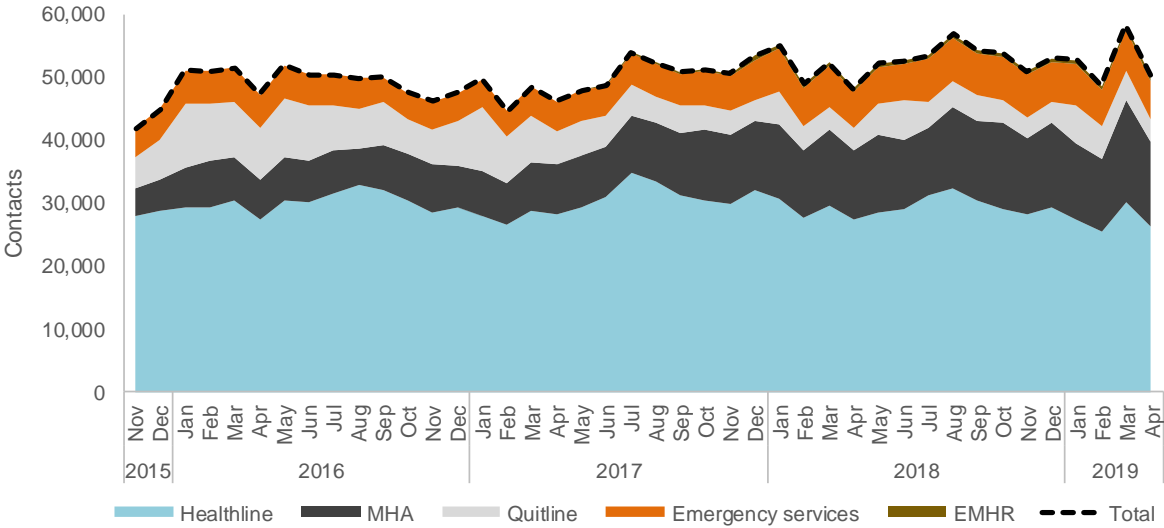
Parents or caregivers calling on behalf of children under six accounted for 21 percent of calls. The high proportion of contacts for the younger population is predominantly in Healthline (30%) and POISON line (61%).

#### NTS contacts have increased recently

Contacts in the first two years of NTS averaged approximately 49,000 per month. Since the beginning of 2018, contacts have increased to an average of around 53,000 per month. In the year ending April 2019, contacts were eight percent higher than the first year of NTS. Healthline continues to account for most contacts, with 55 percent of contacts in the year ending April 2019 (Figure 1).



**Figure 1: NTS contacts by service per month, November 2015–April 2019**



Source: Homecare Medical data, Sapere graph<sup>13</sup>

**Significant changes in contact exist within the mix of services**

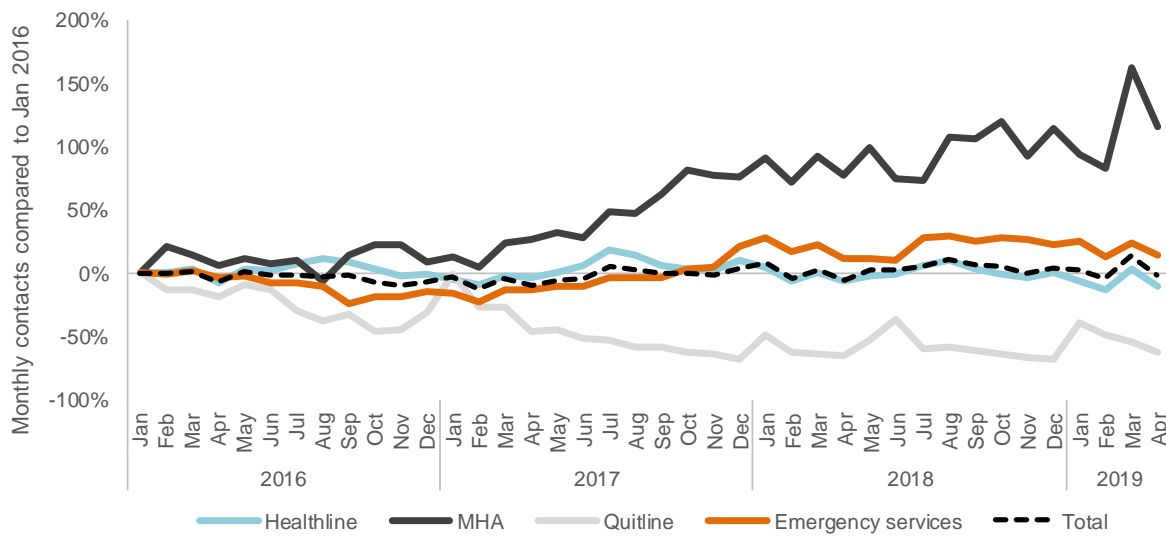
Significant changes in the number of contacts have occurred in three of the NTS lines (Figure 2).<sup>14</sup> The changes in the year ending April 2019 (compared to the previous 12-month period) were:

- Healthline—6 percent **decrease**
- MHA—23 percent **increase**
  - an average of 2,000 more contacts each month, trending up
  - 1737 contacts have more than doubled (144%), while contacts to other lines are down
  - Gambling contacts have decreased by 30 percent
- Ambulance secondary triage—21 percent **increase**
  - an average of 800 more contacts each month; contacts have plateaued in the most recent six months
- EMHR—55 percent **increase**
- Quitline—a 6 percent **increase** in 2019 compared to a substantial decrease in volume during 2017.

<sup>13</sup> Emergency services includes NTS services providing ambulance secondary triage and poisons advice.

<sup>14</sup> At the time of the evaluation, Homecare Medical did not have targets for each line. This has since been implemented in the 2019/20 annual plan.

**Figure 2: Percentage change in NTS contacts by service, January 2016–April 2019**



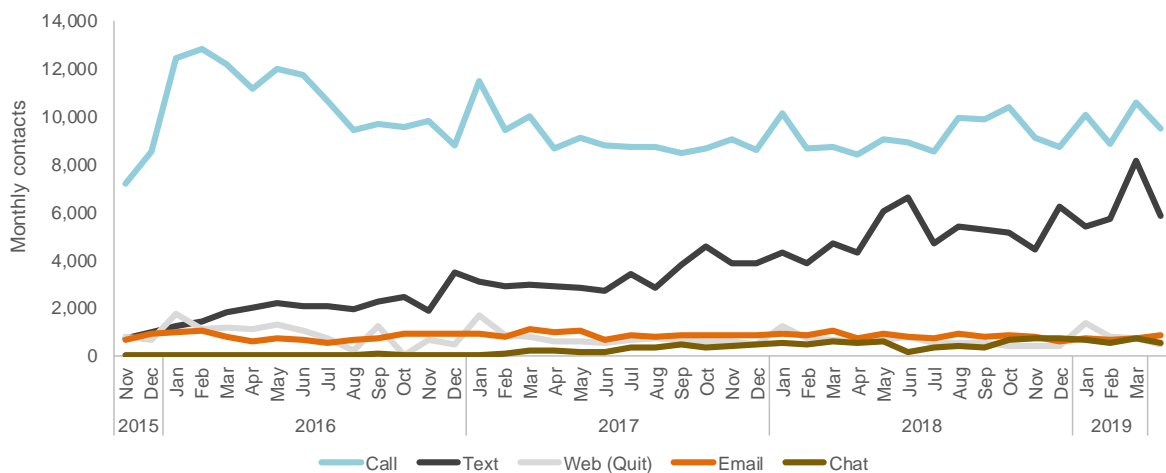
Source: Homecare Medical data, Sapere graph

### Text messaging in MHA lines is increasing

In the year ending April 2019, 11 percent of all NTS contacts were made via text messaging—up four percentage points from the previous year. Text messaging is done through the MHA lines (including Quitline). Text messages now account for around one-third of MHA and Quitline contacts (Figure 3).

Contact for calls and text messages are counted differently. Each call represents a single contact whereas each text conversation represents a single contact (i.e. one text conversation may include multiple texts between texter and the NTS call-taker).

**Figure 3: Contacts to mental health and addiction services (including Quitline) – by channel**



Source: Homecare Medical data, Sapere graph

## A small group of users account for a large number of contacts

During the year ending April 2019, 83 percent of NTS users made only one contact (Table 4). These users accounted for just over half of all contacts (57%). People who contacted NTS six or more times accounted for only 1.4 percent of users, but 16 percent of total contacts. A small group of people have very high numbers of contacts.

**Table 4: Number of contacts made by NTS users, 12 months to April 2019**

Number of contacts	Service users		Contacts	
	Count	Percentage	Count	Percentage
1	360,105	82.6%	360,105	56.6%
2	45,936	10.5%	91,872	14.4%
3	14,345	3.3%	43,035	6.8%
4	5,974	1.4%	23,896	3.8%
5	3,158	0.7%	15,790	2.5%
6-10	4,261	1.0%	30,718	4.8%
11-25	1,453	0.3%	21,897	3.4%
26-50	270	0.1%	9,256	1.5%
51-100	149	0.0%	10,602	1.7%
101-250	72	0.0%	11,076	1.7%
251-500	27	0.0%	8,525	1.3%
>500	14	0.0%	9,720	1.5%

Source: Homecare Medical data

## Most people used only one NTS service

The vast majority of NTS users (97%) interacted with only one service category (Table 5):

- 58 percent of users contacted Healthline only
- 17 percent contacted MHA only
- 15 percent contacted emergency only
- 6 percent contacted Quitline only
- 1 percent contacted EMHR only.

A small proportion of people used multiple NTS service categories and the average number of contacts per user increased for people using multiple services.

The most common combination of services used was Healthline and Emergency (typically POISON line)—1.2 percent of all users—and Healthline and MHA (1.1% of all users).

**Table 5: Number of different NTS service categories used, 12 months to April 2019**

Services used	Service users		Contacts	Average contacts / user
1	422,213	96.9%	546,782	1.3
2	12,627	2.9%	58,472	4.6
3	765	0.2%	17,510	22.9
4	133	0.0%	10,236	77.0
5	26	0.0%	3,492	134.3

Source: Homecare Medical data



Section 2:  
Evaluation Findings for NTS  
Mental Health and Addiction  
Services





## 6. Ongoing MHA services implementation

This section presents stakeholder feedback on the ongoing implementation of NTS MHA services. This section addresses the following key evaluation question:

- To what extent is MHS NTS delivered as intended?

### Evaluation assessment

Homecare Medical has delivered the NTS MHA services as specified in the contract. The provider has continued to identify and implement MHA service improvements as intended in the service design.

NTS MHA staff find their work challenging, given the number and complexity of callers and the different modes of response (from calls, text and web). In 2019, retention of NTS MHA call-takers continues to be a challenge due to demanding working environments, competition with DHB and other employers, and difficulty recruiting a diverse workforce to meet the needs of the New Zealand population.

### Evaluation findings

#### Homecare Medical has delivered the NTS MHA service as per the 2015 specification

In 2017, the evaluation found NTS was mainly implemented against the service specifications (Litmus and Sapere 2017b). Where NTS differed from the service specifications, variations were agreed with the NTS funders. For example, variations in the marketing and promotions plan were agreed with HPA. Similarly, changes to Quitline requirements were agreed with the Ministry. In 2019, Homecare Medical has continued to deliver NTS in line with the service specifications.

#### Homecare Medical continues to identify and implement MHA service improvements

Homecare Medical has demonstrated the capability to innovate and improve services over each evaluation stage. In 2019, NTS implemented service improvements, particularly in MHA services. These include:

- Redesigned the call-taker screens for MHA services
- Implemented cultural supervision
- Establishing a special unit to respond to people who call frequently.

Homecare Medical provides feedback to the Ministry on these changes through monthly feedback and through the Service Improvement Board.

## **NTS MHA experiences workforce challenges**

Homecare Medical competes with DHB and other providers to recruit qualified and skilled staff. DHBs currently offer higher salaries than Homecare Medical. The high demands of telehealth counselling and support adds pressure to frontline staff. Frontline staff find work particularly challenging following an event that drives more people to call. For example, the Christchurch terror attack, a suicide of a well-known person, or promotion of 1737 by other agencies (such as New Zealand Police).

Within the MHA system, staff from diverse cultural and linguistic backgrounds are in high demand and low supply. Homecare Medical is implementing policies to increase workforce diversity. However, due to shortages of qualified Māori and Pacific counsellors, it will be difficult to achieve a representative workforce in the short term.

Homecare Medical stakeholders are aware of risks to MHA staff morale and turnover due to higher than forecasted call volumes and loss of pay parity with other providers. These risks are being managed through wellbeing strategies and a change request to enable pay parity and union negotiations.

## **Consideration going forward**

Based on the findings of the ongoing implementation of the NTS MHA, workforce retention, achieving diversity and ensuring ongoing workforce support are the key areas of focus going forward.

## 7. NTS MHA services' use and equity

This section assesses NTS MHA services use, non-use and user experience, and (where possible) equity of access. The section answers the following key evaluation question:

- To what extent is NTS MHA meeting the needs of New Zealanders, including Māori, Pacific and other priority populations?

The evaluation findings draw on NTS MHA data and interviews with users and non-users of NTS MHA services living in Counties Manukau and the Waikato DHB areas (CMDHB and WDHB).

### Evaluative assessment

NTS MHA supports an increasing number of New Zealanders and responds to fluctuating public demand and public events. MHA contacts have doubled since the start of NTS, to around 76,000 people each year.

People who call frequently take up a large proportion of MHA call-taker time. Many of these callers also access face-to-face support. The level of service use by people who call frequently raises questions about how Homecare Medical can appropriately manage and support these callers within the wider MHA system.

Demographic data on service use for Māori, Pacific and other user groups is limited for NTS MHA, restricting our ability to make assessments on NTS equity. Although Māori use of NTS is representative of the general Māori population, MHA prevalence rates are higher amongst Māori, indicating a continuing service gap. Achieving equitable service provision will involve assessing these disparities for Māori and other identified population groups.

Māori, Pacific and Rainbow users interviewed had mainly positive service experiences accessing NTS MHA support. However, these users emphasised the importance of cultural competency for call-takers.

Non-users have some awareness of NTS MHA services. However, these are not 'top of mind' for those seeking MHA support. Non-user awareness may reflect NTS MHA marketing strategy.

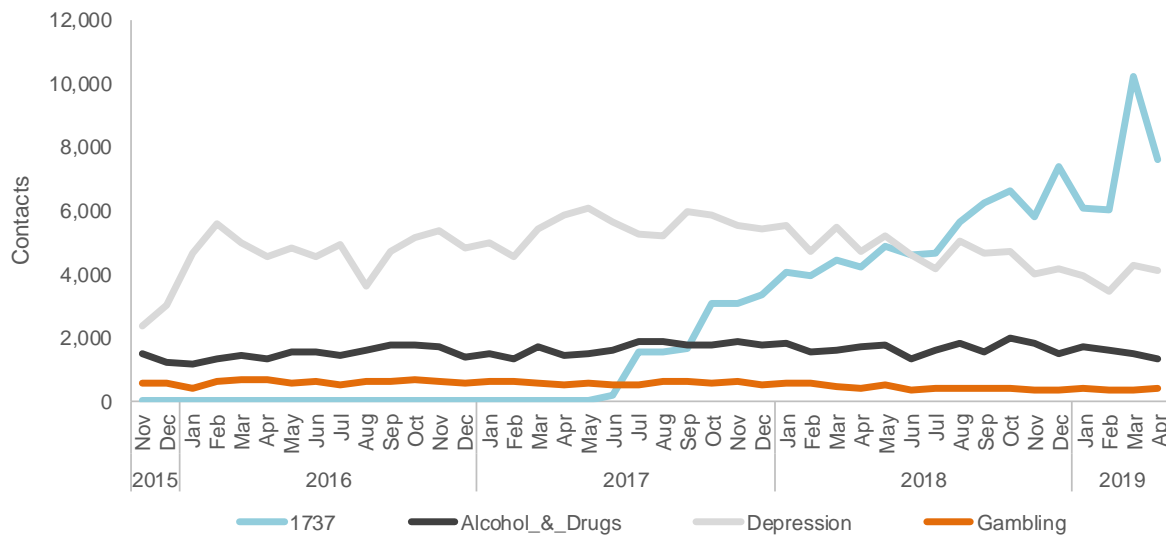
### Evaluation findings

#### MHA contacts have doubled since the start of NTS

MHA contacts have increased 23 percent in the year ending April 2019, compared to the previous 12 month period, and 96 percent since the first year of NTS (Figure 4).

- Depression contacts have decreased by 20 percent in the last 12 months, while contacts via 1737 have increased markedly.
- Gambling contacts have decreased 37 percent since the first year of NTS—most of this shift has occurred in the last year (30%).
- 1737 now accounts for half of MHA contacts.
- Around one-third of MHA contacts are by text message.

**Figure 4: Contacts to mental health and addiction services by service line**



**Source:** Homecare Medical data, Sapere graph

### Around 76,000 people contact NTS MHA services in a year

In 2018, around 76,000 people contacted NTS MHA services (1.6% of the population). This is around half the number of people that use secondary MHA services provided by DHBs and non-government organisations (Ministry of Health 2019c).

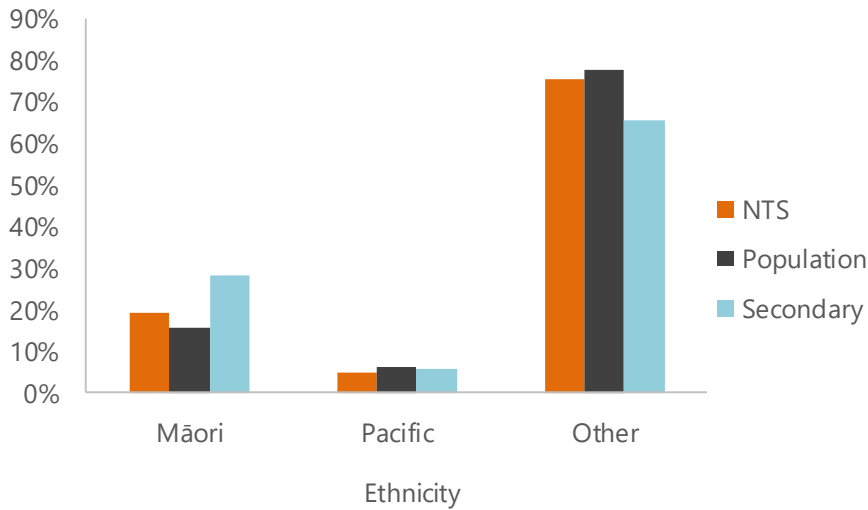
The majority of NTS MHA users contacted MHA services only. Six percent also contacted Healthline in the same year. NTS MHA users made 1.9 contacts each on average.

Demographic completion rates are relatively low for NTS MHA users. In the year ending April 2019:

- Gender was recorded for 60 percent of users
- Age was recorded for 36 percent of users
- Ethnicity was recorded for 31 percent of users.

For the users with ethnicity recorded, their ethnic breakdown is shown in Figure 5.

**Figure 5: NTS MHA users by ethnicity, compared with population and secondary MHA services, year to April 2019**



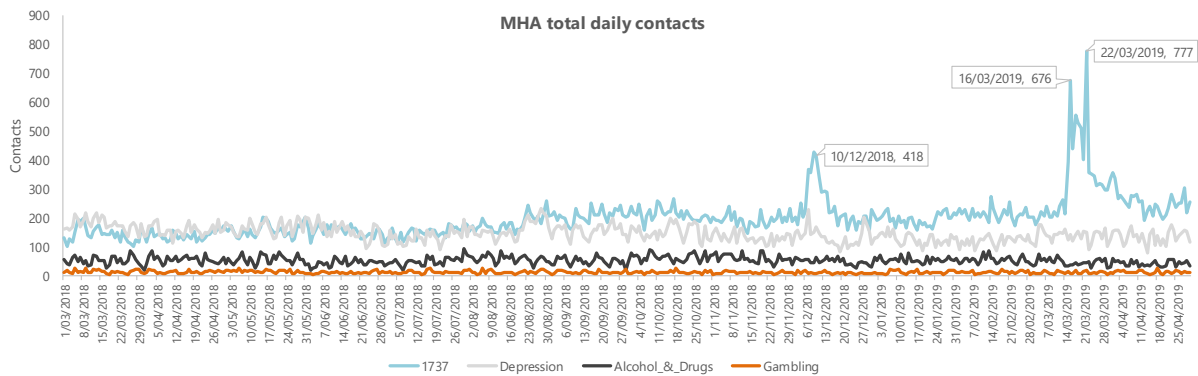
Source: Homecare Medical, Statistics NZ, Ministry of Health data, Sapere graph

NTS MHA has a higher proportion of Māori users (19%) compared to the New Zealand population (16%) but lower than the proportion using secondary MHA services (28%) (Ministry of Health 2019).

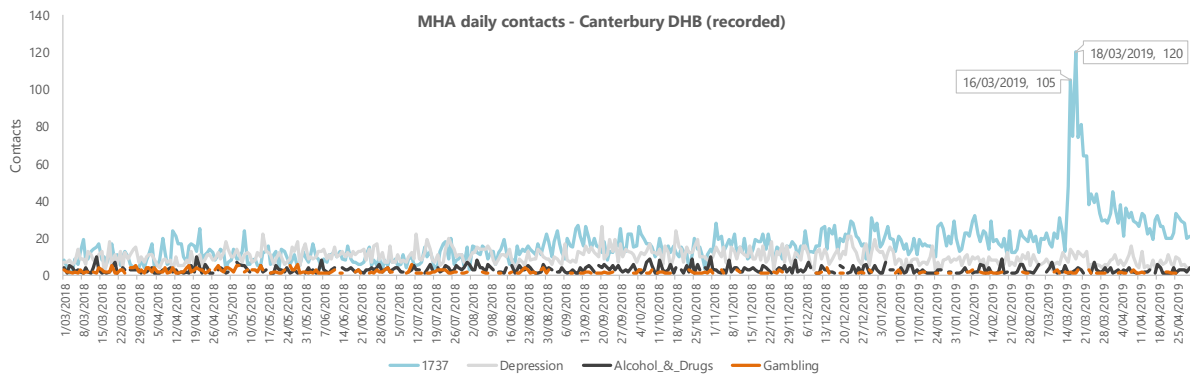
### MHA contacts are sensitive to events in the wider community

Daily contacts to NTS MHA services reveal spikes in response to events in the wider community (Figure 6).

**Figure 6: Daily contacts to mental health and addiction services, March 2018 to April 2019**







Source: Homecare Medical data, Sapere graph

A substantial spike in contacts occurred immediately after the 15 March 2019 terror attack in Christchurch, and contact volumes remained higher than usual in the weeks following. A marked spike in contacts also happened when He Ara Oranga, the report of the Government Inquiry into Mental Health and Addiction, was released in December 2018.

Homecare Medical has noted other, smaller, spikes following the death of a public figure as well as media items on mental health and public campaigns.

## Most NTS MHA users interviewed were seeking help for non-acute MHA care

Service users interviewed contacted NTS MHA services for themselves and their family/whānau. Most users engaged with NTS MHA services because they were feeling depressed, anxious, or wanted to quit smoking. A few users wanted help with addictive behaviours. Some users engaged with NTS MHA services because they were worried about a family member.

### NTS MHA users experienced barriers and stigma accessing face-to-face care

Users described face-to-face services as unaffordable, difficult to get an appointment, unavailable at night or weekends, impersonal or uncomfortable, or not places for individual support (for example, AA meetings). Some spoke of having negative experiences with the DHB crisis teams and being unwilling to contact them or unable to get into these services.

Some users contacted NTS MHA because they experienced stigma accessing mental health or addiction support from other services. Some users had previous negative experiences with face-to-face providers. These users valued that NTS MHA was free, always available and interactions were non-judgemental and affirming.

### **Users were sometimes not sure if they needed professional help**

Some users were unsure whether their emotional state warranted using NTS MHA services. These users doubted themselves and questioned whether they were 'depressed enough' to make use of the services.

*You see the posters everywhere. You see the adverts. But when it comes to actually using what's available you actually don't know. And then you doubt yourself. 'Am I depressed enough? Am I sad enough to make use of these services or am I just having a bad day and I'll be fine in the morning?'* (User, CMDHB)

### **First-time users often felt anxious and ashamed before contacting NTS MHA services**

Some users felt ashamed about needing to use the service and were afraid of being judged by call-takers. They found some of the words in the service names like 'drugs' confronting, because of the stigma associated with them.

*I was actually quite ashamed to be ringing, so it took a while. I picked up the phone a couple of times and then put it down.* (User, WDHB)

Others felt they could not put their issues or anxieties into words.

### **Some users are confused about the purpose of different lines and which service to contact**

Some users (and non-users) were confused about the multiple different lines and their purpose, especially 1737. These users were aware of the tag line, 'need to talk?', but didn't know what they could talk about. In contrast, others liked the non-specific 1737 as it removes some of the stigmas around contacting mental health services.

### **Some users consider texting NTS MHA easier than calling**

Users who were anxious about contacting NTS valued being able to text for support. Texting was more impersonal and felt safer. These users liked to be able to disengage without having to explain their reasons. Using text commenced a process of building trust with the service.

*I thought that it would be easier to back out of a conversation through text than on the phone. So, if I start to feel uncomfortable or didn't want to talk any more, I could just not reply.* (User, CMDHB)

### **In the main, service users were positive about their service experience**

Most users had a positive experience calling NTS MHA. They felt heard and understood by the call-taker. They liked that the service was free and confidential. They appreciated the advice or listening ear provided by the call-takers.

## Some users worry about sharing personal information and value NTS MHA anonymity

Service users interviewed wanted to ensure their help-seeking was confidential and anonymous. Some users are concerned their personal information may be shared with other agencies. Some parents are concerned if other agencies know about their mental health or addiction issue this could have repercussions for their families. Users sometimes used false names initially until they realised that they needed to provide accurate details to access further support such as prescriptions or referrals.

*I know a lot of women want to use that line [AOD] but a lot refuse to use it because they're scared of where [their information] was going to go. I know it's confidential but... is it? How can you be sure? I feel like an agency could snatch it up. (User, WDHB)*

## People who call frequently take up a large proportion of call-taker time

Just over three-quarters of NTS MHA users made only one contact during the year to April 2019, accounting for 42 percent of the contacts (Table 6). Around 14 percent of users accounted for half the contacts—the top 5 percent of users (i.e. people who call most frequently) made more than one-third of the contacts. A small group of people contact NTS MHA a large number of times, sometimes hundreds of calls. This creates capacity challenges for NTS MHA staff.

**Table 6: Number of contacts made by NTS MHA users, 12 months to April 2019**

Number of contacts	Service users		Contacts	
1	63,551	79%	63,551	42%
2	9,328	12%	18,656	12%
3	3,386	4%	10,158	7%
4	1,548	2%	6,192	4%
5	834	1%	4,170	3%
6-10	1,332	2%	9,694	6%
11-25	617	1%	9,394	6%
26-50	159	0%	5,342	4%
51-100	91	0%	6,405	4%
101-250	46	0%	7,018	5%
251-500	18	0%	6,143	4%
>500	8	0%	4,846	3%

Source: Homecare Medical data

## People who call frequently accessed NTS MHA as part of a suite of support

Of those interviewed, people who frequently contacted NTS MHA services had accessed this support at least five times in a 12-month period.<sup>15</sup> These people who called more frequently tended to downplay the number of times they contacted NTS MHA services. They said they only contacted if they needed to. These users appreciated the service was valuable to others and they did not want to stop others using it.

People interviewed who call frequently often accessed a range of face-to-face services, such as general practice care, MHA clinics, Alcoholics Anonymous meetings, and AOD programmes. Some also tried to manage their needs on their own first. For example, by going for a walk.

*They are not always my first point of call, because my first point of call is normally finding a book or go and get the dog and take the dog for a walk. [...]. And if that hasn't worked and if reading hasn't worked and listening to music hasn't worked and if watching a TV show hasn't worked, then I will draw upon the ideas and the strategies that they have given me to calm myself down. (User, WDHB)*

## People who call frequently accessed NTS MHA for low-acuity support or when other support was unavailable

Some of those interviewed who contacted NTS MHA services frequently called these services when they felt they were spiralling out of control or were heading towards needing crisis help. These users wanted help to avoid escalating their issues.

*A lot of time you're at the point where you're in a state where you don't want to call the ambulance or the Police or go to the hospital and so on, but you want some form of comfort. (User, CMDHB)*

People who call frequently also contacted NTS MHA when they could not talk to anyone else. For example, they felt they had exhausted their friends' patience, it was late at night or over the weekend, or all other services were shut.

*I'll call most of the times when I'm in a state where I desperately want to call and talk to someone, calm myself down, maybe 1 or 2 in the morning. (User, CMDHB)*

*I have frustrated all of my wife's resources and my friends are slowly backing away and not helping because it's a lot. (User, WDHB)*

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<sup>15</sup> This definition of people who call frequently is different to the Homecare Medical definition. We have broadened the definition for qualitative data as we were unable to identify the exact number of calls people made.

## **Homecare Medical is addressing the capacity and clinical challenges created by people who call frequently**

Homecare Medical is creating a specialised unit for complex regular callers. The purpose is to better manage these callers using agreed support plans. Where possible, service users, their families, and face-to-face providers are involved in developing and implementing the plan.

The purpose of the unit is to ensure service users receive consistent and helpful support messages and to reduce the number of calls individuals are making to NTS. This approach is expected to help NTS manage capacity demands on the main service lines created by people who call frequently and ensure clinically-safe caller management.

## **Māori, Pacific and Rainbow users and non-users reinforced the importance of cultural and gender competency**

### **Māori, Pacific and Rainbow users interviewed had mainly positive service experiences**

Service users interviewed had positive experiences with NTS MHA services. However, many were aware of friends with less positive experiences. Many also had negative experiences in other health settings and were anxious about encountering insensitivity when calling the NTS MHA lines.

### **Māori users wanted all call-takers to have basic Māori cultural competence**

Māori users expected call-takers to be able to understand and use Māori concepts (such as whānau) and use Māori words correctly during their conversation, regardless of the call-takers' ethnicity. They expected call-takers to pick up on their ethnicity without having to say it outright because of the context and language the caller used.

Māori users felt good when call-takers greeted them with, 'Kia ora.' Māori and Pacific users felt more comfortable using NTS MHA after seeing promotional materials in their own languages.

### **Māori and Pacific users wanted the option of talking to someone their own age or older, from their own culture, in their own language**

Māori and Pacific users felt that a peer or elder from their own culture would have a better understanding of their situation than someone younger from another culture. Having access to a peer or elder was important for them when considering the cultural and spiritual landscape of alcohol and drug addiction.

*I know that a lot of Māori people, they feel sometimes that when it comes to drugs and alcohol that it could be a cultural, spiritual thing. (User, WDHB)*

Users also wanted to be able to speak to call-takers in their own language. Non-users wanted reassurance before calling that the service was culturally appropriate.

*I think if I had heard a brown voice, I would have relaxed. You can tell. [...] I get like that even when I have to ring up a power company or a phone company, you know? When you hear the brown voice on the other end of the phone, it's like, 'It's okay. It's alright. They get it.' Just the casualness or the warmth of the way that they talk. [...]. I know that you understand if you're an Islander. I know you understand my background. I know you understand my family expectations, the responsibilities I have as a Samoan woman. [...] I'm hoping you understand socioeconomic situations. I hope that you understand poverty. (Non-user, WDHB)*

### **Stigma is a considerable access barrier for Pacific non-users**

Pacific non-users acknowledged that stigma surrounding mental illness in Pacific communities is a considerable barrier to accessing NTS MHA.

*I still think there is a stigma out there for it and it's not a good one. So, part of it is that's why I'm reluctant. That stigma is still in me and I need to get over it. (Pacific non-user, CMDHB)*

### **Some Pacific users found sharing intimate information with strangers challenging**

Privacy and discretion are highly valued in Pacific cultures so sharing intimate information with strangers was unfamiliar and challenging for some Pacific users. However, they acknowledged that sharing their struggles within the family can be challenging. For these people, talking with strangers felt like their only option.

### **Pacific non-users consider NTS MHA needs to build collective brand credibility within Pacific communities**

Pacific non-users explained that brands develop credibility in Pacific communities through the stories of users being transmitted by word-of-mouth. They felt that supporting community champions who have used the service to promote NTS MHA in their local community would have a much stronger impact than passive promotion. Pacific non-users felt that this was important to 'bridge the foreign element of ringing something that's alien to them.'

*Imagine if the Minister at church said... we've got these services for you if you need some more help or support, this is the number you can call. It's really easy and I've tried it before. (Pacific non-user, CMDHB)*

### **Lack of knowledge about how to engage with Rainbow communities is a concern for some users**

Some users from the Rainbow community have had negative experiences engaging with phone and face-to-face services. These users are seeking reassurance that call-takers will understand and respect their gender or sexual orientation. However, they want call-takers to listen to their needs and not focus on gender or sexuality, unless this is what the caller wants to discuss.



*I'll be going to the Depression Helpline because I'm depressed and I'm having these difficulties. If I disclose that I am in any way not straight or gendered, people become interested in that, they would prefer to talk about that. And while that's great and I'm willing to educate, it's not so great for the other youth that are in crisis.  
(User, CMDHB)*

Users from these communities also value that NTS MHA services are:

- available when they struggle to access help elsewhere
- anonymous to protect their identity when they fear repercussions for their gender or sexual orientation from friends, family and wider communities.

## **Non-users have some awareness of NTS MHA services**

Television was the most common source of knowledge on NTS MHA services. Other avenues included radio, Google, social media (Instagram and Facebook), church, word of mouth, newspapers, magazines and pamphlets in the GP waiting room.

Non-users identified a range of barriers preventing them from using NTS MHA including:

- sense of shame
- fear of being vulnerable with a stranger
- feeling unable to verbalise the issues
- concerns about privacy and anonymity.

*She's private, it's a big thing to talk to people about what's going on. I think she's worried about [anonymity] ... they know who she is, where she lives, all that sort of stuff she's potentially worried about. Not that you have to disclose that information.  
(Non-user, WDHB)*

## **NTS MHA services were not 'top of mind' for non-users**

Most non-users were aware of one or more NTS MHA lines. Quitline was the most well-known service. Some non-users were aware of the Gambling Helpline, Depression Helpline or 1737. However, these services were not 'top of mind' for non-users because they had not had a first or second-hand experience with an NTS MHA service.

Non-users lower awareness may reflect NTS marketing strategy. Homecare Medical are careful in marketing the MHA services to ensure they have the capacity to respond to contacts within agreed timeframes.

## **Few users and non-users are aware of The Journal or The Lowdown**

Of those interviewed, very few service users or non-users were aware of The Journal or The Lowdown. However, many were seeking self-help resources or tools. When they learned of the resources, people considered they would be useful in the future for themselves or others.

## Considerations going forward

Based on the findings related to use and equity of access, we have identified areas of focus going forward which link to work already being done by Homecare Medical:

- Homecare Medical to continue the work to manage capacity demands on the main service lines created by people who call frequently and ensure clinically-safe caller management.
- Homecare Medical to continue to enhance the cultural competency and congruence of NTS MHA staff.
- Homecare Medical to discuss ways to enhance data quality, while balancing users' need for confidentiality and anonymity.
- Homecare Medical, HPA and the Ministry to consider ways to increase non-user awareness of NTS MHA services, particularly the self-help tools of The Lowdown and Journal.

## 8. MHA call review

This section presents a summary statement from a clinical panel review of MHA calls and cases. The purpose of the clinical panel review was to consider four types of MHA interventions and provide an expert opinion on the value of the service.

The clinical panel review contributed to answering the following key evaluation questions to do with quality improvements and value:

- What are the areas for ongoing improvement?
- To what extent is the investment in NTS MHA value for money?

### Clinical panel review method

A four-person clinical panel was brought together, including a psychiatrist (NTS), general practitioner (NTS), senior mental health nurse (independent), and clinical psychologist (independent). Homecare Medical's clinical director and clinical development manager were in attendance as observers. Sapere facilitated the session.

Calls were randomly selected, by Homecare Medical, from a learning library and were not listened to before sharing with the panel. Frontline staff, clinical coaches and managers can add calls to the library. Calls in the learning library provide staff with a range of service user encounters that can be accessed for training, reflective practice, identification of learning needs and peer review. The process is a mix of random selection and deliberate uploading of calls. These calls are sometimes of lower quality.

The process followed by the panel was to:

- listen to a call or, in the case of 'break glass'<sup>16</sup> and cases of people who call frequently, to review notes
- provide commentary
- agree a consensus view on the call or case considering good aspects and the opportunities for improvement.

Notes were circulated and agreed by the panel as an accurate record of the discussion. The panel reconvened to reflect and agree on an overall view.

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<sup>16</sup> Break glass calls are where the caller is clearly ready to harm self or others.

## Evaluative assessment

The panel agreed there was value and some positive impact for the service user in almost all calls despite variability in the call quality.

The exercise of listening to calls revealed a great deal of variation—more than expected. More call-takers were less effective than expected. However, all were respectful and kind, and none did harm. One call-taker showed the potential for a telephone-based intervention and likely avoided contact with another health professional.

## Evaluation findings

### **Nine calls were reviewed, including callers reaching out for the first time and ‘mental health first aid’**

A very high degree of call-taker variability was noted. Only one call could be considered excellent. Some calls were considered poor. Most calls were within the range of modest benefit and unlikely to do much better than a peer support discussion. Elements of active listening and reflection of feelings were present, with some examples of the over-use of reflecting that became mirroring. There was much less in the way of skilful problem identification enabling focussed conversations, and occasionally a question about the appropriateness of call-takers’ suggestions.

There was one important exception. The exceptional call likely avoided contact with a general practitioner or other health professional. The one call showed the potential value of the intervention.

A general issue was found about the difficulty of summing up and ending the call.

### **Break glass crisis calls reviewed were dealt with appropriately**

The panel was presented with break glass calls, where the caller is clearly ready to harm self or others. The break glass scenarios were reviewed on paper and were brief. Breaching confidentiality of the call appeared appropriate in all instances bar one (a threatened overdose) where it was less certain due to the lack of information recorded. It is good practice to record the reason for breaking glass.

### **A wrap-around intervention is needed for people who call frequently**

We reviewed some calls of people who call frequently. The behaviour pattern and presentation of people who called frequently exhibited diagnosed or undiagnosed mental health conditions. The panel was of the view that these calls could not be dealt with on a telephone and the fact of them, and the frequency and number of calls, strongly suggested a ‘wrap-around’ intervention was needed.

## Considerations going forward

The panel and Homecare Medical acknowledged the call review was a useful exercise for quality improvement. The panel was comprised of very experienced, senior clinicians. The panel members emphasised their identification of areas for improvement applied a lens of many years working in the field. Some areas for improvement can be easily attended to, while others require more advanced clinical skills, for example:

- Developing call-takers to attend to the tone of voice and rapport—listening to how service users are saying things and not just what they are saying. This is quite a complex learned skill and a challenging one when there are no visual cues on the phone.
- Agenda setting and summing up requires improvement, but the panel acknowledges these can be difficult to get right for relatively inexperienced clinicians.

## 9. Service use across the MHA system

This section presents findings from the data matching to understand how NTS MHA service users engage with services across the system. The section also presents feedback from face-to-face MHA providers on their integration with NTS MHA.

The findings in this section contribute to answering the following key evaluation questions:

- How well does NTS MHA improve the ability of New Zealanders, including Māori, Pacific and other priority populations to take appropriate health action?
- How and to what extent is NTS MHA impacting on other parts of the health and social system?

### Evaluative assessment

We were able to describe service use across the wider MHA system for a cohort of people who frequently call the NTS MHA services. The data matching analysis reinforces that NTS MHA services are working with a cohort of people with moderate to severe mental health conditions. A large proportion of users are also using specialist MHA services, many receive medication, and most visit their general practice.

We are unable to make any reliable assessment of service use for people that contact NTS MHA less frequently and are likely to have less complex needs.

Face-to-face MHA providers value the NTS MHA services as an out-of-hours or easy access service for their services users. Most are informing their service users about NTS MHA services. However, these providers have a limited understanding of their service users' use of the NTS MHA services or how the NTS MHA service could be more integrated with their services. While many consider NTS MHA holds value for supporting their service users, they have not given consideration of how to better integrate with their service beyond current use.

### Evaluation findings

#### The evaluation linked data across the system for 10 percent of NTS MHA users

Where an NHI is recorded for an NTS MHA user, we were able to link to other service use data sets, including inpatient admissions, emergency department attendances, secondary mental health services (DHB and NGO), and medicines dispensed in the community. For those who were enrolled in a general practice—that is, part of the ProCare network in Auckland—we were also able to link to consultation and primary mental health services data.

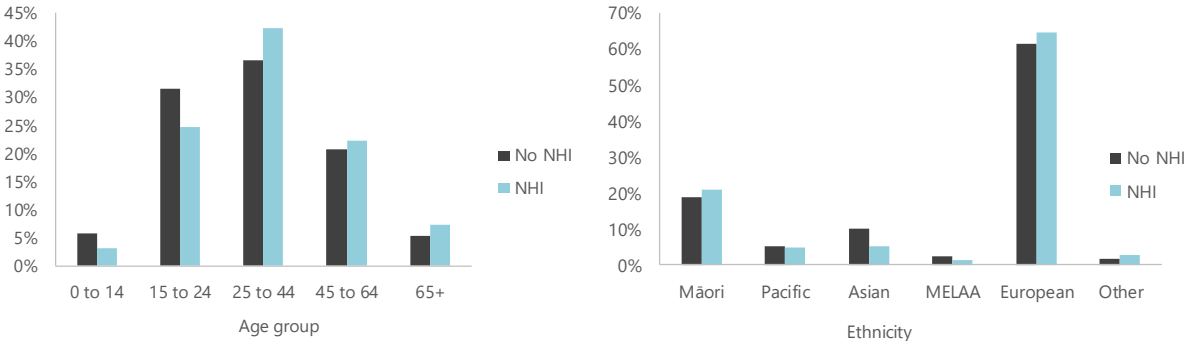


In 2018, 7257 people (around 10%) had NHI recorded out of a total of 76,039 NTS MHA service users. Homecare Medical provided those NHIs to the Ministry of Health, along with a one-off unique identifier to replace the actual NHI in the linked data output. There were 6857 valid NHIs that matched to the Ministry’s master NHI list and were included in our analysis. Of those, 884 were enrolled in a ProCare general practice.

**The NHI cohort appears slightly older, with more females and fewer Asian people compared to other NTS MHA users**

The service user group with NHI recorded appears to have fewer young people, more females, and fewer Asian people compared to NTS MHA users with no NHI recorded (Figure 7). However, demographic capture is poor for those with no NHI recorded.

**Figure 7: Age and ethnicity composition of NTS MHA users with and without NHI recorded**



Source: Homecare Medical data, Sapere graph

**The NHI cohort has a higher service use profile**

The group with NHI recorded has a different NTS service use profile compared to other NTS MHA users (no NHI recorded). Table 7 shows that the majority have contacted Healthline as well as MHA (57%). Some had used other NTS services in addition to MHA and Healthline.

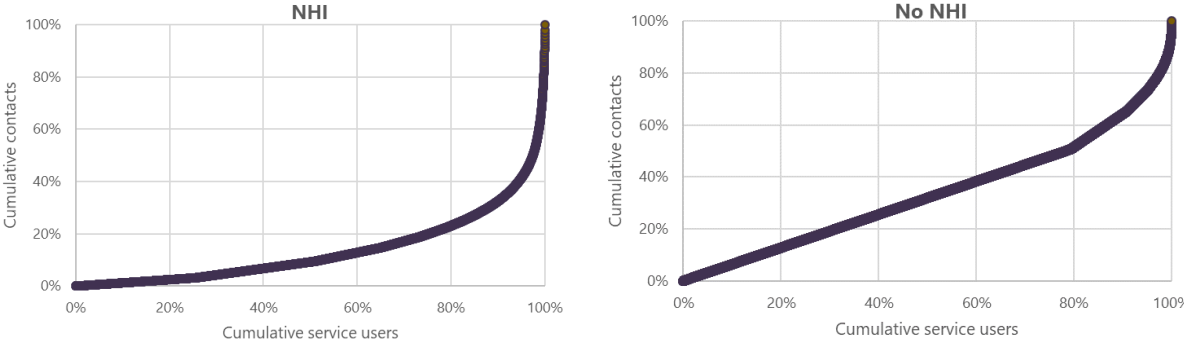
**Table 7: NTS service use profile for service users with NHI vs. no NHI, 12 months to April 2019**

	NHI recorded		No NHI	
	Users	Ave contacts	Users	Ave contacts
<b>Average contacts/user</b>	8.1		1.6	
<b>% that contacted Healthline</b>	57%		1.2%	
<b>Services used</b>	Users	Ave contacts	Users	Ave contacts
<b>1</b>	37%	2.5	98%	1.5
<b>2</b>	54%	6.6	2%	5.0
<b>3</b>	7%	26.0	0%	13.0
<b>4</b>	2%	79.6	0%	5.3
<b>5</b>	0%	138.3	0%	34.0

Source: Homecare Medical data

The average number of contacts per user is much higher for those with NHI recorded (8.1 per person) compared to other users (1.6 per person). The NHI cohort has a concentration of very high users, demonstrated by the upswing for the NHI group in Figure 8. This figure shows that fewer than 10 percent of people with NHI recorded accounted for 60 percent of the contacts. For other NTS MHA service users, 40 percent of users accounted for 60 percent of the contacts.

**Figure 8: Cumulative service users vs. cumulative contacts, NTS MHA users, March 2018 to April 2019**



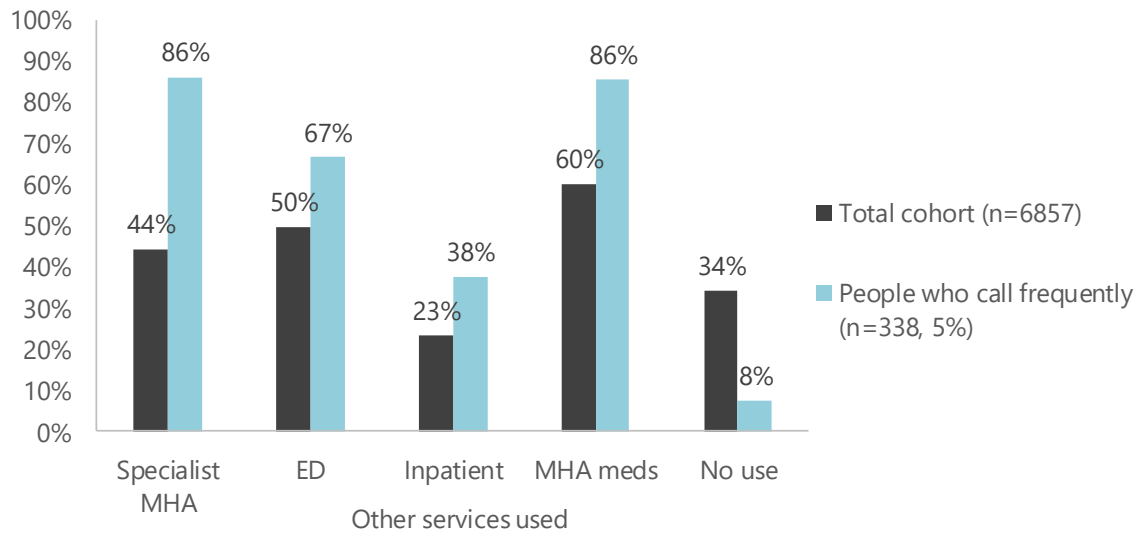
Source: Homecare Medical data, Sapere graph

**60 percent of the cohort receive mental health medication and almost half had contact with secondary MHA services**

Almost half of the 7257 NTS MHA service users we linked data for (44%), had contact with secondary MHA services in the same year (Figure 9). People who call frequently are defined in this analysis as people with more than 12 NTS MHA contacts in the year (338 people, accounting for 5% of the cohort). Eighty-six percent of people who call frequently had contact with secondary MHA services.

Sixty percent of the data matching cohort received mental health medication in the community (86% of people who call frequently), half attended an emergency department (67% of people who call frequently), and almost one-quarter had been admitted to hospital (38% of people who call frequently).

**Figure 9: Proportion of data matching cohort using other services, 2018**



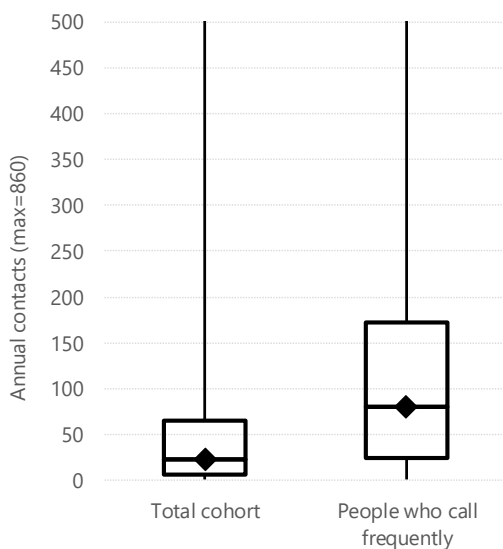
Source: Homecare Medical and Ministry of Health data, Sapere graph

For those using secondary MHA services:

- The average number of secondary contacts per person was 55 (median of 22)
- Around one-quarter of secondary MHA users had bed nights and the average was 33 bed nights per person (median of 13).

Figure 10 shows the range in the number of contacts with secondary MHA services—for the total cohort and for people who call frequently. One-quarter of those who used secondary MHA services had more than 65 contacts in the year—the maximum was 860. NTS MHA users who call frequently also had higher use of the secondary MHA system. Contacts may be face-to-face or over the telephone.

**Figure 10: Number of contacts with secondary MHA services, 2018**



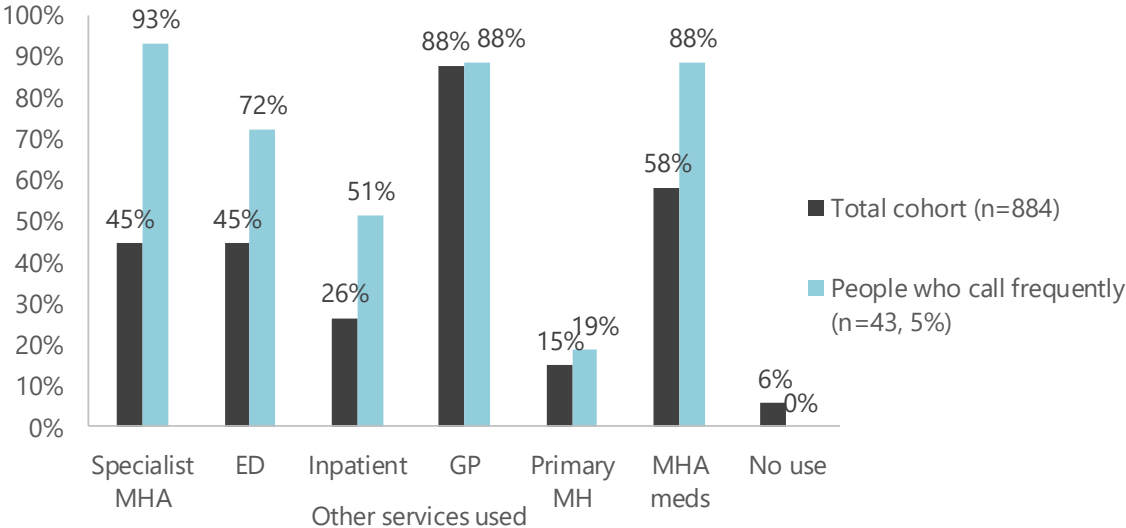
Source: Homecare Medical and Ministry of Health data, Sapere graph

## Most ProCare patients in the cohort had seen their general practice

Compared to the total data matching cohort, ProCare patients had roughly similar proportions of people accessing secondary MHA services, emergency department and inpatient service, and receiving mental health medication in the community (Figure 11).

Eighty-eight percent had visited their general practice during the year, with an average of seven consultations per person.

**Figure 11: Proportion of ProCare cohort using other services, 2018**

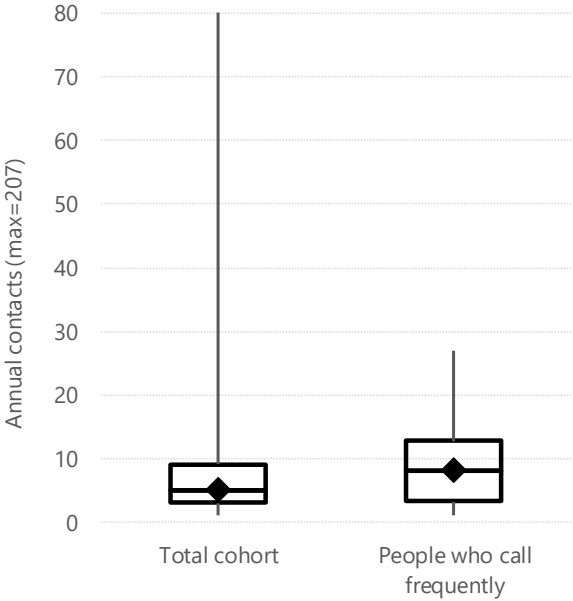


Source: Homecare Medical, Ministry of Health and ProCare data, Sapere graph

Just six percent of the ProCare cohort had no use across the range of services analysed. All the ProCare cohort who called NTS MHA frequently had some other contact across the system.

Figure 12 shows the range in the number of general practice consultations—for the total ProCare cohort and for the people enrolled in a ProCare practice that frequently call the NTS MHA. One-quarter of those who visited their general practice had more than nine consultations in the year.

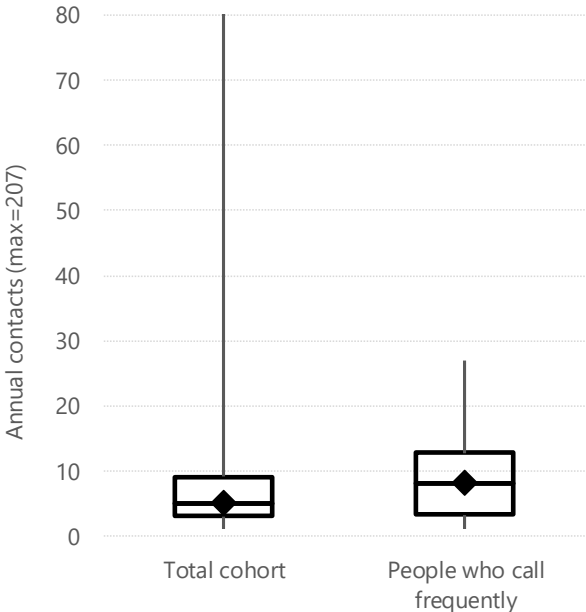
**Figure 12: Number of general practice consults for ProCare patients, 2018**



Source: Homecare Medical, Ministry of Health and ProCare data, Sapere graph

Figure 13 shows the range in the number of contacts with secondary MHA services—for the total ProCare cohort and for the cohort of people who call frequently. One-quarter of those who used secondary MHA services had more than 80 contacts in the year—the maximum was 684. Users who frequently call NTS MHA services also had higher use of the secondary MHA system (median of 125 contacts, one-quarter had more than 181 contacts). Contacts may be face-to-face or over the telephone.

**Figure 13: Number of contacts with secondary MHA services for ProCare patients, 2018**



Source: Homecare Medical and Ministry of Health data, Sapere graph

## Face-to-face providers have some understanding of how NTS MHA users integrate with their services

### DHBs are positive about after-hours contracts supporting crisis teams

DHBs that purchase the NTS MHA after-hours service understand how NTS MHA service users interact with DHB services. These DHBs consider NTS plays a role in managing acute demand to emergency departments and MHA services. As at October 2019, Homecare Medical provides after-hours mental health triage to nine DHBs, increasing to 10 by the end of 2019. Mental Health after-hours triage is not an NTS service.

### Many MHA providers distribute MHA numbers, particularly 1737, in support plans and other promotional information

DHB and some non-government health and social service providers noted their organisations increased use of 1737 messaging through multiple formats. Staff wore badges and handed out cards to service users. The 1737 number was displayed publicly and included in mental health pamphlets and other messaging.

These stakeholders considered their integration with NTS positive. They were confident in recommending their service users to contact NTS MHA services if needed, particularly after hours. They described NTS services as 'another tool in the toolbox'. However, most of these stakeholders do not track how or how many of their service users contact NTS MHA for support.

Some providers were frustrated when they recommend NTS MHA to their service users and then find NTS MHA told their service users to contact them.

*When we do recommend people to call, we never hear back about whether they have. And on the odd occasion we have, they tell us things like, 'they told us to ring you'. (MHA Provider)*

### Some MHA providers are unclear about what NTS MHA offers service users or their staff

Some non-government providers did not distribute NTS MHA numbers. These providers were less sure about what the service provided and how it could support their service users. Specialist providers, such as AOD addiction providers, were uncertain how NTS MHA would provide value for their service users.

Some providers thought the AOD line would provide their staff with expert AOD advice. They sometimes contacted Healthline for advice on supporting their service users. They expected the AOD line would be able to provide a similar service.



### **Most providers had very low direct integration with NTS MHA services**

Most face-to-face providers did not know whether service users had contacted NTS MHA services before coming to them. They also did not know whether service users called NTS MHA services after hours.

Face-to-face MHA providers did not share service user information with NTS (either receiving information from NTS or providing to NTS). They receive few direct referrals or warm transfers from NTS.

### **Stakeholders are seeking more aggregated data and reporting from NTS to understand and trust the service**

Most stakeholders want to see more data on service user pathways and referrals. These stakeholders consider better data sharing will help face-to-face services understand how users are engaging with NTS and how they can work better with NTS.

*They've got to talk more about what's actually happening. Go back to data, data, data. Being able to share what's actually happening, what the issues are that they're struggling with. (MHA Provider)*

Clinical stakeholders from DHBs and non-government providers are seeking assurance that NTS provides clinically robust services. These stakeholders want to understand more about staff who answer NTS calls (e.g. are 1737 call-takers mental health nurses with counselling training?). Clinical stakeholders are also seeking more information on mental health triage processes.

Stakeholders consider better data reporting will increase sector confidence in NTS as a service provider.

### **System integration with other health providers can be strengthened**

Stakeholders consider NTS capable of integrating further with the health and social sector. They note NTS can undertake warm transfers between services and some shared planning. This provides value for agencies to improve wraparound support for some users. Stakeholders consider this capability could be increased and strengthened.

Data sharing and connectivity is challenging across the MHA sector. Managing privacy and service relationships for these users is complex and relies on high trust partnerships between Homecare Medical and other stakeholders. These do not yet exist within the sector and will require a joint effort to build and maintain.

Face-to-face providers recognise increased integration would require they engage and invest more in the relationship.

## Considerations going forward

Based on the findings related to service integration, we have identified areas of focus going forward:

- Homecare Medical to work collectively with the MHA sector to increase awareness of services.
- Homecare Medical working with primary and secondary partners to continue to support people who call frequently to better meet their needs.

# 10. Value for money

This section addresses the evaluation question on NTS MHA services' value for money and presents the qualitative findings on users' and other MHA providers' perception of value.

The key evaluation question being answered is:

- To what extent is the investment in NTS MHA value for money?

## Evaluation assessment

NTS MHA services are the least costly NTS services to deliver. Comparison costs for face-to-face services are very difficult to assess. Investment in face-to-face MHA services has demonstrated value.

The evaluation has not assessed value for money. The difficulty of assessing the value of the service from each contact means an accurate value for money assessment is not possible. However, it is likely NTS MHA services provide small diffuse benefits for people who contact the helplines.

Most service users interviewed valued NTS MHA and had a positive experience. Service providers consider NTS MHA provides value to the MHA system.

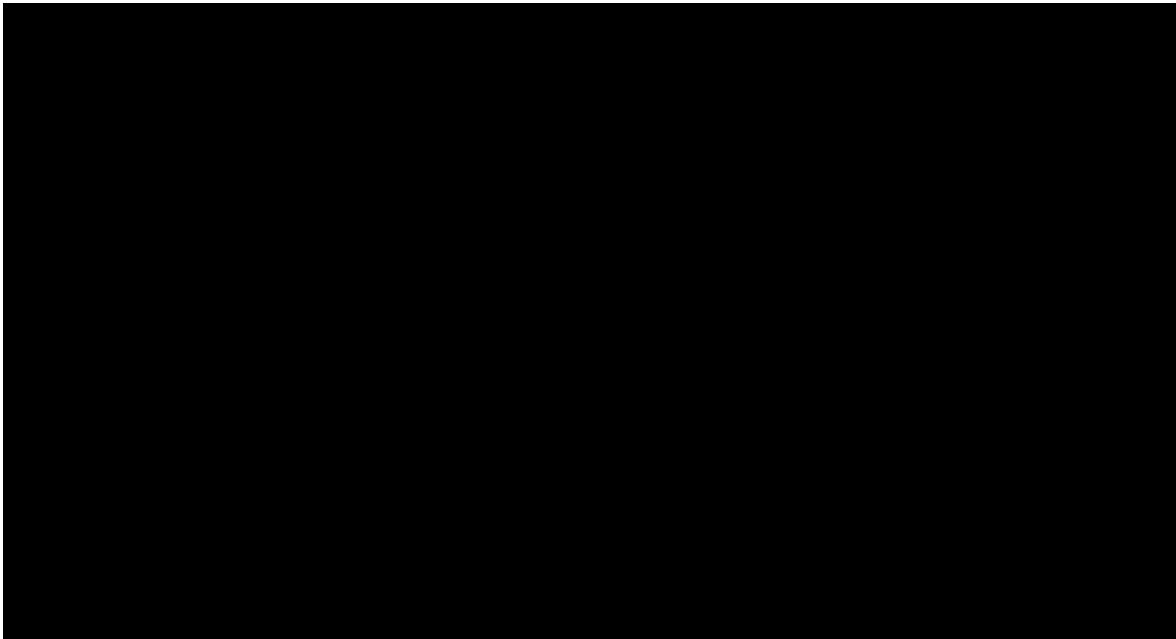
In assessing service value, it is important to consider what would have happened in the absence of NTS MHA. One-off service users interviewed considered without access to NTS MHA they were unlikely to access help. In comparison, people who call frequently thought they were likely to consider other services in the absence of NTS MHA services.

## Evaluation findings

### MHA is the least costly NTS service at [REDACTED] per contact

In 2017/18 Homecare Medical allocated 17 percent of its NTS revenue to MHA. Homecare Medical provided direct and overhead costs attributed to each service category for the 2017/18 financial year. The average cost per contact for the NTS overall was around [REDACTED] (driven mostly by Healthline). MHA was the least costly service at an average of around [REDACTED] per contact. The POISON line was the costliest at an average of around [REDACTED] per contact.

**Figure 14: Average cost per NTS contact, 2017/18**



Source: Homecare Medical data, Sapere graph

Comparing cost per contact for low to medium-acuity, face-to-face MHA services is not possible. Monitoring spending in primary and community mental health is difficult (HDC 2018). Face-to-face MHA services vary from intensive and long-term residential AOD treatment to talk therapy provided through privately or partially funded counselling. Research suggests investment in MHA primary services is cost-effective with a strong return on investment (HDC 2018; Government Inquiry into Mental Health and Addiction 2018).

## **Most users interviewed value NTS MHA and have a positive experience**

### **Users can access the service for free, anywhere, any time**

Users considered NTS MHA availability outside of work hours complemented other day-time services. Users described calling or texting NTS MHA at night when other support services like therapists or counsellors were unavailable. They felt it filled a gap in the available services. They also value that the service is free. However, a few were not aware calls and text were free. Some assumed they needed credit or data to contact the service.

*It's free. That's a big thing because not everyone has money to spend on emotions. You have to eat, you know, you have to have clothes, you have to have petrol. But emotions, it's a thing that you don't think you should be spending money on, but it's such an important part of wellbeing (User, CMDHB)*

## **Users feel heard and understood by call-takers**

Users felt listened to by call-takers. They valued being able to explain their unique context to call-takers without feeling judged. People who call frequently felt affirmed, heard and safe.

Users found that call-takers were relatable. They valued that call-takers used plain language, not 'medical speak'. Call-takers asked open questions and empathised with how callers were feeling. Users also valued that call-takers were calm.

Users felt NTS call-takers had time to listen to them. They felt like call-takers would stay with them on the line for as long as they needed, rather than being rushed off the line. They also valued being told by call-takers that the service would be there in the future if they needed it again.

*I felt like– I wasn't alone, that there was somebody, even though I didn't know this person. But there was help. And that has always stuck with me ever since then. That there is help available somewhere. (User, CMDHB)*

Between July 2018 and June 2019, NTS MHA service user satisfaction averaged at 57 percent extremely satisfied/satisfied.<sup>17</sup> Satisfaction varied between 45 percent and 80 percent.

## **Users value and trust NTS MHA advice**

Users considered call-takers offered useful advice about possible next steps and other services and resources available to them. Users described some of the tools and information offered by the call-takers as 'life-changing'. Users put into practice some of the strategies suggested by call-takers to help them cope.

*So, a lot of it is helpful and practical advice. First, they ask how you are, they listen and then once they have listened and they feel like you have talked for long enough, they then input with practical help. (User, WDHB)*

Some users noted that the number they called was funded by the Ministry. This increased their trust in the service. Some users felt more confident trusting the advice of call-takers knowing that they were trained counsellors.

*Sometimes they say, 'I have never battled with mental health stuff in my life, but I have trained as a counsellor or I have trained in this area and I have got expertise.' And I am thinking that's really good to know. If you are having a bad day and your brain is firing every which way including loose, you want to be reassured that the person you are dealing with knows what they are doing. (User, WDHB)*

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<sup>17</sup> NTS MHA Feel-o-meter reports from April 2019 to October 2019. Satisfaction is assessed in monthly user surveys (Feel-o-meter). The number of people who complete the surveys each month varies considerably.

## **NTS MHA helps prevent escalation to face-to-face services for some users**

Some users felt that engaging with NTS MHA services prevented their behaviours or thoughts escalating further, and therefore needing more support. For some users, connecting with NTS MHA services was a first step for them to begin addressing their issue/s.

*If I didn't call them, I can probably see myself just carrying on the way I was and may have actually gone pretty slow deeper down. (User, CMDHB)*

Other people who called more frequently described calling NTS MHA services when their thought patterns and behaviour were getting beyond their control. These users were more familiar with their mental health needs and some had engaged with more intensive face-to-face services previously. They were more likely to contact NTS MHA services for help before reaching out to a face-to-face provider.

## **NTS MHA services can be a doorway to other services**

Users valued the call-takers' role in connecting them with other services. Call-takers helped users identify and overcome logistical barriers to accessing local services, such as transport.

*They helped me find support in my town where I am. I'm not sure of the support we can get for AOD, but they hooked me up [to a] local drug and alcohol counsellor and stuff. (User, WDHB)*

Some users described NTS MHA services transferring them to a face-to-face service. These users valued warm transfers to other services. Other users had allowed their notes to be shared with face-to-face services. They were pleased NTS works with the other services they engaged with. They consider their care was better across the services they accessed as a result of this wraparound support.

## **Some users were less satisfied with NTS MHA support**

A few users identified some negative experiences with NTS MHA services. However, these users tended to still value having NTS MHA services and considered the services should continue to be available.

Some of the negative experiences included:

- Feeling pushed for personal details too quickly
- Long wait times before talking to a counsellor
- Feeling like the call-taker was not really listening (too much 'Yeah, yeah')
- Finding the advice not useful, or something they were already trying to do or unable to do, such as practising mindfulness.



*I was looking for answers, and I didn't get it. I was looking for a solution and I didn't get it. And it was late at night and I decided I'm just going to go to sleep, and tomorrow I'll figure something out. ... I can't exactly remember, obviously, what they said – but I remember the emotion I felt. And I felt, 'Oh, you're not being much of a help.'* (User, CMDHB)

These service users wanted to see NTS MHA services improved.

## **Without NTS, one-off callers are less likely to access help**

Many infrequent or first-time users interviewed did not think they would access MHA support through their GP or other face-to-face services. These service users were more embarrassed and scared about accessing help. Some were only seeking anonymous help (e.g. for drug use). They considered face-to-face services would not be an option.

*No one wants to put out that they smoke drugs or use drugs. I know that I'm going to go back and see him [the GP] and then he's the same GP that sees my children. It's just more judging, I think, on that. If my kid gets sick and I'm taking them in [to the GP], are they going to be like, 'Has your kid got the flu because you were high, and they didn't have socks on or something?' I don't know, just afraid of being judged for it.* (User, WDHB)

A few one-off service users thought they would access some help, such as calling another helpline (e.g. Lifeline), talking to friends or going through EAP to access counselling.

## **People who call frequently were likely to consider other services in the absence of NTS**

People who call frequently thought they would use other MHA services or talk to their GP if NTS was not available. These users were often more familiar with MHA services. They were aware of other places to access help. Many were already in contact with some of the services.

## **NTS MHA is valuable to other MHA providers**

### **MHA providers consider NTS MHA has value to the MHA system**

MHA providers consider NTS MHA is a valuable service as a provider of a 24/7 free service. These providers consider NTS MHA adds valuable capacity to the system. As discussed, providers distribute NTS MHA contact information to their service users to contact during after-hours or for low-acuity needs.

Providers also value the advice and reassurance NTS MHA gives users. They appreciate when NTS MHA supports users to navigate the system. However, few providers have experience of this. Providers with experience of warm transfers or direct referrals from NTS consider this a useful service that helps service users and adds value.

## **MHA providers think NTS has further potential for the MHA system**

Many sector stakeholders recognise and value NTS MHA's potential to manage acute demand for face-to-face providers. DHB MHA services especially consider NTS holds potential value to improve service access by supporting low-acuity mental health users. These stakeholders consider NTS has not yet met its potential capability.

DHBs and non-government MHA service stakeholders also consider NTS holds the potential to improve referrals and pathways for service users. These stakeholders consider NTS can be an effective front door for service users to access the appropriate level of care.

DHBs that are not closely integrated with NTS are identifying opportunities to build partnerships with NTS.

*Giving us another tool in the toolbox. And a tool that intervenes really early across the whole system, people even pre-mild to moderate stage that might be experiencing some sort of distress and life crisis, that sort of thing [...]. So it's putting more things at the top of the cliff rather than at the bottom of the cliff. (DHB stakeholder)*

# 11. NTS MHA services' health system impact

This section assesses the impact of NTS MHA services on other parts of the health system. The section addresses the following key evaluation question:

- How and to what extent is NTS MHA impacting on other parts of the health and social system?

## Evaluation assessment

NTS MHA may be able to impact the MHA system in the future. NTS MHA's unique position in the MHA system is offering free, 24/7 access to trained and clinically supervised counsellors at the end of a phone via call or text, or online.

NTS adds some capacity to a stretched MHA system. Currently, Homecare Medical is seeking to manage service demand through advertising to reflect existing call-taker capacity. Homecare Medical is aware of the pressure people who call frequently place on call-taker capacity. Homecare Medical is seeking ways to better support these people to release some call-taker capacity. NTS's current capacity will not be sufficient to address the level of unmet need identified in the Mental Health Inquiry.

The NTS MHA services will have a valued role in the transformation of the MHA system in New Zealand. More work is needed to enhance the sector's understanding of the role of NTS MHA and how to collectively support improved integration and more joined-up services for MHA service users.

## Evaluation findings

### NTS has an important role in the MHA system transformation

New Zealand's MHA system is changing. The Mental Health Inquiry report (2018), Health and Disability Commissioner Report (HDC 2018), and the People's Mental Health Report (2017) all recognised serious gaps and the need to transform the current system. The 2019 budget recognised the need to invest in MHA, allocating \$1.9 billion over five years. Although gaps and areas of concern have been identified, how these will be addressed is still being determined.

### NTS adds some capacity to the MHA system not otherwise available

NTS is free and always available, providing a possible way to meet low- and moderate-acuity MHA needs in the community. Primary care is the first point of access for MHA support for

many people (HDC 2018). However, MHA service users may experience barriers accessing primary care. In this context, NTS MHA provides a useful access point.

NTS MHA is well situated to provide MHA support for people who have been in crisis but are no longer in need of this support, are transitioning to less intensive care, or are no longer eligible for crisis support. NTS can signpost callers to appropriate face-to-face services and support people while they wait for services to become available.

Early intervention and support for low- to moderate-acuity MHA needs is an identified gap in New Zealand's MHA services that face-to-face services are not meeting.

## **Greater clarity on NTS's role and system integration will strengthen its contribution to the MHA system**

While NTS currently provides capacity to the MHA system, stronger and more systematic integration will improve NTS MHA contribution in the MHA system.

NTS integration in the MHA system is limited by:

- The currently disconnected and fragmented MHA system
- The nature of providing an anonymous service, with some users unwilling to provide personal data, thus limiting the ability to share or integrate care with other providers
- Slow growth and action on increasing the number of:
  - shared plans
  - shared information
  - warm transfers
  - referrals to face-to-face providers (not just signposting)
- Face-to-face providers may be unwilling or unable to integrate more with NTS.

Although NTS has shared data capability, integration has been slow. Some providers indicate referrals, warm transfers and shared plans almost never happen. Stopping gambling and some smoking cessation providers reported reductions in the number of referrals since NTS was established. In 2019, Homecare Medical made 30 referrals to face-to-face providers (Gambling Helpline quarterly reports 2018-2019).<sup>18</sup> Quarterly reports from 2017 (the first year of the evaluation) did not report the number of referrals to face-to-face providers.

Providers recognise integration may contribute to transforming the sector. However, this potential is yet to be realised.

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<sup>18</sup> More than 30 people would have been offered a referral, but most declined this service.

## **Some stakeholders are concerned NTS will compete with face-to-face services**

NTS MHA integration and system impact is affected by perceptions amongst some face-to-face providers that NTS provides a less experienced workforce than previously (particularly amongst problem gambling providers).

In the changing MHA funding context, some stakeholders are concerned the current MHA funding boost will lead to a proliferation of MHA providers and increased competition for funding. In this context, some stakeholders are concerned NTS MHA will compete with face-to-face providers.

## **NTS MHA may be able to impact the MHA system in the future**

NTS MHA contacts have doubled since the service began, primarily due to the implementation and increasing use of 1737. NTS MHA services support around half the number of people using secondary MHA services provided by DHBs (an estimated 1.6% of the population). While NTS alone will not meet the gap in service needs, at the current service level and with continued expansion, it is an important part of the existing system.

Stakeholders from Homecare Medical indicate further expansion would require additional funding, particularly to increase staffing levels.

## **Considerations going forward**

The value of the NTS MHA could be further strengthened through working collectively with the MHA sector to strengthen system integration by increasing referrals, shared plans, and signposting to face-to-face services.

# 12. Gambling Helpline

The evaluation sought to assess NTS MHA services as a whole. However, during the evaluation, some sector stakeholders identified concerns with the Gambling Helpline. The following section discusses their concerns.

## Use of the Gambling Helpline is falling

Use of the Gambling Helpline has fallen from 4806 users in 2017 to 3328 in 2019. The number of contacts dropped by around 1800 contacts in the 2018-19 year.

## Referrals to face-to-face providers have substantially decreased

Problem gambling face-to-face services reported considerable reductions in referrals to their services from the Gambling Helpline. However, providers report that community-based referrals have continued or increased. Nationally, the proportion of moderate-risk and problem gamblers was steady between 2010 and 2016 (Thimasarn-Anwar, Squire, Trowland and Martin 2017).

Face-to-face providers and other stakeholders consider the decrease in referrals is due to the following range of reasons.

### **Low awareness of the problem Gambling Helpline caused by limited or inadequate (not appropriately targeted) marketing**

Stakeholders, including Homecare Medical, consider the current marketing of the Gambling Helpline is lower than previously and does not adequately reach people who may need the service, particularly diverse cultural and ethnic communities.<sup>19</sup> Homecare Medical has not undertaken marketing or social media advertising for the service for 15 months to try and manage higher than expected demand across other MHA services. In July 2019, Homecare Medical began a short social media campaign.

Asian and Pacific face-to-face gambling support providers consider that promotion needs to be culturally targeted and should connect with providers who already have community trust and connections.

### **Persistent social stigma around problem gambling is not addressed in marketing**

Face-to-face providers know the users of their services struggle with social stigma associated with problem gambling before asking for help. Although stigma exists in all cultures, Asian and Pacific services identified cultural stigmas that made it harder for

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<sup>19</sup> HPA works with Homecare Medical to promote the NTS.



gamblers to seek help. They described a culture where it is more acceptable to ignore or sweep aside problem gambling than it is to seek help.

*We do public health raising awareness of gambling health because a lot of addiction, mental health, it's a really shameless stigma around – well all cultures but some of the Asian cultures, you just ignore it and don't even talk about it until the crisis point. (MHA provider)*

Face-to-face providers consider that marketing or promotion to gamblers in diverse cultural and ethnic communities needs to be better targeted to address stigma.

### **Problem gambling providers consider that NTS engagement with the service user fails to motivate the person to engage with face-to-face services**

Face-to-face providers and other stakeholders consider problem gamblers a hard-to-reach and difficult to engage group. They note NTS call-takers need to effectively engage with callers to motivate and enable them to continue to seek help.

### **Users are sometimes provided incorrect referral information**

Some stakeholders reported people who called the Gambling Helpline had been told incorrect information about face-to-face services available to them—for example, information about what services they could access, opening hours, or how to contact services. These stakeholders note NTS draws information from HealthPoint, which is sometimes incorrect. However, MHA providers are responsible for updating HealthPoint information to ensure accuracy. Stakeholders think miscommunication like this could be improved if there were stronger relationships and better engagement between NTS and face-to-face providers.

### **Some face-to-face providers are concerned about NTS cultural competency, particularly language competency**

Face-to-face providers who work with Asian and Pacific people are concerned that NTS does not have the cultural competency to support Gambling Helpline service users. They note NTS does not consistently have in-house language capability to support people with English as a second language. Service users are also able to access interpreting support during calls.

Face-to-face providers think service users often prefer to receive support in their first language. Even those with excellent English language capability may struggle to express their addiction or cultural needs.

*They [service users] could speak good English, reasonably, but it's not good enough for say counselling or psychological intervention. Can't express a lot of emotions in a second language I guess, for a lot of cultures. You can't get the point through and don't make enough expression of your feelings. (MHA provider)*

These providers recognise that NTS accesses health interpreters and employs staff with various language capabilities. However, face-to-face providers consider that using interpreter services can be challenging for service users. These providers note that service users may lose trust that the service is anonymous when an interpreter is involved. Many service users are particularly sensitive to anonymity or confidentiality as they may come from small communities and want to ensure their conversation is private.

*[Service users are] just so cautious about confidentiality, you need to build the trust with the community before they can even trust you enough to call you and seek help. (MHA provider)*

Face-to-face providers also note that NTS staff with language capabilities are not available 24/7 when service users may be contacting the Gambling Helpline. Further, face-to-face providers reported some of their service users had poor experiences calling the language-specific Gambling Helpline and either not getting through or not getting to speak to someone in their preferred language. These providers question the value of advertising or providing these additional lines if they are not appropriately staffed.

*There's no point advertising Pacific Gambling Helpline when a Pacific person doesn't answer the phone. No point in advertising you can help Asian gamblers when nobody speaks Mandarin when you ring. Even if you've got a Mandarin or Cantonese speaking counsellor, they're not going to be working 24 hours a day, seven days a week anyway so you're not going to land it. So don't advertise it and don't promote it. It's a misdirection. [...] And once people have been burned, they don't go back. It's very hard to build trust again. (MHA provider)*

Māori, Pacific and Asian peoples are more likely to experience gambling harm than Pākehā and other ethnic groups (Thimasarn-Anwar, Squire, Trowland and Martin 2017).

Consequently, providers who work with these groups are particularly concerned that these people may be missing essential support.

## **Face-to-face providers are concerned about the skill level of Gambling Helpline call-takers**

Face-to-face providers and some other stakeholders consider NTS Gambling Helpline call-takers to have limited expertise with problem gamblers and motivational interviewing. They recognise Homecare Medical employs generalists who respond to calls across specialist lines. However, they are concerned problem gamblers are not getting the help they need when they contact the Gambling Helpline. They are further concerned that users who have a negative experience when they contact NTS are less likely to reach out for help again to NTS or other services.

*The referral from the NTS relies on the client, and addicts will never do that unless someone's standing behind them or they're utterly desperate. [...] Referral is not the way... here's the number, you can call them if you want face-to-face counselling. It scares the living daylights out of people, and no one does. I've heard how they do it and they're really sensitive and very nice, but it's a script. Not a motivational interview technique, it's not a confidence builder. [...] They're call-handlers, and people know it. (MHA provider)*

## **The Gambling Helpline is not integrating with the wider sector**

Face-to-face providers think the Gambling Helpline is not integrating with the sector. Some providers are developing or expanding their services to include phone lines. Some providers are also reluctant to recommend the Gambling Helpline to their users because they do not trust the expertise of NTS call-takers.

Some face-to-face providers think NTS has a limited engagement in public forums or joint meetings. Some stakeholders reported limited success in working with Homecare Medical to resolve the identified issues.

## **Considerations going forward**

Homecare Medical is reviewing the Gambling Helpline to understand why the line has changed and how internal changes can improve the service. Homecare Medical noted concerns on referral numbers, the ability to collect data, and an overall reduction in users.

## 13. Quitline

This evaluation has not included an in-depth analysis of Quitline. Stakeholders agreed during evaluation planning that deeper understanding of Quitline is needed which is beyond the scope of this evaluation. This section identifies high-level findings relevant to Quitline that emerged during the evaluation interviews and data analysis.

### **Quitline operates in a changing smoking cessation context**

Quitline continues to have lower than forecasted use. Compared to a substantial decrease in volume during 2017, Quitline volumes increased in 2019 by six percent.

Stakeholders recognise Quitline had limited promotion and that promotion drives the use of the service. Since inception, advertising funding for Quitline has reduced substantially.

### **Stakeholders are questioning Quitline's relevance**

Homecare Medical is reviewing Quitline's brand relevance, given it was established in 1999. However, service users and non-users continue to be aware of, and value, Quitline. It was the most well-known service amongst service users and non-users interviewed. Service users valued the advice and information provided by Quitline call-takers, e.g. information about their subsidy for nicotine patches.

Stakeholders identified the need to evaluate Quitline's ability to deliver against the Smokefree New Zealand 2025 targets.

### **Homecare Medical is undertaking service improvements**

Homecare Medical continues to entrench the changes and quality improvements identified in the Phase 2 evaluation.

Homecare Medical has not changed the current 12-month programme. Stakeholders consider the programme is problematic and may no longer best meet Quitline users' needs, however Homecare Medical is contractually committed to this service model.

Homecare Medical is looking to design a new Quitline end-to-end user experience across digital and non-digital channels (Homecare Medical Annual Plan 2019). NTS has innovation funding approved to launch Quit 2.0. In 2019, Quit 2.0 was yet to be fully scoped. The service will focus on user experience and will align user channels for a more seamless experience.

## Quitline is adapting to the emerging vaping context

Homecare Medical began to implement 'vape to quit' policies following the Ministry's clarification of its support for stop smoking services to be 'vaping friendly'.<sup>20</sup> In 2019, the vaping policy was under ongoing review by the clinical governance group to ensure it meets clinical safety.

## Homecare Medical continues to seek equity outcomes for Quitline users

Improving smoking cessation outcomes for Māori and Pacific users remains a priority for Homecare Medical. In 2019, Homecare Medical ran a Quitline Pasifika campaign. The campaign was a finalist in the Accolades NZ Marketing Awards.

Some stakeholders noted anecdotal evidence that Quitline is not connecting effectively with young Māori smokers.

## Face-to-face smoking cessation providers value Quitline as the 'door' to smoking cessation

Quitline can promote smoking cessation at a larger scale than face-to-face services. Quitline also has strong public brand recognition. Face-to-face providers view Quitline as part of a suite of resources they provide to support people to quit. They value when Quitline works to refer users to them, particularly for Māori and Pacific users, when the face-to-face provider can provide a kaupapa Māori or Pasifika service.

*They're the face of the stop smoking service, the cessation, they're the face to the public. If you talk about if you want to quit smoking, that's their first go-to place.  
(MHA provider)*

*I think Quitline should be the national referral service. I think Quitline has a critical role to play in terms of triaging the information and referring out to stop smoking services. They've certainly got an exceptional website, social media page, their marketing branding is brilliant. But the on the ground service, that's where we excel.  
(MHA provider)*

## Considerations going forward

Based on these overview findings, Homecare Medical and the Ministry need to determine the value of a more thorough investigation into the relevancy and effectiveness of the Quitline brand and programme design in the changing smoking cessation environment.

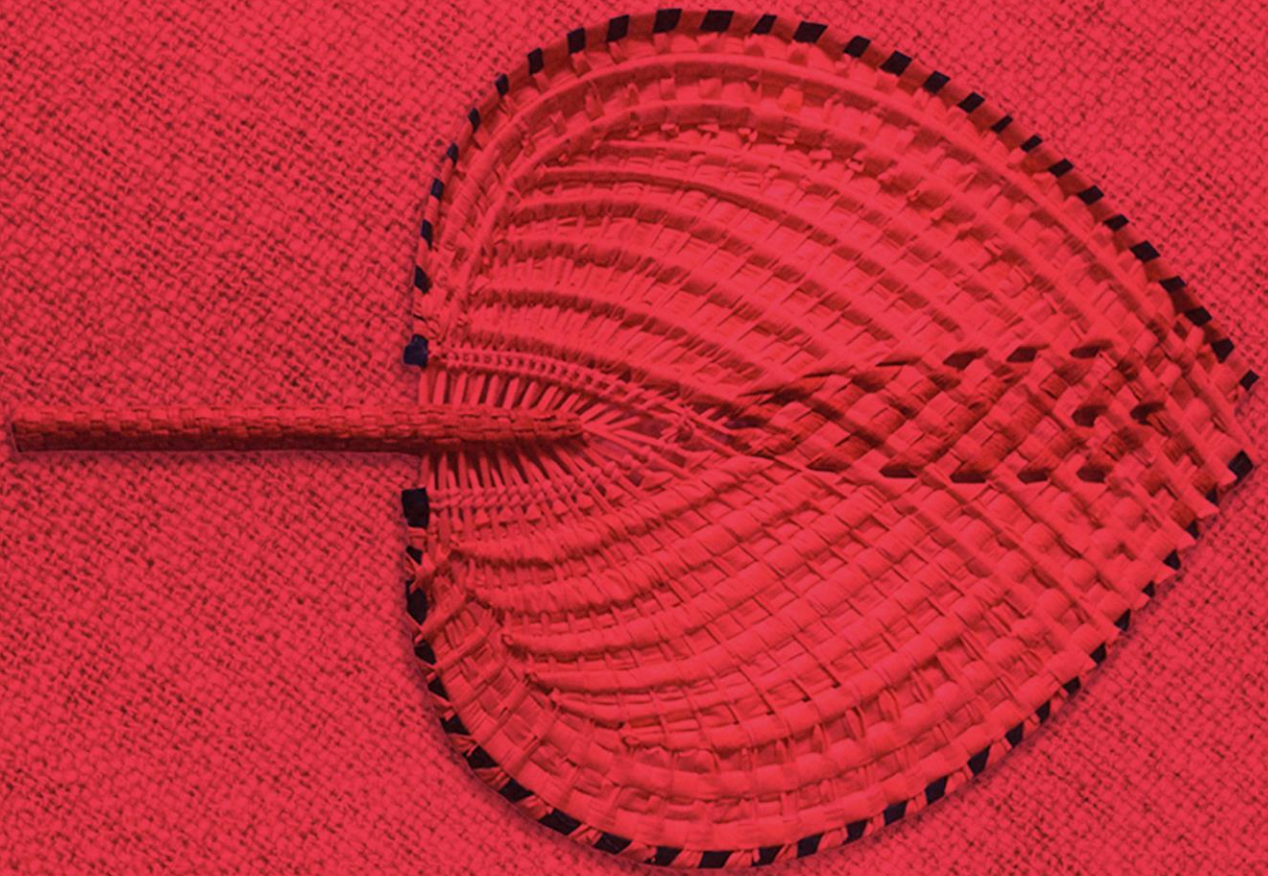
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<sup>20</sup> <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/vaping-and-smokeless-tobacco> accessed 20 May 2020



# Section 3:

## Evaluative Assessments and Recommendations





# 14. Evaluative assessments and future considerations

In 2017, the Ministry identified six key evaluation questions for the evaluation of the National Telehealth Service. This section provides a summary of the evaluation assessments against the five questions. It addresses the sixth evaluation by highlighting key focus areas in the ongoing implementation of the NTS (Q1) and for NTS MHA (Q1-5). We acknowledge Homecare Medical is working in several of the focus areas noted below.

## 1. To what extent is NTS and NTS MHA being delivered as intended?

The Ministry of Health-led NTS service specifications continue to be met, and over time levels of service have progressively improved. NTS is a secure service with stable technology and qualified staff. The service continues to provide 24/7 support through the intended channels. NTS provides a clinically-safe MHA service (Litmus and Sapere 2018a).

The partnership between Homecare Medical and the Ministry has strengthened and is a key facilitator in NTS's ongoing quality improvement and innovation. However, some funders are not fully engaging to maximise the opportunities from using the NTS platform.

NTS has an important role in the collective response to health emergencies across New Zealand. Events like the Christchurch terror attack in March 2019 exemplify the ability of Homecare Medical to work collectively across the health system to enable the NTS to rapidly respond and effectively scale. Further work is needed to embed the role of the NTS into emergency plans.

Across the NTS platform, including NTS MHA, recruiting a diverse workforce to meet the needs of the New Zealand population continues to be a challenge.

NTS data quality is improving. Homecare Medical continues to work to improve data within the bounds of users' anonymity preference, particularly for NTS MHA services.

Homecare Medical has delivered the NTS MHA services as specified in the contract and is working on service quality improvements. NTS MHA staff find their work challenging, given the number and complexity of callers and the different modes of response (from calls, text and web). In 2019, retention of NTS MHA call-takers continued to be a challenge due to demanding working environments, and competition with DHB and other employers. The

clinical panel review identified considerable variation in call-taker quality in the NTS MHA services.

**Evaluative assessment:** NTS is successfully delivered as intended.

#### **Areas of focus going forward**

- All funders to engage in the partnership process to maximise the potential opportunities of the NTS supporting the work of their agencies.
- In partnership with DHBs and the Ministry, to embed NTS into emergency plans to respond to crisis and health emergencies.
- Homecare Medical to continue to improve data collection, quality and access, to inform quality and equity strategies.
- Ongoing clinical reviews and professional development are needed to reduce variability in NTS MHA calls.
- Homecare Medical to continue to strengthen the diversity of its workforce and provide ongoing support to NTS MHA staff.

## **2. To what extent is NTS MHA meeting the needs of New Zealanders, including Māori, Pacific and other priority populations?**

NTS MHA services are available 24/7 and are free to use. Service user interviews and user surveys show most NTS MHA users are generally satisfied with the service and have a positive service experience.

Non-users have some awareness of NTS MHA services, although they tended not to have an immediate need. Non-users also identified a range of barriers preventing them from using NTS MHA including shame and difficulty in talking about their issues with a stranger.

Awareness of the self-help tools The Journal and The Lowdown was low, although many were seeking self-help resources or tools.

New Zealanders need more accessible MHA services. The Government Inquiry into Mental Health and Addiction (2018) found around 20 percent of New Zealanders need MHA support for depression, distress or addictions. NTS MHA services respond to contact from around 1.6 percent of New Zealanders. In comparison, three percent of the population use secondary MHA services provided by DHBs and non-government organisations (Government Inquiry into Mental Health and Addiction 2018).

In this context, NTS MHA services are an important component of the MHA system and contribute to meeting New Zealanders' needs. NTS MHA services have grown considerably since the service began. Development of the 1737 line as an easy-to-use line that reduces stigma led to a notable increase in the number of people contacting NTS MHA services.

However, the gap between available services and need is too large to be met by any single organisation. NTS may contribute in the future to bridging the service provision gap.

Homecare Medical continues to work to create an equity-led NTS service. Homecare Medical has made significant progress in ensuring equity strategies and approaches are guided by Māori at governance, clinical and management levels. More work is needed to create an inclusive and diverse workforce, build cultural competency, and to monitor equity outcomes. Care is also needed to avoid equity fatigue.

NTS MHA services respond to the needs of Māori, Pacific and other priority populations through providing targeted services and campaigns. Homecare Medical is also improving staff's cultural competency and fostering an equity focus. Stakeholders and service users from diverse backgrounds were seeking reassurance that NTS MHA call-takers had the cultural competency to meet their needs, including language needs.

Data limitations restrict our ability to assess equity of service use. However, it is likely that NTS MHA services do not yet equitably meet the needs of Māori, Pacific and other priority populations. Our assessment is based on the following:

- Although Māori use of NTS is representative of the general Māori population, MHA prevalence is higher amongst Māori, indicating a continuing service gap.
- Stakeholders, including service users within the Rainbow community, were seeking reassurance of NTS call-taker competency. The Inquiry into Mental Health and Addiction (2018) identified a particular need for services to support people from the Rainbow community.
- In some Pacific communities, awareness of NTS MHA services may be low and stigma relating to MHA is high. NTS has an opportunity to support these communities as the provider of an anonymous, free, and easy-to-access service. However, language barriers and low community awareness are limiting equity achievements.
- Problem gambling face-to-face providers identified concerns with the cultural appropriateness of NTS gambling support for Asian and Pacific peoples.

**Evaluative assessment:** NTS MHA services are making good progress towards meeting New Zealanders' MHA needs within the scope of the service capability. Further work is needed to ensure the needs of Māori, Pacific and other priority populations are equitably met.

#### **Areas of focus going forward**

- Homecare Medical, HPA and the Ministry to consider ways to increase non-user awareness of NTS MHA services, particularly the self-help tools of The Lowdown and Journal.
- Homecare Medical to continue to strengthen NTS as an equity-led service, and provision of diversity training.

- Homecare Medical to continue to enhance the cultural competency and congruence of NTS MHA staff.

### **3. How well do NTS MHA services improve the ability of New Zealanders, including Māori, Pacific and other priority populations, to take appropriate health action?**

The purpose of NTS MHA services is not always to direct service users to take health action. Service users with mild or moderate MHA needs may not need to take any further action following their contact with NTS MHA services.

Some callers may need a referral to face-to-face services such as smoking cessation providers, problem gambling services or addiction services. Service providers in these organisations expressed some concern at the low number of referrals from NTS MHA. For these providers, NTS appears to have limited success in improving the ability of New Zealanders to take the appropriate health action. However, services users interviewed who were transferred to other addiction service were satisfied with the transfer process.

A small group of people contact NTS MHA a large number of times, sometimes hundreds of calls. This creates capacity challenges for NTS MHA staff. These high-needs and acute service users are also using other face-to-face primary, secondary and crisis services. Use of NTS is not therefore affecting these users' help-seeking behaviour and NTS may not have the right model of care to meet their long-term needs.

**Evaluative assessment:** NTS MHA services are moderately successful in improving the ability of New Zealanders to take the appropriate health action, where appropriate.

#### **Areas of focus going forward**

- Homecare Medical to work collectively with the MHA sector to explore how to better support NTS MHA users to connect as needed with face-to-face providers.
- Homecare Medical is working with other providers to offer people who call NTS MHA services frequently an integrated primary and secondary care and telephone-based support to better meet their needs.
- Homecare Medical is reviewing the Gambling Helpline to understand why the line has changed and how internal changes can improve the service.
- Homecare Medical and the Ministry to determine the value of a more thorough investigation into the relevancy and effectiveness of the Quitline brand and programme design in the changing smoking cessation environment.

#### **4. To what extent is the investment in NTS MHA value for money?**

The evaluation has not assessed value for money. The difficulty of assessing the value of the service from each contact means an accurate value for money assessment is not possible. It is likely NTS MHA services provide small diffuse benefits for people who contact them.

Investment in technology or infrastructure is a barrier to entry for new services and was a key factor in the establishment of NTS. Using the NTS platform provides a benefit to the Ministry and wider social sector government organisations and NGOs.

For low- to moderate-acuity users, NTS provides a valuable service, particularly for people needing to talk but unable to access face-to-face care due to access barriers, stigma, or time of day. NTS MHA services are also valuable for people who frequently contact NTS.

MHA providers consider NTS MHA is a valuable service as a provider of a 24/7 free service, which adds valuable capacity to the system. Providers distribute NTS MHA contact information to their service users to contact after hours or for low-acuity needs.

The counterfactual of not having an NTS MHA is unpalatable. The alternative to establishing Homecare Medical's MHA service would mean higher cost, less resilience to cope with health emergencies, and likely less clinical supervision.

#### **5. How and to what extent is NTS MHA impacting on other parts of the health and social system?**

NTS MHA services are an important part of the MHA system. The service supports people with mild to moderate mental health needs. Service users interviewed indicated they would probably not access other MHA support if NTS MHA was unavailable. We cannot demonstrate whether NTS MHA intervention at the mild-moderate phase reduces the number of service users who go on to access face-to-face care.

NTS MHA support for people who call frequently is unlikely to impact other parts of the MHA system. Many service users who call frequently are also accessing primary, secondary and acute MHA care. It is likely that many of these services users have severe MHA needs. NTS MHA services are an important support tool for people who call frequently. However, the clinical review raised concerns the model of care currently available may not best support these users. Homecare Medical is developing a strategy to improve support for these users.

The MHA system is stretched and fragmented. In this context, NTS could play a role in linking users and services, thus improving system processes and support for users. The NTS MHA system integration is limited. There are generally a small number of referrals to face-to-face services, limited data integration, few warm transfers, moderate awareness of NTS amongst face-to-face providers, and limited coordination within and across the sector. NTS

could improve integration with its services. However, wider system integration is the responsibility of all system stakeholders, including the Ministry, DHBs, and MHA providers.

**Evaluative assessment:** NTS has limited impact on other parts of the MHA system. Improved integration may increase NTS MHA impact. However, effective integration will require commitment from all MHA stakeholders.

**Areas of focus going forward**

- The value of the NTS MHA could be further strengthened through working collectively with the MHA sector to strengthen system integration by increasing referrals, shared plans, and signposting to face-to-face services.



# 15. Reference list

- Chang H. 2015. Evaluation Framework for Telemedicine Using the Logical Framework Approach and a Fishbone Diagram. *Healthcare Informatics Research*. 2015 Oct; 21(4): 230–238.
- Elliot M. 2016. *People's Mental Health Report*. Wellington: ActionStation Aotearoa. URL: <https://static1.squarespace.com/static/58f48f2459cc680bc7a237aa/t/58f5d384b8a79b4768cb93a8/1492505610169/PMHR+%28FINAL%29.pdf> (accessed on 21 October 2019).
- Government Inquiry into Mental Health and Addiction. 2018. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Author. URL: [www.mentalhealth.inquiry.govt.nz/inquiry-report/](http://www.mentalhealth.inquiry.govt.nz/inquiry-report/)
- HDC. 2018. *New Zealand's Mental Health and Addiction Services: The monitoring and advocacy report of the Mental Health Commissioner*. Auckland: Health and Disability Commissioner. [www.hdc.org.nz/resources-publications/search-resources/mentalhealth/mental-health-commissioners-monitoring-and-advocacy-report-2018](http://www.hdc.org.nz/resources-publications/search-resources/mentalhealth/mental-health-commissioners-monitoring-and-advocacy-report-2018).
- Homecare Medical. 2019. *The National Telehealth Service: Annual plan 2019/2020*. Author. Unpublished document.
- HPA. 2018. *Wellbeing and mental distress in Aotearoa New Zealand: Snapshot 2016*. Wellington: Health Promotion Agency. URL: [www.hpa.org.nz/sites/default/files/Wellbeing-And-Mental-Distress-Snapshot-2016-Final-FEB2018.PDF](http://www.hpa.org.nz/sites/default/files/Wellbeing-And-Mental-Distress-Snapshot-2016-Final-FEB2018.PDF) (accessed 10 October 2019).
- King J, Stephenson B. 2016. *Review of Outcomes for Clients of Higher Ground*. Report prepared for Higher Ground Drug Rehabilitation Trust. Auckland: Julian King & Associates Limited – a member of the Kinnect Group. URL: <http://www.higherground.org.nz/wp-content/uploads/2016/03/Review-of-Outcomes-for-clients-of-Higher-Ground-2016.pdf> (accessed June 2019).
- Litmus and Sapere. 2017a. *Post-implementation Review Report of the National Telehealth Service*. Wellington: Litmus and Sapere.
- Litmus and Sapere. 2017b. *National Telehealth Service Post-Implementation Review: Technical Appendix report*. Wellington: Litmus and Sapere.
- Litmus and Sapere. 2018a. *Phase 2 Report on the National Telehealth Service Evaluation*. Wellington: Author.
- Litmus and Sapere. 2018b. *Technical Appendices for the Phase 2 Report on Healthline and Injury-Related Services*. Wellington: Author.

Litmus and Sapere. 2019. National Telehealth Service Evaluation Plan: Phase Three. Wellington: Author.

Litmus and Sapere. 2020. [REDACTED]

Ministry of Health (2015). *National Telehealth Service Agreement for Services*. Ministry of Health. Unpublished.

Ministry of Health. 2019a. *Annual Update of Key Results 2017/18: New Zealand Health Survey*. URL: [www.health.govt.nz/publication/annual-update-key-results-2017-18-new-zealand-health-survey](http://www.health.govt.nz/publication/annual-update-key-results-2017-18-new-zealand-health-survey) (accessed 21 October 2019).

Ministry of Health. 2019b. *Achieving equity*. URL: <https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2018/achieving-equity> (accessed 17 September 2019).

Ministry of Health. 2019c. PP6: Improving the health status of people with severe mental illness through improved access [Data file]. Retrieved from <https://nsfl.health.govt.nz/accountability/performance-and-monitoring/mental-health-alcohol-and-drug-addiction-sector>

Office of the director of mental health and addiction services, 2018, *Office of the Director of Mental Health and Addiction Services Annual Report 2017*. <https://www.health.govt.nz/system/files/documents/publications/office-of-the-director-of-mental-health-and-addiction-services-annual-report-2017-v2.pdf>

Thimasarn-Anwar, T., Squire, H., Trowland, H. & Martin, G. (2017). Gambling report: Results from the 2016 Health and Lifestyles Survey. Wellington: Health Promotion Agency Research and Evaluation Unit.

World Health Organisation. 2005. Assessment Instrument for Mental Health Systems. Switzerland: World Health Organisation. URL: [https://www.who.int/mental\\_health/evidence/AIMS\\_WHO\\_2\\_2.pdf](https://www.who.int/mental_health/evidence/AIMS_WHO_2_2.pdf) (accessed March 2019).

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