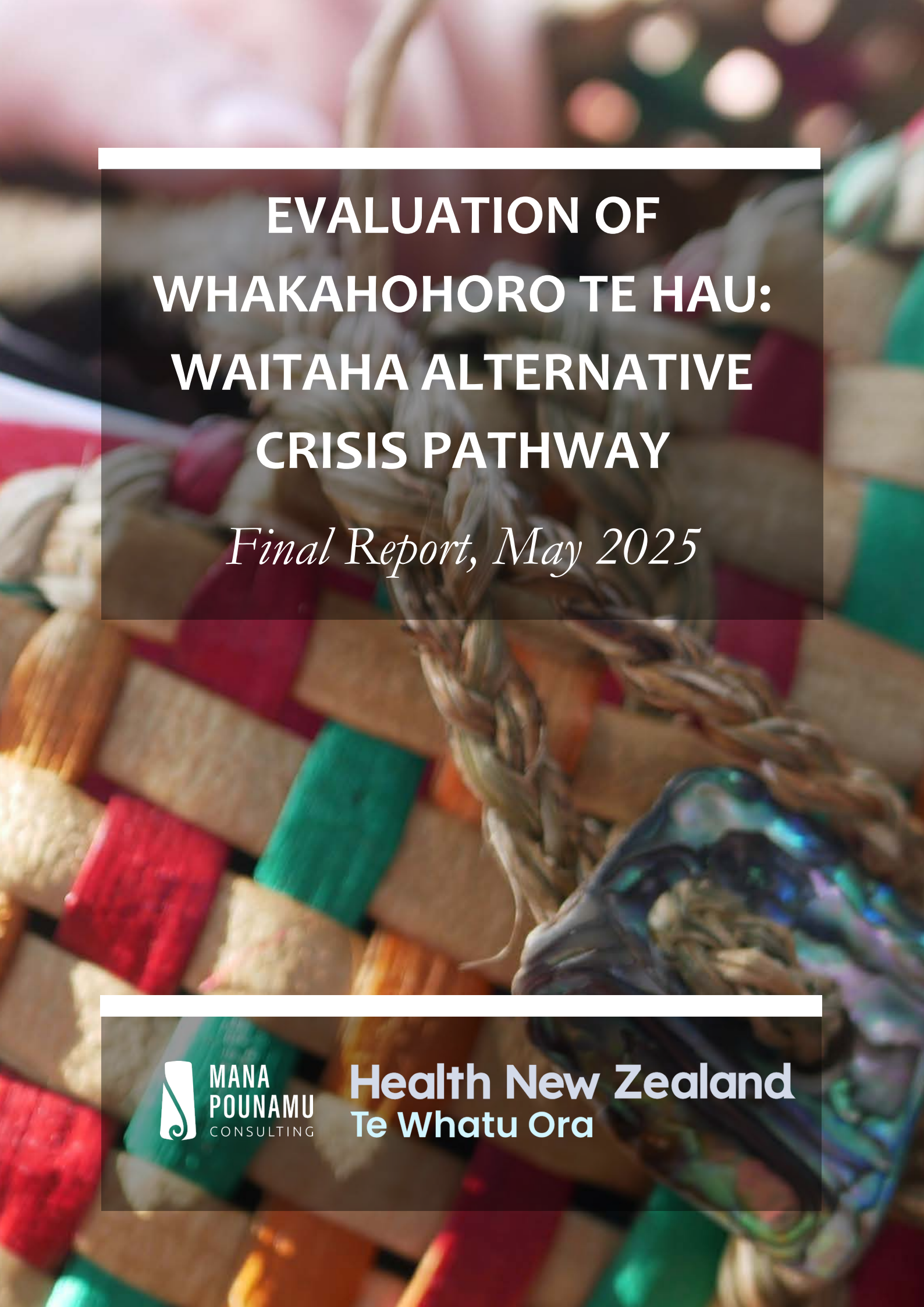

EVALUATION OF WHAKAHOHORO TE HAU: WAITAHA ALTERNATIVE CRISIS PATHWAY

Final Report, May 2025

MANA POUNAMU CONSULTING

Health New Zealand
Te Whatu Ora

MANA POUNAMU CONSULTING

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E MIHI ANA | ACKNOWLEDGEMENTS

Ka tuku mihi mātou ngā kairangahau, kaituhi hoki o tēnei ripoata ki ngā Tāngata Whaiora nāna nei mātou i kōrerohia, ki ngā kaimahi hoki o *He Waka Tapu*, *Purapura Whetū*, Te Aka Whaiora hoki. Nō koutou te mana o tēnei kaupapa a *Whakahohoro Te Hau*, waimārie mātou o *Mana Pounamu* kia rongo ai ki ō koutou kōrero, whakaaro hoki. Ō mātou mihi nui ki a koutou, i kore tēnei pūrongo e taea ai te tū. Ngā mihi nui anō.

We, the researchers and writers of this report, offer our thanks and acknowledgements to those Tāngata Whaiora who shared their stories with us, and also to the staff of *He Waka Tapu*, *Purapura Whetū*, and Te Aka Whaiora. The mana of *Whakahohoro Te Hau* belongs to you, and we at *Mana Pounamu* are fortunate to have listened to your experiences and perspectives. We offer our heartfelt thanks to you all – without you, this report would not have been possible. Ngā mihi nui once again.

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EXECUTIVE SUMMARY

This report presents findings of the evaluation of *Whakahohoro Te Hau: Waitaha Alternative Crisis Pathway* (the programme/service). *Whakahohoro Te Hau* is a Waitaha-based service designed to address and eliminate obstacles for whānau seeking assistance during mental health crises, delivered by *He Waka Tapu* and *Purapura Whetū*. The kaupapa aims to address the number of whānau Māori presenting to crisis and emergency department services in acute mental distress. The objectives of this evaluation were to:

- explore the service delivery model;
- understand the experiences of Tāngata Whaiora and whānau who have accessed the service;
- explore Tāngata Whaiora and wellbeing outcomes, and the impact on numbers of Tāngata Whaiora presenting at the emergency department in acute mental distress; and
- identify what is working well and what could be improved.

The evaluation was delivered through a combined process-outcomes evaluation: 'te pēhea' (process) and 'ngā hua' (outcomes). It concurrently assessed the processes established to deliver *Whakahohoro Te Hau*, and the outcomes of the intervention. In line with our kaupapa Māori evaluation methodology, the evaluation used primarily qualitative methods. This included a review of documents, kōrero/interviews with kaupapa partners (those involved somewhere within the programme's orbit, including representatives from Crisis Resolution, Te Whatu Ora in Canterbury, Police and the service co-commissioner), and site visits to engage with *Whakahohoro Te Hau* kaimahi/staff in management roles of the two contracted organisations. A central aspect of our approach included interviews with Tāngata Whaiora who have been clients of *Whakahohoro Te Hau,* to understand their experience of the service. Quantitative data sources complemented our qualitative methods, including analysis of administrative data and a review of data on emergency department presentations in Waitaha.

KEY FINDINGS

Te pēhea: Model delivery and Tāngata Whaiora experiences

The service demonstrates successful implementation as a kaupapa Māori mental health service and effectively fills a critical gap through **innovative referral pathways, integrated support approaches, and strong partnerships.** Tāngata Whaiora consistently report positive experiences with the service's strengths-based,

collaborative approach that provides culturally appropriate, holistic support across the domains of Te Whare Tapa Whā, enabling them to address immediate crises while building pathways toward sustainable wellbeing.

The service has established effective reach through a **relationship-focused approach** to building awareness, by prioritising direct engagement with referrers over promotional materials. Multiple referral pathways, including self-referrals, walk-ins, and service provider referrals, create accessible entry points. A particularly successful innovation has been **embedding kaimahi directly within Crisis Resolution teams and Police**, significantly improving referral flows and increasing referrer confidence. This approach has enabled the service to effectively reach people experiencing distress before escalation to acute crisis, particularly those who **fall between clinical thresholds** and might otherwise not receive appropriate support.

The effectiveness of *Whakahohoro Te Hau* stems from its **integrated support model that blends clinical, non-clinical, and cultural elements** to address multiple dimensions of wellbeing. Kaimahi employ a **collaborative approach that prioritises Tāngata Whaiora agency and decision-making** rather than imposing predetermined solutions. This **strengths-based practice** affirms Tāngata Whaiora capabilities rather than focusing on deficits or diagnoses. A key component of the service is **practical navigation and advocacy support**, with kaimahi often accompanying Tāngata Whaiora to appointments and ensuring their voices are heard by decision makers in government departments and other services. **Cultural safety** is achieved through embedding kaupapa Māori approaches throughout service delivery, benefiting both Māori and non-Māori Tāngata Whaiora, with many participants reporting that cultural connection or reconnection was an important part of their healing journey.

Kaimahi effectiveness is enhanced by their **combination of professional training and lived experience**, which Tāngata Whaiora recognise as valuable for genuine empathy and understanding. Currently, kaimahi wellbeing is primarily supported through informal peer support and strong team connections, with structural arrangements like **four-day work weeks** helping kaimahi to maintain personal wellness through work-life balance. The service demonstrates strong alignment with its intended operating model while maintaining **flexibility to meet individual needs**. The complementary approach of day and evening coverage through different providers effectively extends mental health support beyond traditional hours.

The partnership between *He Waka Tapu* and *Purapura Whetū* has **evolved from intensive coordination to more parallel delivery**, with each provider bringing distinct strengths while maintaining a shared kaupapa. Both organisations offer **warm handovers to other internal services**, providing continued support beyond the brief

intervention. External connections across the domains of Te Whare Tapa Whā create comprehensive support networks for Tāngata Whaiora. Strategic positioning as **complementary rather than competitive** with existing services has facilitated integration within the broader mental health system.

Ngā hua: Progress toward outcomes

Whakahohoro Te Hau, as a brief intervention, does not directly achieve outcomes. Instead, it serves as a bridge, **facilitating Tāngata Whaiora access to wrap-around services that can lead to wellbeing outcomes**. The evaluation identified that Tāngata Whaiora experienced improvements in wellbeing through incremental changes facilitated by their engagement with *Whakahohoro Te Hau*. An important outcome for many Tāngata Whaiora was **a sense of hope and validation**, which was crucial in motivating Tāngata Whaiora to take steps towards improving their mental health. Addressing past trauma, facilitated by genuine connections with kaimahi, enabled Tāngata Whaiora to make progress in their mental wellbeing. This holistic approach, focusing on underlying causes rather than just symptoms, has proven effective in increasing Tāngata Whaiora wellbeing.

An important outcome for most Tāngata Whaiora engaging with *Whakahohoro Te Hau* is the **development of strategies to manage distress and prevent crises**. These strategies are diverse, including building support networks, learning breathing exercises, and developing the ability to reflect and reframe challenging situations. This approach has helped Tāngata Whaiora identify and respond to triggers of mental distress. Tāngata Whaiora who accessed deeper wrap-around support services **reported significant improvements in managing anxiety, depression, self-harm and suicidal ideation**. Many attributed their progress to the support from *Whakahohoro Te Hau* kaimahi, community-based services, and their personal support networks.

Whakahohoro Te Hau addresses a critical gap in the continuum of mental health and psychosocial support in Waitaha. Clinical mental health services previously struggled to provide appropriate care for individuals who did not meet the threshold for clinical intervention. *Whakahohoro Te Hau* **offers unique psycho-social support, connecting Tāngata Whaiora to comprehensive wrap-around services**. This approach has proven more responsive to the needs of Tāngata Whaiora, many of whom had negative experiences with the traditional mental health system. While quantitative data on emergency department admissions does not reveal any change in overall presentation rates for mental health, there is anecdotal evidence of reduced repeat presentations at an individual level.

It is too early to assess the long-term outcomes of *Whakahohoro Te Hau*, but its holistic, kaupapa Māori approach positions it well to positively impact the mental health system in Waitaha. One intended outcome is increased mental wellbeing and resilience among whānau, hapū, and iwi, with evidence suggesting improved wellbeing among individuals engaged with the service. This may create a ripple effect as these individuals share mental wellness strategies within their communities. *Whakahohoro Te Hau* also aims to reduce pressure on emergency departments and crisis services, although this outcome is not yet observable in the data. Additionally, the service is making progress towards **supporting mental health and addiction services to be more responsive to Māori**. *Whakahohoro Te Hau* kaimahi have integrated into Crisis Resolution teams, the Police mental health response team, and cross-agency hui, advocating for Tāngata Whaiora Māori and influencing practice changes through a kaupapa Māori model of care.

EVALUATION OF *WHAKAHOHORO TE HAU*[1]

BACKGROUND + CONTEXT

Mana Pounamu Consulting, alongside *Allen + Clarke Policy & Regulatory Specialists*, was commissioned by Te Aka Whai Ora, the Māori Health Authority (now Te Whatu Ora) to evaluate the mental health service, *Whakahohoro Te Hau: Waitaha Alternative Crisis Pathway* (the programme/service). *Whakahohoro Te Hau* is a dedicated Waitaha-based service designed to address and eliminate obstacles for whānau seeking assistance during mental health crises in Canterbury. This report examines participant experiences with *Whakahohoro Te Hau*, the delivery of *Whakahohoro Te Hau,* and progress toward outcomes for Tāngata Whaiora and the system of mental health support in Waitaha.

[1] Photo by Sylvain Cleymans on Unsplash.

The service is delivered collaboratively by two key organisations: *Purapura Whetū* and *He Waka Tapu*. Together, both providers offer a comprehensive support system rooted in clinical, community, and cultural expertise, with teams of kaimahi providing interventions for individuals and their whānau. Central to *Whakahohoro Te Hau* is a holistic approach to mental health care and wellness, ensuring that the needs of participants are addressed in an inclusive and culturally grounded manner. The programme is structured to meet diverse needs through its two providers: *He Waka Tapu* operates as a day service, offering accessibility through self-referrals and serving as a critical entry point for those in immediate need. In contrast, *Purapura Whetū* functions as an evening service, requiring external referrals to access its services. These complementary models work together to provide tailored support, reflecting the core principles of *Whakahohoro Te Hau*.

THE EVALUATION

Evaluation objectives

The evaluation aimed to provide insights and evidence on what is working well with *Whakahorohoro Te Haul*'s pilot services, what could be improved, and capture lessons regarding kaupapa Māori early intervention mental health services. Specific evaluation objectives were to:

- explore the service delivery models that the two Hauora Māori providers have established to implement *Whakahorohoro Te Hau*
- understand the experiences of Tāngata Whaiora and whānau who have accessed the services
- explore the impact of the services on Tāngata Whaiora and whānau health and wellbeing outcomes, as well as the impact on numbers of whānau Māori presenting to emergency departments and secondary care crisis services
- identify areas of success within the current *Whakahohoro Te Hau* services, along with areas that could be improved
- provide practical recommendations to inform decisions regarding the future of *Whakahorohoro Te Hau*, including the potential for a wider roll out of the pilot.

More broadly, the evaluation is intended to contribute to the body of knowledge regarding effectiveness in early intervention mental health initiatives targeting whānau Māori in Aotearoa.

KEY EVALUATION QUESTIONS

The key evaluation questions (KEQs) that framed the evaluation included:

1. To what extent is *Whakahohoro Te Hau* implemented and operating as intended?
2. How have Tāngata Whaiora and whānau accessed and experienced the intervention?
3. To what extent has *Whakahohoro Te Hau* achieved its intended short-term outcomes?
4. To what extent is *Whakahohoro Te Hau* on track to achieve the anticipated long-term outcomes?

To respond to the evaluation questions, we developed a set of criteria that represent 'what matters' for *Whakahohoro Te Hau*, and descriptions of 'what good looks like' (standards) for each criterion. These were operationalised into a series of tohu (indicators). Together, these formed the framework for evaluating what difference the *Whakahohoro Te Hau* is making and for whom. The criteria, standards and tohu are provided in Appendix A.

METHODS

In line with our kaupapa Māori evaluation methodology, the evaluation used primarily qualitative methods to answer the KEQs, with quantitative methods used to triangulate the qualitative data. Details of the data collection methods are provided below.

Document review

Te Whatu Ora provided a range of documents related to the policy objectives and service design of *Whakahohoro Te Hau*. These included contracts, service specifications and monitoring reports, as well as documents developed by the two contracted service providers to deliver the service (such as intake materials). We reviewed and summarised these documents to gain a firm grasp of *Whakahohoro Te Hau*, allowing us to understand its policy intent and appropriately design the evaluation. During the data collection phase of the evaluation, we undertook a deductive review of documents against the KEQs. This was triangulated against the primary data generated through the interviews to validate and contextualise the findings related to the delivery of the initiative.

Kōrero with partner organisations and service kaimahi

The evaluation's primary data collection included interviews with kaupapa partners (partners involved in the design, administration, and implementation of the service) involved with *Whakahohoro Te Hau*. The interview sample included representatives of partner organisations in Waitaha, including Crisis Resolution, Te Whatu Ora in Canterbury, Police and the service co-commissioner. These interviews explored kaupapa partners' awareness and understanding of the *Whakahohoro Te Hau*, how

Tāngata Whaiora access the service, their interaction with the two service providers, the extent to which the service meets the needs of Tāngata Whaiora, and outcomes they have observed through Tāngata Whaiora participation in the service.

The evaluation also undertook interviews with service kaimahi, including those delivering *Whakahohoro Te Hau* in *He Waka Tapu* and *Purapura Whetū*, as well as people in management roles in these organisations. The interviews discussed referral pathways that had been established; the processes that the organisations had developed to support Tāngata Whaiora; training and support for kaimahi; how the service is delivered through a kaupapa Māori model; and Tāngata Whaiora and system outcomes. The interviews were undertaken during two site visits: one in September 2024 and one in November 2024.

Kōrero with Tāngata Whaiora

A central aspect of our methodology was kōrero/interviews with Tāngata Whaiora who have been clients of *Whakahohoro Te Hau*. The sample included clients of both *He Waka Tapu* and *Purapura Whetū* who had been with the service for a range of time periods. Tāngata Whaiora we engaged with came from a range of cultural backgrounds, including Māori, Pasifika and Pākehā/New Zealand European. These interviews were mostly conducted kanohi-ki-te-kanohi/in person while undertaking the site visits, with a small number of interviews via telephone and videoconferencing where this was preferred by the individual, or when they had not been available during the site visit itself.

Kōrero explored Tāngata Whaiora perspectives of their experience accessing *Whakahohoro Te Hau*, the support they received, how well the service met their needs, and what difference participation in the service has made for them. Our approach with Tāngata Whaiora was guided by kaupapa Māori research practices, centred around manaakitanga. Given the potential vulnerability of participants, we also drew on trauma-informed research practice. This included seeking informed consent and inviting Tāngata Whaiora to bring a support person to the interview. We invited Tāngata Whaiora to discuss their experiences with the service, but did not ask for details of any mental health issues that led them to seek support, unless they wished to tell us their stories. Kōrero was participant-led, with Tāngata Whaiora having autonomy over what they chose to discuss. As always, koha was provided to mihi/acknowledge Tāngata Whaiora for their time, and we offered kai during our kōrero if appropriate.

Administrative data

Quantitative administrative data was extracted from the quarterly monitoring reports submitted by *Purapura Whetū* and *He Waka Tapu* from October 2024 to December 2024[2]. Data provided included the number of referrals and referral sources, some demographic information (ethnicity, gender and age, although these data were not consistently provided in monitoring reports), and onward referral pathways.

The evaluation also accessed Ministry of Health data on emergency department presentations for mental health-related incidents, which was provided by Te Whatu Ora. Data included annual rates of emergency department presentations that were categorised as 'mental health problem', 'self-harm' or 'suicidal thoughts' from 2019/20 to 2024/25. Annual rates of presentations in Christchurch were supplied as Māori ethnicity only and all ethnicities. While data was also provided for all Waitaha (including Ashburton and Christchurch) and for Christchurch, only the data from Christchurch was used in the analysis; we did explore including data from Waitaha excluding Christchurch as a comparison group, but the sample size was too small to make a valid comparison.

Data analysis

The qualitative data from the interviews was deductively coded against the key evaluation questions to identify themes and sub-themes, using the constant comparative method.[3] The raw data was coded using an open coding approach to sort the data into broad thematic categories. As we coded the transcripts, each new piece of data was compared to previously coded data, looking for similarities and differences between the experiences of each participant group. The evaluation team then reviewed the viability of each theme, until agreement was reached on the key insights. Descriptive analysis of administrative data was run to provide an overview of the demographics of *Whakahohoro Te Hau* participants, and to inform questions relating to the reach of the service.

Data for overall emergency department presentation rates for mental health-related incidents in Christchurch for Māori (as the priority population for *Whakahohoro Te Hau)* were compared to presentation rates for non-Māori. The annual numbers of

[2] While the service has been running since June 2023, the Q1 2023/24 monitoring report for *Purapura Whetū* was not available – the analysis has therefore been undertaken from Q2 2023/24

[3] Constantinou, C. S., Georgiou, M., & Perdikogianni, M. (2017). A comparative method for themes saturation (CoMeTS) in qualitative interviews. *Qualitative Research*, 17(5), 571-588. https://doi.org/10.1177/1468794116686650

presentations needed to account for population changes over the evaluation period, which is best done by calculating presentations as a proportion of the total population. However, the only year-by-year population data was for the total Christchurch population (i.e., all ethnicities). For the Māori population we have used New Zealand Census data in 2018 and 2023, which gives Māori ethnic population counts. To estimate Māori ethnic population numbers for other years, a simple linear increase in numbers was calculated as the difference in population between 2023 and 2018 divided by the number of years, with the same fraction added to the 2024 figure. This means that the numbers are indicative only.

Data synthesis

The findings of the qualitative data analysis were triangulated against and compared to the quantitative data to identify recurring and divergent themes for each of the key evaluation questions. This enabled cross-referencing, integration, and synthesis of information from all data sources to inform the development of findings. As part of the analysis process, we tested our emerging findings at hui with a Kaitiaki Rōpū that had been established to guide the evaluation. These discussions helped shape the findings presented in this report.

ETHICS

An ethics application was lodged with the Aotearoa Research Ethics Committee (AREC24_34), who considered the evaluation approach and methodology and agreed that the project meets appropriate ethical standards.

LIMITATIONS

Qualitative focuses

The evaluation appropriately prioritised qualitative methods to capture the authentic lived experiences of Tāngata Whaiora and the nuances of culturally grounded service delivery. This approach centred the voices of service users and provided rich contextual data about implementation and experiences. However, future evaluation phases could build on this foundation by incorporating more complementary quantitative measures to further strengthen the evidence base.

Early stages of programme implementation

Whakahohoro Te Hau is in its developmental phase, with this evaluation capturing important insights from early implementation. The service model continues to evolve,

and the partnerships between organisations are still maturing. This evaluation establishes a valuable baseline, with ongoing monitoring recommended to track how the service adapts and whether early positive indicators translate into sustained outcomes over time.

Disengagement

The evaluation focused primarily on active participants and successful engagements, which provided substantial insights into effective service elements. To develop a more comprehensive understanding in future evaluation phases, additional exploration of experiences from those with briefer engagements could potentially identify further opportunities for service enhancement and reach.

Timeframe considerations

The evaluation provides a robust snapshot of service implementation during the assessment period. Mental health service needs often fluctuate throughout the year due to seasonal factors, community events, or other cyclical patterns. Continued monitoring across multiple seasons would provide additional insights into how *Whakahohoro Te Hau* effectively adapts to these variations and maintains alignment between service capacity and community needs throughout the year.

CHAPTER 1: MODEL DELIVERY & TĀNGATA WHAIORA EXPERIENCES[4]

This chapter responds to the following two KEQs:

1. To what extent is *Whakahohoro Te Hau* implemented and operating as intended?
2. How have Tāngata Whaiora and whānau accessed and experienced the programme?

In this chapter , findings are organised and explored through the four criteria of **reach**, **effectiveness**, **alignment**, and **partnership**.

REACH: ESTABLISHING SYSTEMS TO IDENTIFY AND ACCESS THE TARGET POPULATION

Awareness of Whakahohoro Te Hau among Tāngata Whaiora, whānau and service providers

Whakahohoro Te Hau has used multiple strategies to build awareness of its services among potential users and referrers in Waitaha. The service has prioritised relationship-building with key partners in the mental health landscape, rather than relying on promotional materials. This direct engagement has been effective for establishing service visibility. Kaimahi described intentional efforts to build awareness through direct engagement with referrers: "We go to those spaces, introduce ourselves and *Whakahohoro Te Hau*." Another added:

> *"We spend quite a bit of time networking with other agencies, and [have made] presentations at Corrections, with community probation officers... MSD regional health and disability team [and so on] to offer Whakahohoro Te Hau as part of their suite of services."*

This relationship-focused approach to awareness-building has been particularly effective in clinical settings, such as primary care and clinical mental health services. As one kaimahi from *He Waka Tapu* observed: "Among medical staff in ED, *Whakahohoro*

[4] Photo by Doug Bagg on Unsplash.

Te Hau is well known." The service also uses broader community engagement to raise awareness, as one kaimahi explained:

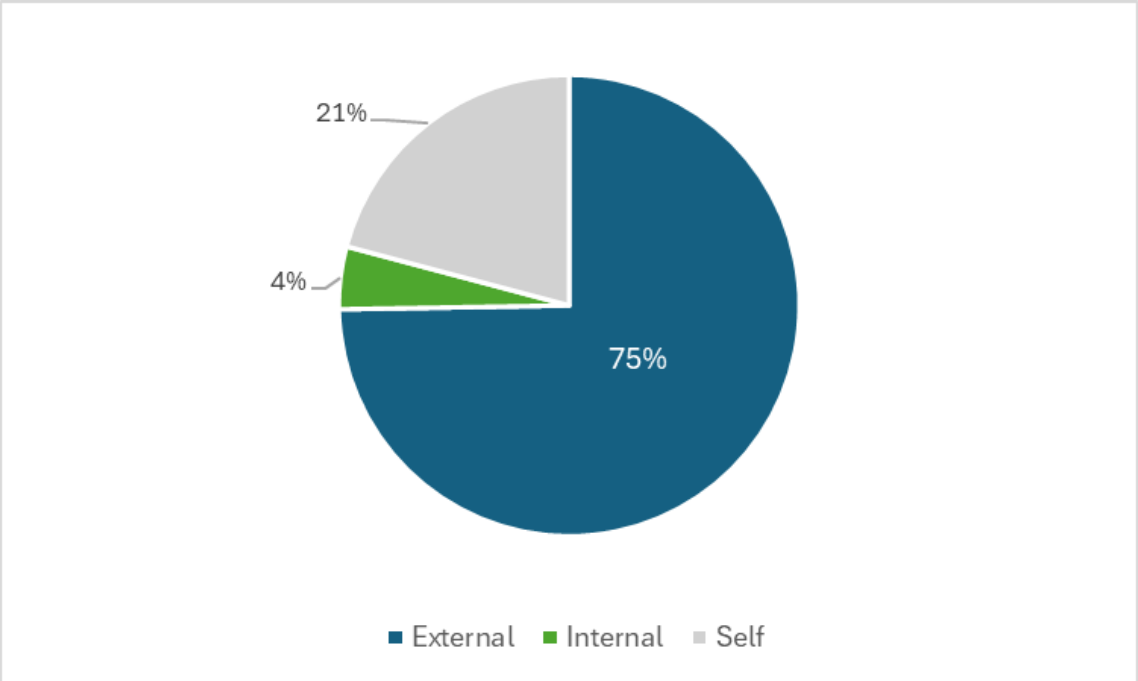
> *"We run symposiums in other areas once a month. We did one in Kaikōura, one in Hakatere. We've done five this year. We invite whānau to come in to understand what we do, raise awareness of mental health [and Whakahohoro Te Hau]."*

While some promotional materials are used, the emphasis on relationship-building appears to create deeper understanding of the service than would be possible through information materials alone. This suggests that awareness-building for kaupapa Māori services may be most effective when it prioritises relationships over marketing.

Development of effective referral pathways

Whakahohoro Te Hau has established multiple referral pathways that collectively enable access for Tāngata Whaiora. The complementary approaches of *He Waka Tapu* (accepting self-referrals and walk-ins as well as referrals from service providers) and *Purapura Whetū* (working through service provider referrals) provide both open access and structured entry points. Administration data shows that 75 percent of all referrals to *He Waka Tapu* were from external service providers, and 21 percent were self-referrals (Figure 1). All *Purapura Whetū* referrals were from external sources.

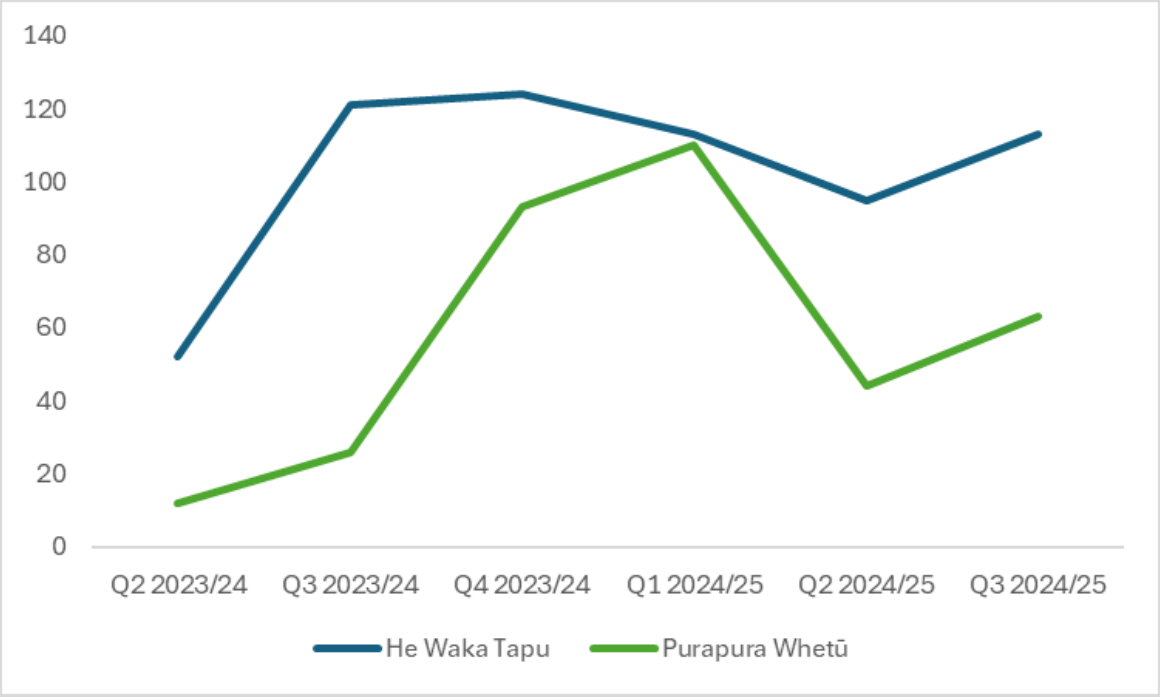
Figure 1: Percentage of referrals to He Waka Tapu for Whakahohoro Te Hau, by source



The most significant innovation in referral pathway development has been the embedding of kaimahi directly within key referral settings, particularly the Crisis Resolution teams and Police. This physical presence strategy has proven effective. As one kaimahi from *He Waka Tapu* explained: "Most referrals come from [Crisis Resolution]... because we [are physically at the table], having that face in the MDT [Multi-Disciplinary Table]... Physically being there is important."

Kaimahi in both services discussed how establishing these referral pathways initially encountered difficulty. Service administrative data shows that both service providers built referral numbers over time (Figure 2). Referral numbers have dipped again in Q2 2024/25, particularly for *Purapura Whetū,* but increased again by the following quarter.

Figure 2: Whakahohoro Te Hau quarterly referral numbers by provider



Overcoming the initial barriers to referral required persistence and relationship-building, underscoring the importance of physically 'sitting' at the MDT with Crisis Resolution:

> *"[We] overcame [these barriers] through physically being there, at Crisis Resolution. We went in there and presented the team to the CR workers, and spent 2-3 hours walking around, meeting service people, understanding how they work. This changed the dynamic and the mindset of people."*

This approach to referral pathway development has broader implications for system integration, suggesting that embedding staff may be more effective than documentation-based processes for establishing functional pathways between services.

Referrer confidence

The confidence of referrers in *Whakahohoro Te Hau* appears to have grown substantially, particularly where strong relationships have been established. Crisis Resolution staff expressed high confidence in the service, with one commenting that "…having health, Police, and NGO [representatives] sitting around the same table, referrals can happen instantly. [This is] effective, and this kind of instant response is working well." Another added:

> *"What's wonderful about [the referral process for Whakahohoro Te Hau] is it's done in a timely way; people aren't being over assessed from a mental health perspective, aren't needing to repeat their story and get no help; we can't provide for those social needs, but He Waka Tapu and Purapura Whetū can, and have fabulous connections and support."*

Communication practices reinforce referrer confidence. As one kaimahi from *Purapura Whetū* explained: "I always send an email back to the referrer, so they are getting feedback on what happened to the whaiora [in question]." This closing of the feedback loop strengthens trust with referrers, particularly for those concerned about what happens after they refer Tāngata Whaiora to the service.

The embedding of *Whakahohoro Te Hau* kaimahi in Police settings has been particularly effective in building referrer confidence. As another kaimahi from *Purapura Whetū* noted,

> *"Our collaboration with the Police mental health response team works well. Tāngata Whaiora who would previously have gone to Police or Hillmorton (but don't meet mental health service criteria) would have fallen through the cracks – we now can engage with these whaiora."*

The growing confidence of referrers appears to stem from witnessing positive outcomes for Tāngata Whaiora they refer to the programme. A Crisis Resolution staff member shared an example of a person who repeatedly presented with suicidal thoughts but did not meet the hospital admission threshold. Through collaboration with *He Waka Tapu*,

the individual received essential social support – food, clothing, and men's support services – which better addressed the root cause of their distress and mitigated further crisis presentations. This example illustrates that Tāngata Whaiora distress is often treated as a clinical issue, but the real need might be social rather than medical. The delivery of *Whakahohoro Te Hau* demonstrates the power of responsive, community-based support. It suggests that effective interventions need to take a broader view of wellbeing, recognising the link between social determinants and mental health.

Reaching Tāngata Whaiora in early stages of mental distress

Whakahohoro Te Hau is intended as a brief intervention, which is defined as a first response to people presenting with mild to moderate mental health issues who require lower levels of stepped care.[5] It is specifically targeted at providing early intervention before situations escalate to acute crisis. Kaimahi described the diverse presentations they encounter: "In the initial stages it's often psycho-social issues [and] relationships. [Tāngata Whaiora] see it as a crisis, but it wouldn't meet the clinical definition of a mental health crisis," explained one kaimahi from *Purapura Whetū*. Another observed: "When whānau present, they can be in crisis – we might have someone screaming in the carpark that they will kill themself; or can be a crisis for them, e.g., they have lost their housing, [and they] don't know what to do."

The service reaches people who might not otherwise engage with mental health services until their situation deteriorates further. As one Tangata Whaiora who accessed *He Waka Tapu* described:

> *"It was hard to ask for help at first, I felt weak, [and] had people say 'You don't need help, suck it up.' [But then I] thought 'Bugger youse, life's too short, now is the time to get help!' So I took the step."*

Tāngata Whaiora repeatedly mentioned that the approachable, non-clinical environment facilitates this early engagement: "I feel like I'm at home here. I get anxiety from some buildings, but here, when I open the door, I feel at peace." Particularly significant is the service's ability to reach those who fall between clinical thresholds – experiencing significant distress but not meeting criteria for specialist mental health services and intervention. As one Tangata Whaiora who accessed *Purapura Whetū* described:

[5] Definition from: https://www.tepou.co.nz/initiatives/integrated-primary-mental-health-and-addiction/brief-interventions

> *"I tried to get help but had been declined by the DHB eating disorder services and became depressed and unwell... I felt passed around the system... Then I was put in touch with Purapura Whetū ."*

Another shared a similar experience: "I was told that the level of mental health issues I experienced were not enough to access clinical mental health services – so was referred to *Purapura Whetū*."

The service's responsiveness to Tāngata Whaiora *perception* of crisis, rather than clinical definitions, appears key to this early engagement. As one kaimahi from *He Waka Tapu* explained: "[Each person's] crisis is different for everyone, and we recognise this as their reality." Another noted:

> *"Many people that come through are in crisis, but this may not be a mental health need – it may feel like a mental health crisis [to them], but might [have been triggered by] a financial crisis or family violence incident."*

Whakahohoro Te Hau kaimahi work with Tāngata Whaiora to de-escalate from the immediate crisis and then navigate into other services which can support them to achieve wellbeing outcomes. This is delivered in line with kaupapa Māori principles, emphasising manaaki towards Tāngata Whaiora and collaborating to move towards a state of tau/balance. As one kaimahi stated:

> *"Our team will work one-on-one to get whaiora to a place where they are balanced in their hinengaro. When they are in a place of balance, we'll do a handover to other support services."*

Once the immediate crisis has settled, kaimahi partner with Tāngata Whaiora to agree the next step in their mental wellbeing journey, which may include referral to other services and support in the community. This approach to early intervention has implications for the wider mental health system, potentially preventing escalation to more intensive interventions through timely, appropriate response to distress at earlier stages.

Tāngata Whaiora volumes and characteristics

Administrative data shows that from 1 October 2023 to 31 March 2025 a total of 983 Tāngata Whaiora accessed the service across both providers. Of these, approximately one third of service participants (365 people) accessed *Purapura Whetū* and two thirds (618 people) accessed *He Waka Tapu*. The difference in volumes of Tāngata Whaiora accessing the two providers is likely to be partially due to the difference in service operating model, with *Purapura Whetū*'s *Whakahohoro Te Hau* service operating only in the evening and not accepting self-referrals, meaning access pathways are more limited.

While *Whakahohoro Te Hau* is a kaupapa Māori service, analysis of administrative data shows that across both providers nearly half of the Tāngata Whaiora who accessed service were Pākehā, with Māori comprising 41 percent of total service participants (Table 1).

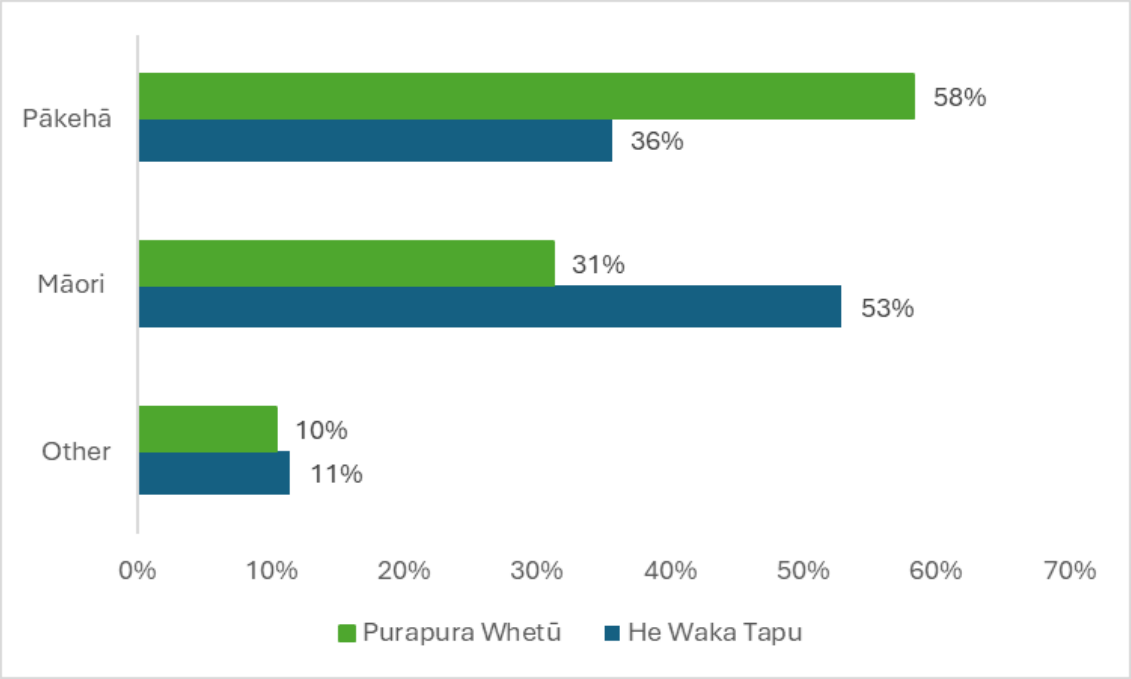
Table 1: Ethnicity of Tāngata Whaiora accessing Whakahohoro Te Hau

ETHNICITY	% OF TANAGA WHAIORA
Māori	41%
Pākehā	48%
Other	11%

When analysed by provider (Figure 3, overleaf), the data shows that 58 percent of Tāngata Whaiora who have accessed *Whakahohoro Te Hau* through *Purapura Whetū* have been Pākehā, and 31 percent Māori. Conversely, for Tāngata Whaiora engaging with *He Waka Tapu*, 36 percent were Pākehā, with 53 percent Māori.

Given the service was explicitly established in response to increasing numbers of Tāngata Whaiora Māori presenting at the emergency department, the data indicates that there is potential for *Whakahohoro Te Hau* to strengthen its reach to specifically target whānau Māori, particularly through *Purapura Whetū*'s service. This is important to note as the programme continues to mature, to ensure the policy intent of *Whakahohoro Te Hau* is carried forward in future.

Figure 3: Ethnicity of Tāngata Whaiora accessing Whakahohoro Te Hau by provider



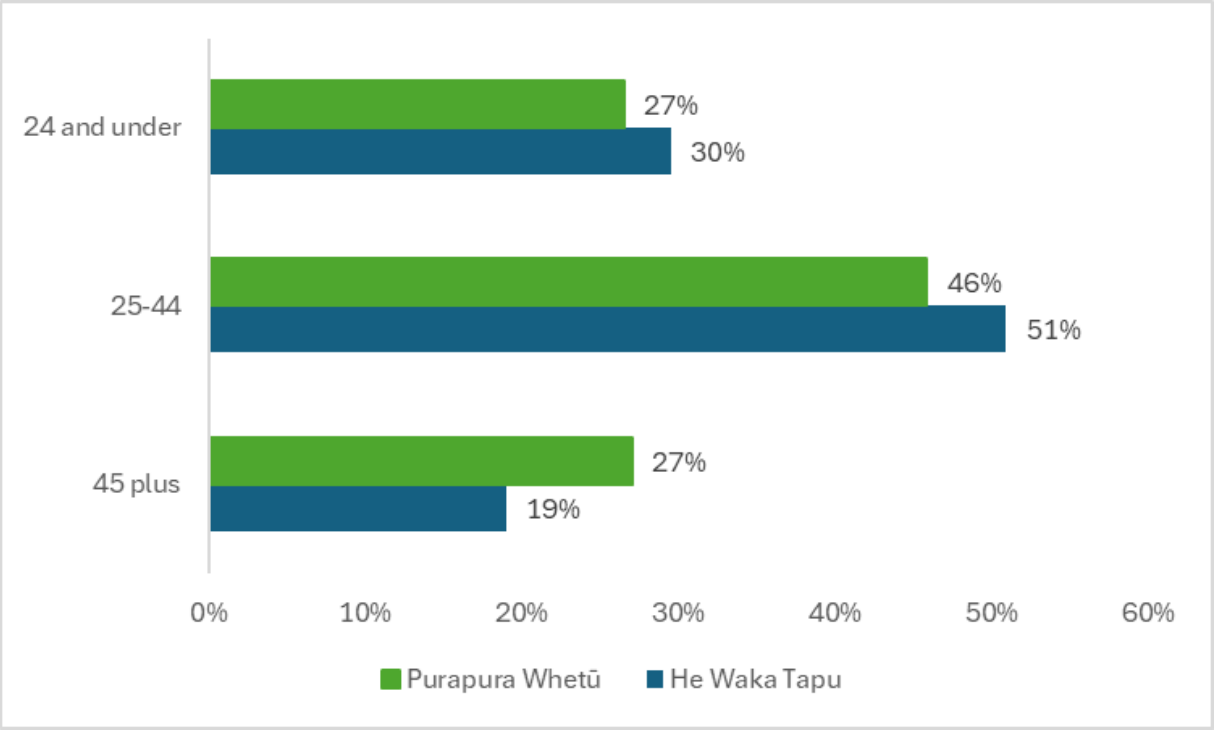
Analysis of Tāngata Whaiora by age group (Table 2) shows that around half are aged 25 to 44 years old.

Table 2: Age of Tāngata Whaiora accessing Whakahohoro Te Hau

AGE GROUP	% OF TANAGA WHAIORA
24 years and under	28%
25-44 years	49%
45 years plus	23%

The age breakdown is relatively consistent across the two providers (Figure 4), although *He Waka Tapu* saw a slightly higher proportion of people in the younger and middle age brackets, and a slightly lower proportion of Tāngata Whaiora in the older age bracket.

Figure 4: Age of Tāngata Whaiora accessing Whakahohoro Te Hau, by provider



Data on the gender of *Whakahohoro Te Hau* participants was sparse, with only *Purapura Whetū* providing this information, and only in two quarterly reports. Based on this limited information, 63 percent of Tāngata Whaiora were wāhine and 37 percent were tāne; however, this should be considered with caution due to incomplete data availability.

The rapid response capability of the services appears important for maintaining Tāngata Whaiora volumes, with kaimahi repeatedly emphasising the need to move quickly when referrals come through. Tāngata Whaiora themselves confirmed this responsiveness: "It was instant, it was really quick. [*Purapura Whetū*] called me and then arranged a meeting with me and [my case manager] within a few days." The combination of multiple referral pathways – including self-referral, walk-ins, Crisis Resolution, GPs, and Police – has created a flow of Tāngata Whaiora into the service. This suggests that the multi-faceted approach to access has been effective in achieving volume targets.

EFFECTIVENESS OF SUPPORT FOR TĀNGATA WHAIORA

Clinical, non-clinical and cultural support

Whakahohoro Te Hau delivers a blend of clinical, non-clinical, and cultural support that responds to the diverse needs, circumstances, and preferences of Tāngata Whaiora. This integrated approach treats people as a whole, rather than focusing exclusively on mental health symptoms. The non-clinical support provided – from food packages to

housing assistance – addresses fundamental needs that impact mental wellbeing. As one kaimahi from *He Waka Tapu* explained: "We arrange a package of kai, and that can help a lot, and solve the problem for that day." Another shared:

> *"[It] may be a simple thing like breathing [and how to breathe under stress]. Sometimes we forget to breathe. [We work with them to] count to five, breathe in, and then breathe out. Lots of simple techniques that work in the context of crisis."*

This practical support creates psychological space for recovery while simultaneously addressing immediate stressors. Clinical elements are integrated as needed, with connections to appropriate health services. One Tangata Whaiora who accessed *He Waka Tapu* shared: "Through the service I got to see a psychologist and got a diagnosis of borderline personality disorder. This helped me to understand my condition and what support I need."

The cultural dimension of support, expressed through kaupapa Māori forms of practice and care, is embedded throughout service delivery rather than offered as a separate component. As one kaimahi from *Purapura Whetū* explained:

> *"Showing manaaki and showing kindness [is what kaupapa Māori looks like to us]. We take the best of both clinical [and kaupapa Māori] approaches, e.g. do karakia, give a cuddle. It's important not to assume, but to ask. When working with Māori, [it's also important] to be able to see that I'm Māori too – this can be a game changer."*

Tāngata Whaiora valued this holistic approach that addressed multiple dimensions of wellbeing. One participant who accessed *Purapura Whetū* explained:

> *"The experience has met my needs much better compared with doctors in the past [unfamiliar with my cultural background as Māori. One doctor] just wanted to put me on medication. I didn't work well with that. This service don't give you that crap. They look behind the curtain, see what is there – it's holistic. They want to get an understanding of where you come from, how you got to this point, and what you need in terms of support."*

By demonstrating that clinical, non-clinical, and cultural elements can be successfully combined within a single service, *Whakahohoro Te Hau* challenges conventional boundaries between service types and suggests that more integrated models may better meet the complex needs of Tāngata Whaiora.

Collaborative strategy development

Whakahohoro Te Hau employs a collaborative approach to developing strategies with Tāngata Whaiora and whānau, emphasising their agency rather than imposing predetermined solutions. This approach stands in contrast to the more prescriptive models seen in clinical mental health services and appears to enhance both engagement and effectiveness. Kaimahi described how they prioritise Tāngata Whaiora input and decision-making, with one from *Purapura Whetū* explaining: "We are very client-led and offer services and support [but] under no time do we determine what they need; we always focus on their needs and wants." Another from *He Waka Tapu* shared:

> *"It's important to be non-judgemental, listen carefully to what they are telling me, and their stories. I try to understand where they are coming from. And I always ask questions, like 'What do you need?' Sometimes they have never had people really listen, so I try to listen carefully and find out what they need."*

Tāngata Whaiora confirmed this collaborative nature of planning. One participant who accessed *He Waka Tapu* noted:

> *"Nothing could be better with the service. They take all your input, don't tell you what you do. They will come up with an idea, if you get stumped or stuck they will help – but it's up to you, you are making all the decisions."*

Another shared: "[The kaimahi] helps me to think through. He doesn't give suggestions, but the way he says things makes me think about what to do."

The development of formal plans reflects this collaborative approach, in which kaimahi work with Tāngata Whaiora to develop pathways forward. But kaimahi do provide guidance when needed, as one Tangata Whaiora described: "[My kaimahi] did work on my mental wellbeing plan at the start.... She worked really hard and bent over backwards to help me." The balance between guidance and autonomy appears key to the

collaborative process, with kaimahi offering structure while prioritising Tāngata Whaiora agency. Further, by experiencing meaningful participation in decision-making, Tāngata Whaiora may develop greater confidence in their ability to manage their wellbeing, with implications for long-term recovery beyond the immediate service engagement.

Strengths-based and holistic support

Whakahohoro Te Hau consistently employs strengths-based approaches that affirm Tāngata Whaiora capabilities rather than focusing on deficits or diagnoses. This orientation enhances engagement while building confidence and self-efficacy. As one kaimahi explained, "the kaupapa Māori approach is about getting to know the person and their needs," with an emphasis on understanding the whole individual rather than just their presenting problems. Unlike other services "which might be about working on the presenting issues, but not getting to know the person," this holistic approach centres on the complete individual and their broader context rather than solely "focusing on treating symptoms."

The holistic model of support addresses multiple aspects of wellbeing simultaneously. For example, one kaimahi from *He Waka Tapu* described the integration of physical wellbeing: "Some people have been stuck in the house, playing PlayStation. I encourage them to get outside, go for a walk. We have a gym here, I encourage them to go. This helps in the tinana space." Tāngata Whaiora valued this affirming approach, as one participant who accessed *Purapura Whetū* explained:

> *"[I] met face to face [with my support worker] and talked about what I was feeling, the struggles I had. She validated my experience and said that I was intelligent, doing the right things. This was helpful and what I needed at the time."*

Navigation and advocacy

As part of its holistic framework, practical advocacy is folded in and integrated with therapeutic support. A critical success factor for *Whakahohoro Te Hau* is the service's ability to act as a navigator and advocate for the needs of Tāngata Whaiora. Kaimahi assist in identifying available services to meet their needs and, importantly, go a step further by often accompanying them to appointments and ensuring their voices are heard by government departments and other services.

The practical assistance provided is more than auxiliary support, but a form of therapy in itself. A participant who accessed *He Waka Tapu* explained:

> *"I have anxiety, and struggle to navigate government services. [The kaimahi] helped me engage with [Oranga Tamariki] about a plan for my mokos [grandchildren], and [helped get] my driver's licence back."*

Kaimahi highlighted the importance of making people feel valued enough to take relevant steps and providing hands-on support to do so. This might include accompanying Tāngata Whaiora to the Ministry of Social Development or Work and Income for financial support, assisting with housing needs, or attending doctor's appointments. For instance, one staff member worked with an individual who did not want to engage with mainstream housing services and had been sleeping on the street. With the support of *Whakahohoro Te Hau* kamahi, he was connected to City Mission's wrap-around services, participated in day programmes, and eventually secured housing through a kaupapa Māori provider.

Tāngata Whaiora stated that having a trusted person by their side gave them the courage to attend appointments and better understand the information provided. The advocacy role played by kaimahi was also emphasised, with one Tangata Whaiora noting:

> *"She helped me and advocated for my needs. I wouldn't have been able to do this for myself."*

Not all Tāngata Whaiora reported positive experiences being connected to services that they needed. A small number of participants identified challenges that were not able to be met through support from *Whakahohoro Te Hau*. For example, one Tangata Whaiora stated that they had become isolated from the community and wanted support to find voluntary work. This person recounted that they had not been connected to any support groups or other organisations that could help them find volunteering opportunities and felt dismissed by the *Whakahohoro Te Hau* service.

Others stated that, despite the efforts of the kaimahi they were working with, the system was not able to provide the support they needed. One Tangata Whaiora shared their struggle with managing a disorder, highlighting the need for systemic change to accommodate their condition. Despite the efforts of kaimahi to find assistance, the person recounted attempts to seek financial support through Work and Income, which proved unfeasible, and consultations with primary care that only resulted in offers of medication. Additionally, the mental health system deemed their condition below the threshold for clinical intervention. The individual commented that:

> *"The people at Purapura Whetū had my best interests at heart but the system they have to deal with blocked them at every turn."*

These, however, were outlier findings in comparison to the bulk of insights gathered from Tāngata Whaiora across *He Waka Tapu* and *Purapura Whetū*.

Culturally appropriate and safe delivery

Whakahohoro Te Hau is driven by kaupapa Māori approaches, as evident in discussion thus far. This is embedded throughout service delivery rather than treated as a separate component, creating an environment where cultural identity is respected and can contribute to healing. Our insights here suggest this is beneficial both to Māori and non-Māori Tāngata Whaiora.

For Māori, the service offers opportunities to connect or reconnect with cultural identity as part of their healing journey. As one participant at *He Waka Tapu* described:

> *"The service being a Māori organisation has helped me tap into that side… Cultural, spiritual, mental, physical – I've been given support for all of these. My Māori side has been nourished here."*

Another shared: "I have learnt my pepeha, do waiata, haka, te reo lessons." For *He Waka Tapu*, the range of cultural opportunities offered extends beyond immediate support, including rongoā Māori, waiata, te reo, and other music-based therapy. Notably, most non-Māori Tāngata Whaiora also experienced the service as culturally safe and inclusive. A Pākehā participant reflected:

> *"I didn't think I would be entitled to support from Purapura Whetū because I am not Māori. I was taken aback because they still wanted to help me. It has helped me understand the Māori culture, and it has blown me away."*

Another noted: "Being Pākehā, I felt like might just be a Māori organisation and not for me. But it's been so welcoming." As one kaimahi similarly observed: "It's not just Māori – Pākehā think it's not for them, but when they come in, they see that we can help them too."

While one participant did report challenges with cultural navigation, describing "a cultural clash that was a barrier that prevented the service from being as effective as it could be," this appeared to be an outlier experience. Nevertheless, it suggests an opportunity to strengthen cultural orientation for non-Māori Tāngata Whaiora. Overall, embedding kaupapa Māori approaches appears to have fostered an inclusive, culturally rich environment that supports wellbeing.

EFFECTIVENESS OF SUPPORT FOR KAIMAHI

The effectiveness of kaimahi practice is enhanced by their combination of professional training and lived experience. As one kaimahi from *Purapura Whetū* explained: "[some of our staff] have lived experience of AOD [which is] very useful [in designing a] safety plan, e.g., 'You've been drinking tonight, so have a cup of tea before bed.'" Another from *He Waka Tapu* noted how lived experience is critical to being able to genuinely empathise – participants shared how they could tell "a mile away" if empathy seemed feigned or genuine. This lived experience was recognised as valuable by Tāngata Whaiora: "[My kaimahi] has lived experience but [also has training], so she knew what to do and how to manage [my stress]. She would always ask my permission to do things [as well, like] contact family," shared one participant describing a kaimahi at *He Waka Tapu*.

Training for kaimahi appears to build on existing skills rather than introducing entirely new approaches. As one kaimahi from *He Waka Tapu* commented,

> *"We get training around mental health support but much of it is learning around how to develop the service – developing it as we go, making own pathways, developing own models."*

Currently, kaimahi wellbeing is primarily supported through informal peer support and team connection. As one kaimahi from *He Waka Tapu* described: "We do peer supervision and get offered formal supervision, but the team talks all day every day about everything. We sit together, talk to each other, connect, and debrief." This strong team environment appears critical to kaimahi effectiveness: "We work really well as a team, feed off each other, support each other as a group," explained another, with others similarly noting the close working relationship as a defining factor for how they work.

Work-life balance is supported through structural arrangements: "All *Whakahohoro Te Hau* kaimahi have a 4 day work week," noted one kaimahi from *He Waka Tapu*, where personal boundaries are also emphasised: "I have been in mental health for a long time [but I] don't take anything home, ever." Keeping 'work at work' is critical for wellbeing, to ensure the heavy nature of mental health crises do not seep into personal lives of

kaimahi. While this organic approach appears effective at present, the intensive nature of the work suggests a need for more formalised support structures as the service grows, to ensure sustainable practice while prioritising kaimahi wellbeing. Indeed, some kaimahi expressed preferences for more structured or individualised supervision.

ALIGNMENT: BALANCING MODEL FIDELITY WITH FLEXIBILITY

Whakahohoro Te Hau demonstrates alignment with its intended operating model, while maintaining flexibility to meet individual needs. Both providers maintain their kaupapa Māori foundation through culturally embedded practices, as we have seen thus far. The complementary service approach – day and evening coverage through different providers – effectively extends mental health support beyond traditional hours. As one kaimahi from *Purapura Whetū* explained:

> *"In the early days [prior to the programme], much of [our] mahi was going to the whare outside of normal working hours. So when we had the contract opportunity with after-hours service [it worked well]."*

But the service structure has also adapted delivery methods to individual circumstances. Tāngata Whaiora described structured support, as previously discussed, which varies between providing immediate wrap-around support, through to other social and non-clinical support. This responsiveness to individual needs is highly valued by Tāngata Whaiora we spoke with, such as the following from *Purapura Whetū* :

> *"It was very tailored to my needs. [The kaimahi] has supported not only me but my family. My daughter has gone through some stuff, she helped my daughter to put in an ACC sensitive claim. She has been able to access counselling for [my] niece."*

Another described specific adaptations: "[My kaimahi] She would text me every morning and afternoon to encourage me to eat. Because I couldn't think for myself, having her say it was okay to eat, this enabled me to do so, and have a snack."

The model of delivery also encourages Tāngata Whaiora agency and choice, as described above, centring their wishes but allowing for kaimahi to support those decisions. However, one participant's experience of inconsistent support highlights a potential risk in highly flexible approaches:

> *"I was assigned a support worker, but I didn't see him very often. There were a lot of promises about what they could help me with, but they didn't really deliver. I saw my support worker only twice over the six month period, and got sporadic contact via text or phone."*

While this appears to be an outlier, it suggests a need for service frameworks that balance flexibility with consistency.

This tension between responsiveness and reliability represents an important consideration for service development in future. Workload management requires careful attention to ensure consistent support quality. This finding suggests the need for clear frameworks around service expectations while maintaining adaptability, particularly for crisis-oriented services where both immediate response and ongoing stability are essential to effectiveness.

PARTNERSHIPS AND COLLABORATION WITHIN THE WAITAHA MENTAL HEALTH LANDSCAPE

Partnership between He Waka Tapu and Purapura Whetū

Partnership is a critical dimension of *Whakahohoro Te Hau*, encompassing both the internal collaboration between *He Waka Tapu* and *Purapura Whetū*, and the service's connections with the wider health system. This section analyses how these partnerships function and their significance for service effectiveness. Thus, the partnership between *He Waka Tapu* and *Purapura Whetū* represents an innovative approach to service delivery, with each provider bringing distinct strengths while maintaining a shared kaupapa. This arrangement has evolved from its origins in the Maui Collective and now exists as a complementary service model.

While the operational relationship has evolved toward more parallel delivery, practical coordination continues as needed: "If someone comes in later in the afternoon, *He Waka Tapu* does an assessment [and hands over to] *Purapura Whetū*." This evolution demonstrates how partnerships can adapt over time while maintaining effectiveness, suggesting that formal integration may be less important than complementary service provision, provided key connection points are maintained.

However, this evolution has created some challenges in maintaining consistent communication and connection. As different kaimahi described:

"At the beginning of the year we used to have monthly meetings with them, but that stopped – not sure why."

"Purapura Whetū and He Waka Tapu started quite closely working, but has become less connected over time."

Several kaimahi expressed desire for reinstated regular communication to strengthen connections here, with the aim of delivering a more integrated day-night service.

The significance of this finding extends beyond *Whakahohoro Te Hau* to other collaborative service models, suggesting that initial intensive coordination followed by more autonomous operation may be viable, but requires intentional maintenance of communication channels. Documentation alignment was identified as particularly important, with one kaimahi noting challenges with "different referral processes, different phone numbers [which] was confusing for referrers."

Nevertheless, the distinct but complementary operational approaches of the two providers highlight how cultural services can maintain their unique identity while working toward shared goals. As one kaimahi from *He Waka Tapu* noted: "We are quite different to *Purapura Whetū* – whaiora need to be screened, and doors locked until entry there. *He Waka Tapu* has a very open model based on manaakitanga." Rather than creating conflict, these differences expand the range of options available to Tāngata Whaiora, demonstrating how partnership can enhance service diversity and accessibility.

Connecting Tāngata Whaiora to internal services within Purapura Whetū and He Waka Tapu

Both *He Waka Tapu* and *Purapura Whetū* offer a range of other services and supports which can help Tāngata Whaiora to achieve their wellbeing goals and outcomes. A high portion of those who initially engage through *Whakahohoro Te Hau* are referred to other support services that the organisations provide. In *Purapura Whetū*, Tāngata Whaiora are often connected to community support day service kaimahi, who provide ongoing assistance for people to manage their lives and maintain wellness. At *He Waka Tapu*, a range of services and programmes are available. Kaimahi in both organisations stated that this enabled the connection and knowledge of Tāngata Whaiora that has been established through *Whakahohoro Te Hau* to be deepened through an ongoing relationship. This is in line with the holistic, long term focus of the organisations, with kaimahi emphasising:

> *"We get to know the person and their needs, gather information about their situation not just the presenting issue. If they need further support, and we can provide that need that they require, we'll do an internal referral to our services. They're often with us for a while."*

Internal referrals are made through a 'warm handover' in which *Whakahohoro Te Hau* kaimahi broker connection to other services and personnel within the organisation. This helps Tāngata Whaiora to feel safe in taking the step into other supports.

Connections with other services across the domains of Te Whare Tapa Whā

Whakahohoro Te Hau has established extensive connections with other mental health and social service providers, creating a comprehensive network of support for Tāngata Whaiora. This active networking represents a significant systemic contribution, enabling Tāngata Whaiora to navigate complex service landscapes with support. As noted earlier, kaimahi described intentional relationship-building with complementary services, networking or presenting to other agencies in the mental health landscape. This proactive approach has yielded a diverse network, across the domains of Te Whare Tapa Whā, as one kaimahi from *He Waka Tapu* explained:

> *"We work with the client and their whānau [using] the Whare Tapa Whā model. We talk to them about what support they have got, what is their whakapapa, if they have family around Christchurch... We frame support around Whare Tapa Whā – is it their physical health, or their spiritual health that they need support with?"*

Under **Te Taha Tinana**, Tāngata Whaiora who are struggling with addiction are supported to enter alcohol and other drug (AOD) support services. For some people, having *Whakahohoro Te Hau* kaimahi support and advocate for them to enter the service was critical for them to be able to enter AOD treatment.

> *"I was told it usually takes 2-3 months to get on the AOD programme, but they saw I was committed, and I got on within 2 weeks...[Whakahohoro Te Hau kaimahi] advocated for me and got me in the programme."*

For other Tāngata Whaiora, nourishing Te Taha Tinana involves referral to primary care to deal with medical needs. *He Waka Tapu* has an onsite primary care clinic. Co-locating the general practice and *Whakahohoro Te Hau* service has mutual benefits. It enables seamless referrals of people who present at primary care with mental health concerns into *Whakahohoro Te Hau*, and the other way around, supporting *Whakahohoro Te Hau* participants in addressing any medical issues they face. A kaimahi in a service management role discussed the benefits this has for the organisation:

> *"Previously the GPs were having to try to be mental health practitioners, but now our kaiāwhina can do a warm handover from the clinic to Whakahohoro Te Hau."*

He Waka Tapu also has an onsite gym, and this also presents an opportunity for whaiora to support their mental wellbeing by strengthening their tinana. One person described wanting to go the gym but feeling anxious and being supported by their kaimahi to step through the doors and begin exercising. A kaimahi reflected on the role that exercise can play as a gateway to dealing with deeper issues, stating that "it helps to smash it all out, and then they open up about how they feel". Kaimahi at *Purapura Whetū* also emphasised that engaging in physical activity as part of a holistic approach to mental wellness.

Te Taha Whānau involves supporting Tāngata Whaiora to develop meaningful relationships. *Whakahohoro Te Hau* kaimahi reflected that lack of connection is often a contributing factor to whaiora reaching a place of mental distress:

> *"Connection is the biggest change for people – some people haven't had that for a long time. Some people are scared, some people burned bridges."*

As such, a key focus of *Whakahohoro Te Hau* is fostering Te Taha Whānau by building connections. Sometimes this involves supporting Tāngata Whaiora to reach out to whānau members, and often it involves creating new connections by referring participants to activities such as women's groups, māra kai, or mindfulness sessions. Tāngata Whaiora discussed how these connections had helped to develop whanaungatanga and a sense of being welcomed and belonging, which they continued to build after their discharge from *Whakahohoro Te Hau* into other support groups.

For some Tāngata Whaiora, strengthening **Te Taha Wairua** was supported through participation in te ao Māori practices. *He Waka Tapu* offers referrals to onsite activities such as waiata, haka, te reo Māori lessons, carving and harakeke weaving. *Purapura Whetū* kaimahi supported connection to external organisations that could support engagement in kaupapa Māori practices. These offer opportunities to nourish wairua through connection or re-connection to te ao Māori, which several Tāngata Whaiora commented helped their wellbeing:

> *"[Kaimahi] put me onto some mirimiri – Māori massage. This did help with reducing tension [and] helped me to sleep."*

For other Tāngata Whaiora, their wairua is supported by referral to groups, organisations or services that foster spiritual wellbeing. Tāngata Whaiora described being connected to meditation sessions, church groups, art, or music classes. This gave people a sense of inner peace and belonging, which enhances spiritual wellbeing.

Nourishing **Te Taha Hinengaro** can require referrals to clinical mental health services. If Tāngata Whaiora present or are referred to *Whakahohoro Te Hau* and require a higher level of care for Te Taha Hinengaro than can be provided with community-based services, kaimahi will action referrals to specialist mental health services. Examples given included supporting Tāngata Whaiora to access cognitive behaviour therapy, connecting people to *Kia Piki te Ora* (a kaupapa Māori suicide prevention programme), and referral to specialist eating disorder support.

The evaluation team spoke with several Tāngata Whaiora who had sought help from clinical services before engaging with *Whakahohoro Te Hau*, but faced barriers such as being declined or being offered services that did not meet their needs. For example, one person discussed her experience of finally receiving a diagnosis after many years of engagement with the mental health system. She emphasised how different this experience of receiving care was, compared to their past engagement with clinical mental health services which had typically involved being prescribed medication to deal with symptoms, but not addressing the underlying trauma and root causes that had led to their deteriorating mental health. However, kaimahi and some Tāngata Whaiora noted that the lack of kaupapa Māori clinical mental health services in Waitaha can be a barrier to finding that right support for those engaging with *Whakahohoro Te Hau*.

The significance of these connections extends beyond simple referral pathways to creating a more integrated experience for Tāngata Whaiora. As one kaimahi from *Purapura Whetū* explained:

> *"We will do referrals to services in Ōtautahi… and will say to the client 'Here are the options, what would meet your needs?', [such as] kaupapa Māori, close to home, or a more Western framing. Then whaiora make decision about next steps."*

This person-centred approach to service coordination enhances Tāngata Whaiora agency while ensuring access to appropriate support, all based on integration with wider Waitaha-based services. The impact of these connections on Tāngata Whaiora are discussed in Chapter 2 – Outcomes.

Integration within the continuum of care in Waitaha

Whakahohoro Te Hau fits in the continuum of services within Waitaha by providing more specialist care than can be offered in a primary care setting, for those who do not meet the threshold for specialist mental health services. A staff member in the Crisis Resolution team described the benefits of *Whakahohoro Te Hau* as:

> *"It allows issues to be dealt with earlier, so it doesn't get to the stage of more distress, because you can start addressing the drivers of that distress rather than getting to the crisis point."*

In general, *Whakahohoro Te Hau* demonstrates sophisticated integration within the broader mental health system, particularly in its relationships with Crisis Resolution and Police, which has created a new pathway for people in distress to subsequently access supports they need.

The strategic positioning of *Whakahohoro Te Hau* as complementary rather than competitive with existing services has facilitated this integration. As one kaimahi from *He Waka Tapu* explained:

> *"Whakahohoro fills the gaps. It is unique in that it offers the ability to sit down and talk for an hour—whereas CR can't do this… No other services are threatened by us; we are the gap fillers, the navigators."*

This positioning has enabled the service to develop an effective niche that enhances rather than duplicates existing service provision in Waitaha. This alignment of *Whakahohoro Te Hau* with other services is an achievement in a system often

characterised by fragmentation. As one Crisis Resolution staff member noted after observing the service in action:

> *"The first day [the kaimahi from He Waka Tapu were here], we had someone present three days in a row, saying he was suicidal; but didn't meet the threshold for going to hospital... One of our team] brought in He Waka Tapu to help with the assessment and [they] took over... taken him off to get a meal, men's support, clothing. And this was absolutely the support that he needed."*

This example illustrates how the service meets needs that secondary clinical services recognise but are not designed to address. This alignment has implications for the wider mental health system, demonstrating how kaupapa Māori approaches can complement clinical services while addressing critical gaps. As one Tangata Whaiora powerfully expressed:

> *"They are the best. Without these guys I'd be f****d. I don't think like I used to think... Now I have a different path. I have a totally different mindset"*

CHAPTER 2: OUTCOMES[6]

This chapter responds to the following two KEQs:

3. To what extent has *Whakahohoro Te Hau* achieved its intended short-term outcomes?
4. To what extent is *Whakahohoro Te Hau* on track to achieve the anticipated long-term outcomes?

In this chapter, findings are explored and organised through the criteria of **Tāngata Whaiora outcomes, system outcomes** and **progress towards longer term outcomes**.

TĀNGATA WHAIORA OUTCOMES: CHANGES IN WELLBEING

Incremental changes yield substantial benefits for Tāngata Whaiora

The evaluation aimed to identify what changes Tāngata Whaiora have experienced, which can be attributed to their engagement with *Whakahohoro Te Hau*. Many Tāngata Whaiora had made small changes that resulted in improvements to their wellbeing. For some, particularly those in the early stages of engagement with the service, their wairua had been lifted because they have been given hope. Having someone who listens to their needs and challenges, and is willing to walk alongside them, has been essential for many Tāngata Whaiora to develop a willingness to take action to enhance their wellbeing.

> *"It has given me the energy to carry on. The validation has helped me to keep going and make changes."*

The change process often involves making small adjustments that have a significant impact on Tāngata Whaiora lives. For some, access to medical treatment has enabled them to deal with physical health issues, giving them the space to work on their mental health. One person described how *Whakahohoro Te Hau* kaimahi had supported them to access dental treatment for a visible issue that had made them feel embarrassed, and that they now felt much more confident. For another person, a treatment programme that included SSRI medication had helped them to stop 'overthinking' and they were now

[6] Photo by Arno Retief on Unsplash.

less afraid of opening up and speaking in group therapy sessions. Another Tangata Whaiora discussed how accessing medical treatment had improved how they feel:

> *"I feel a shit tonne healthier. People can see the change in me, I look healthier, skin and eyes look better."*

Others talked about applying what they had learned through their participation in support groups and referred services, which had improved their wellbeing. Attending a financial literacy workshop had helped one Tangata Whaiora to manage their finances, leading to greater financial stability and reduced anxiety. Another person participated in movement classes that improved their physical health and mobility, allowing them to be more active in their marae and community, which brought a sense of fulfilment. For one māmā, participation in a parenting course had led to changes in how she interacted with her tamariki which reduced stress for the whole whānau:

> *"I'm communicating better with my children, enjoying being with my children. I didn't realise that I was a scary guy to my kids. I realised the way I was raised wasn't normal, and I've changed that with my kids."*

Addressing past trauma

Several Tāngata Whaiora discussed how the biggest change for them had been in starting to confront and work through trauma that was affecting their mental wellbeing. The connection that they had made with *Whakahohoro Te Hau* kaimahi, and the feeling of being genuinely listened to, made them feel comfortable enough to share deeper issues which they could then begin to address.

> *"Being able to talk to [kaimahi] brought up other things beyond first incident. I hadn't been able to bring that up, those root causes. Now I can start to work through that."*

For some people, this was a substantial change from their interaction with other mental health support services. These typically focus on treating the symptoms of the presenting issue, rather than addressing the underlying causes. This holistic approach provided by *Whakahohoro Te Hau* allows Tāngata Whaiora to make more meaningful progress in their mental wellbeing.

Strategies to maintain mental wellbeing

An important outcome achieved by the majority of Tāngata Whaiora that engage with *Whakahohoro Te Hau* is the development of strategies to manage distress and prevent future escalation to crisis. Kaimahi are intentional in their efforts to equip Tāngata Whaiora with tools they can utilise after exiting the service, to help them manage and maintain mental wellbeing. Adhering to the client-led model, *Whakahohoro Te Hau* kaimahi collaborate with Tāngata Whaiora to identify what will work for their individual needs, offering guidance without imposing specific strategies:

> *"We are here to guide and to support; the whaiora are the ones that have to take those tools home with them."*

The tools and strategies for maintaining wellness are diverse. For some, this includes identifying a network of people they can reach out to when feeling down, such as whānau, friends, and support service kaimahi. Tāngata Whaiora shared that this serves as a protective measure against isolation and mental deterioration. Others have learned breathing exercises to help regulate their emotions when feeling distressed. Several people also described how they have developed the ability to step back and reflect during challenging situations, mentally reframe the circumstances, and identify potential solutions:

> *"I've realised, you need to stop, step back, breathe. Look at things differently, see if you can manoeuvre around things that are challenging."*

Kaimahi emphasised that their practice centres on encouraging Tāngata Whaiora to focus on their internal environment and what they can control, rather than external factors or attributing blame to others such as the government or their whānau. They discussed promoting a shift in perspective towards what they can control and the actions they can take. Several Tāngata Whaiora noted that this approach is helpful, as they realised that they have the power to change their own situation.

The tools that Tāngata Whaiora learned through engagement with *Whakahohoro Te Hau* had been successful in helping them to identify and respond to triggers of mental distress. One person described how they had a history of self-harm but have learned tools to de-escalate and redirect their thinking if the urge to do so arises. Another person

discussed how they felt as though they had been 'rewired' and now approached life challenges with a renewed perspective:

> *"I don't think like I used to think. I was walking around with a chip on my shoulder and thought 'f*** the world.' Now I have a different path. I have a totally different mindset."*

A minority of the Tāngata Whaiora that were interviewed had not been able to identify strategies that worked for them. This was mostly because they had recently entered *Whakahohoro Te Hau* and were still dealing with the immediate crisis, or because they had already established strategies that worked for them and did not learn anything new:

> *"There isn't really much more than what I already do. I have been battling this condition for 8 years and have a set of strategies that I use to try and manage my disorder."*

Decrease in harmful thoughts and behaviours

A key outcome experienced by some Tāngata Whaiora was a reduction in destructive behaviours and thoughts. These outcomes were described by Tāngata Whaiora who initially entered the *Whakahohoro Te Hau* service and were referred to deeper wrap-around support services. Several of these Tāngata Whaiora described how they previously struggled with anxiety, depression, and suicidal ideation, but have now gone some time without experiencing these issues due to the support they accessed through *Whakahohoro te Hau*. For example, one person shared that they had a history of self-harm but had now been free from self-harm for over a year. They attributed this to the support of kaimahi in a community-based service that they had accessed through *Whakahohoro Te Hau*, as well as the support of their partner and psychologist.

Several Tāngata Whaiora recounted experiences of having mental health episodes during which they felt at risk of harming themselves or others. They were able to draw on strategies learned through *Whakahohoro Te Hau* and their ongoing engagement with support services to manage the crisis. Tāngata Whaiora highlighted the importance of having someone they trust to reach out to during moments of crisis, which played a crucial role in navigating and overcoming their mental health episode. As one person shared:

> *"If it wasn't for [support service kaimahi], I don't know what I would have done. She sat there with me and cancelled all her other appointments said I was her priority. If [kaimahi] weren't there, the outcome would have been different."*

Another Tangata Whaiora described how support from *Whakahohoro Te Hau* to access a specialist service has led to substantial improvements in managing their eating disorder and reducing OCD tendencies. This has reduced their negative thought patterns and they were no longer experiencing suicidal ideation.

> *"I feel much more at peace. My eating disorder is more manageable. I used to ruminate about things like cleanliness. I now feel excited to be alive, it feels like a new start."*

Several of the Tāngata Whaiora who participated in the evaluation had now been discharged from *Whakahohoro Te Hau* and the support services they had been subsequently referred to. These people reflected that this was a significant achievement, and something that they did not believe was possible when they first entered the service.

> *"When we first met, [kaimahi] said there would be light at the end of the tunnel, and now it's there. I'm doing better than I'm doing in years."*

For some Tāngata Whaiora, a crucial aspect of their comfort in leaving the service was knowing that *Whakahohoro Te Hau* and its network of support services would remain available to them if needed in the future. This 'safety net' provided peace of mind as they transitioned into daily life without continuous support.

SYSTEM OUTCOMES: RESPONSIVENESS TO THE NEEDS OF TĀNGATA WHAIORA

Filling a gap in service provision to Tāngata Whaiora with psychosocial needs

Personnel from other mental health and psychosocial support services emphasised that *Whakahohoro Te Hau* addresses a previously evident gap in the continuum of support available in Waitaha. Staff within clinical mental health services, in particular, noted their frustration prior to the establishment of *Whakahohoro Te Hau*, as they were unable to offer care to individuals presenting at the emergency department who did not meet the threshold for clinical services. The establishment of *Whakahohoro Te Hau* has provided

a valuable avenue to offer support and treatment to these individuals. As one Crisis Resolution staff member stated:

> *"It's very hard when you're in a caring profession to say 'we've got nothing, we can't offer you anything' in these situations. [Whakahohoro Te Hau] is certainly giving staff more tools."*

Whakahohoro Te Hau offers a unique type of care that specialist mental health services cannot provide, addressing the psychosocial support needs of Tāngata Whaiora. It fills the gaps by offering timely engagement with supportive kaimahi who can connect people to a comprehensive range of wrap-around support services. This is something that secondary mental health services, which prioritise efficiency and urgent clinical care, are unable to accommodate.

Many of the Tāngata Whaiora that participated in the evaluation had previous engagement with the mental health system, and considered *Whakahohoro Te Hau* was more responsive to their needs. For example, one person had interacted with the mental health system for twenty years, including a previous hospitalisation. In previous circumstances there was no comparable service available, and prior presentations to Crisis Resolution had resulted in him being sent home without further support. However, engaging with *Whakahohoro Te Hau* was a markedly different experience. Kaimahi made immediate contact and offered support for several days as he worked through the crisis. This enabled him to feel supported and understood, leading to a more positive outcome in his mental health journey.

Another Tangata Whaiora shared their experience of seeking help within the mental health system. They initially sought assistance from eating disorder services but were declined, leading to a period of depression and deteriorating health. They were subsequently referred to Crisis Resolution but were quickly discharged. This person felt they were being passed around the system. However, their situation changed when they were put in touch with *Whakahohoro Te Hau*:

> *"Our health system is broken; I needed help and couldn't get it. Then I was put in touch with Purapura Whetū and I finally got some support."*

Personnel from clinical mental health services have suggested that *Whakahohoro Te Hau* is likely providing financial savings to the health system by diverting cases that would otherwise have resulted in residential mental health care. Two representatives

from the Crisis Resolution service noted that, prior to the establishment of *Whakahohoro Te Hau*, there were instances where individuals did not technically meet the threshold for admission but were hospitalised due to a lack of other viable options.

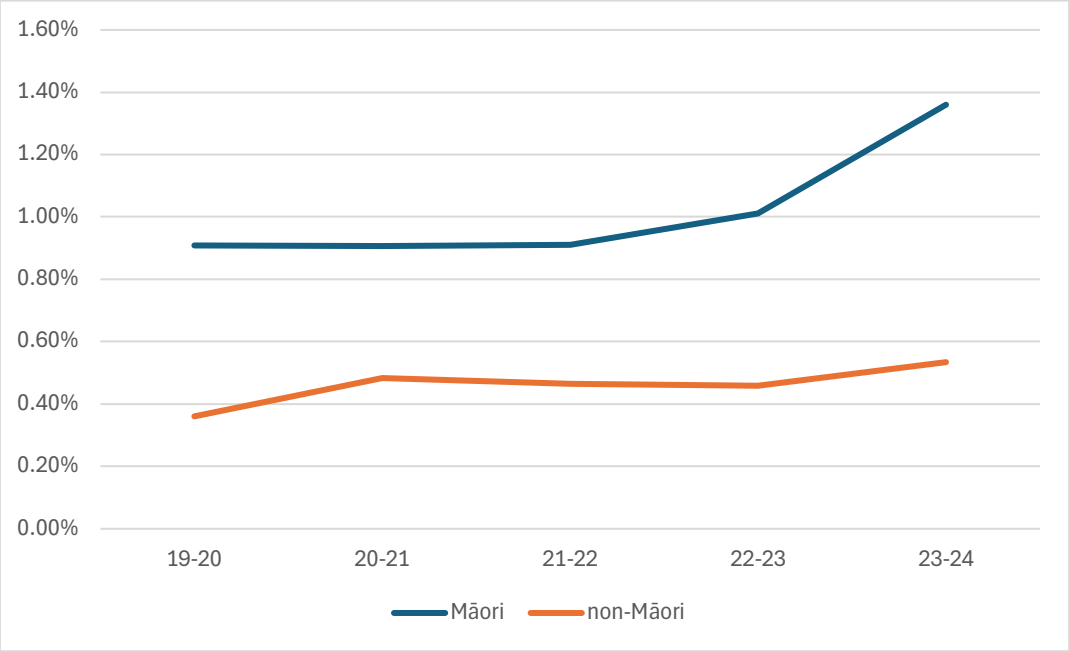
> *"You're kind of stuck with someone saying, well, 'I'm going to kill myself if you don't commit me'. Sometimes you do end up getting pushed in that corner where you put someone in hospital who doesn't need to be in hospital."*

The development of *Whakahohoro Te Hau* means that these Tāngata Whaiora can now be supported in the community, which is much more cost-effective than residential care services.

Impact on emergency department admissions

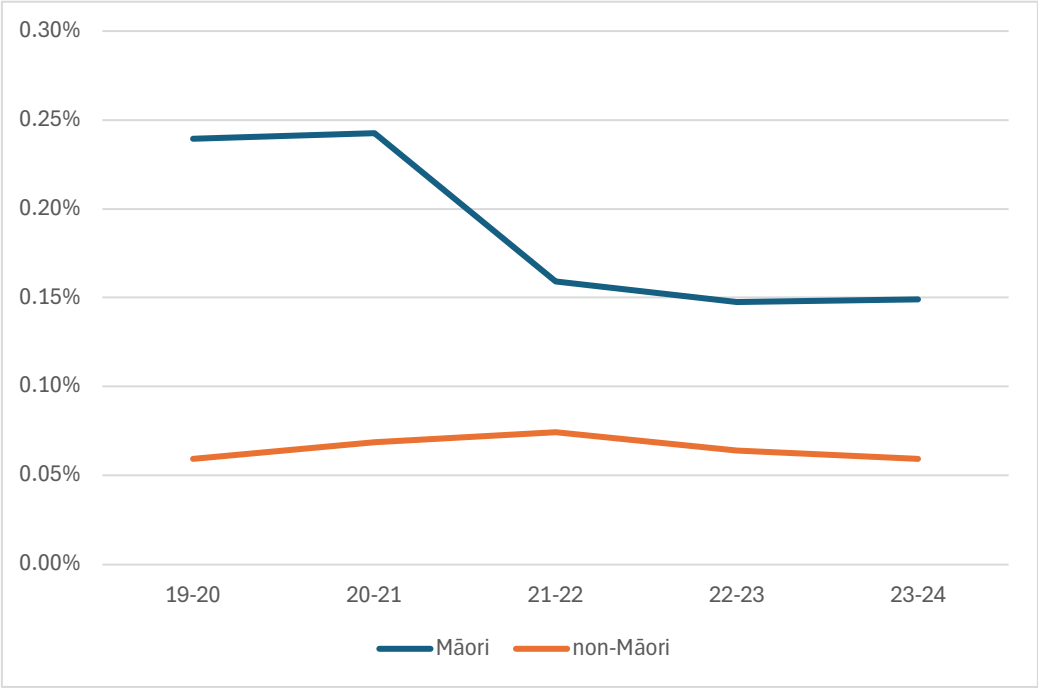
A motivating factor for the development of *Whakahohoro Te Hau* was the increasing rate of presentations of Tāngata Whaiora Māori in acute mental distress at hospital emergency departments. Prevalence rates of presentations for mental health, self-harm, or suicidal thoughts to the Christchurch hospital emergency department were calculated for Māori and non-Māori at a population level. As shown in Figure 5, prevalence rates for emergency department presentations for mental health were higher for Māori when compared to non-Māori. For Māori, rates of ED presentations were relatively unchanged between 2019 and 2021, then rose slightly in 2022/23 with a larger increase in prevalence in 2023/24. For non-Māori there was a small increase in 2019/20 before stabilising and then rising again in 2023/24.

Figure 5: Prevalence of Māori and non-Māori presenting at Christchurch hospital emergency department for 'mental health problems'



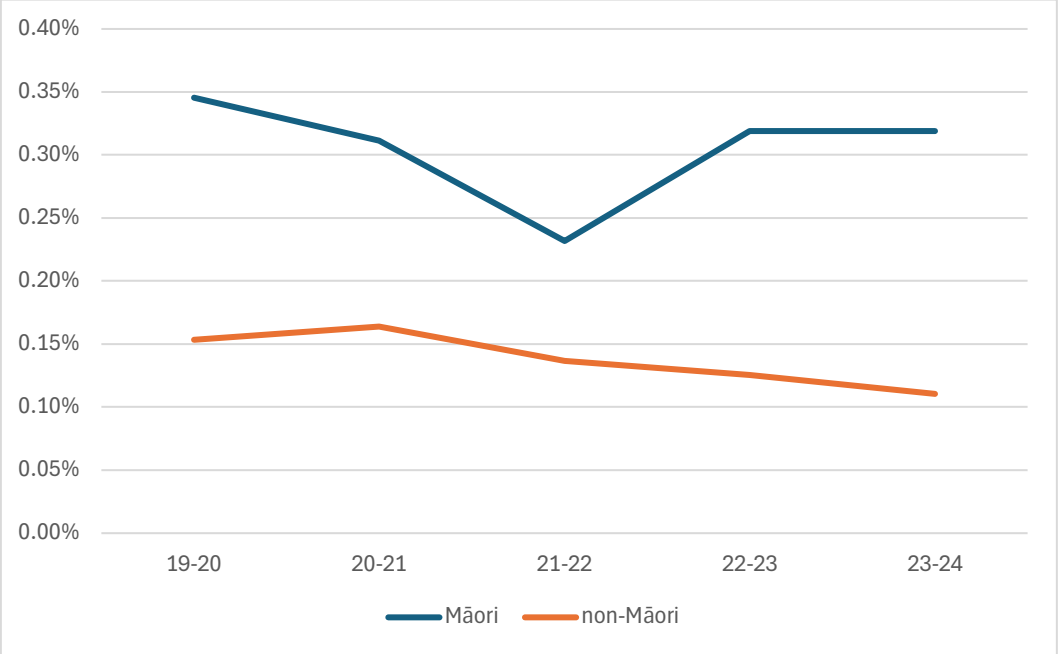
The pattern for emergency department presentations for self-harm (Figure 6) shows that prevalence rates for Māori were high in 2019/20 and 2020/21 but dropped in recent years, while non-Māori prevalence rates were largely stable over time.

Figure 6: Prevalence of Māori and non-Māori presenting at Christchurch hospital emergency department for self-harm



Presentations for suicidal thoughts (Figure 7) showed differing patterns from the other measures. Prevalence rates for Māori presentations at the emergency department for suicidal thoughts declined for the three years to 2021/22 then increased before stabilising in 2023/24. For non-Māori, prevalence rates for presentation at the emergency department for suicidal thoughts have declined after 2021/22.

Figure 7: Prevalence of Māori and non-Māori presenting at Christchurch hospital emergency department for suicidal thoughts



Overall, these findings in indicate that *Whakahohoro Te Hau* is not yet making a tangible impact on emergency department presentations for mental health-related incidents for whānau Māori at a population level. While it is possible that a decline in self-harm presentations after *Whakahohoro Te Hau* was introduced, the total number of presentations in this category is low and may be subject to data fluctuations.

Across all measures, the changes in emergency department presentation rates need to be considered in the context of a wider trend of increasing burden of mental health conditions in Aotearoa. For example, the 2021 General Social Survey found that the proportion of New Zealanders with poor mental wellbeing increased from 22 percent in 2018 to 28 percent in 2021.[7] Additionally, the short timeframe in which *Whakahohoro Te Hau* has been operating, and the complexity of mental health determinants may mean that any potential effects are not yet observable in emergency department data. It is

[7] https://www.stats.govt.nz/news/new-zealanders-mental-wellbeing-declines/

possible that the introduction of *Whakahohoro Te Hau* has prevented even greater mental health presentations; and mental health presentations could have potentially been higher, had *Whakahohoro Te Hau* not been operating.

Although there has not been a measurable impact on overall presentation rates at a population level, anecdotal evidence from both *Whakahohoro Te Hau* kaimahi and personnel from the Crisis Resolution team indicates that they are seeing change at an individual level, with fewer repeat presentations once Tāngata Whaiora have engaged with *Whakahohoro Te Hau*. For example, kaimahi from Crisis Resolution shared that they had seen multiple representations from a person who had been sleeping outside their door each night. *Whakahohoro Te Hau* kaimahi brought this Tangata Whaiora to the *He Waka Tapu* premises, provided a shower, clothing, and support to access MSD for rent assistance. As a result, this person did not present again to Crisis Resolution. Another staff member commented that "*regulars have stopped turning up at our door*". A referrer from Crisis Resolution highlighted that before *Whakahohoro Te Hau*, the only option was the very clinical environment of the emergency department. Redirecting activities before they reach the emergency department is better for the consumer.

Similarly, kaimahi from *Whakahohoro Te Hau* observed that individuals are not returning to Crisis Resolution as frequently once they have engaged with *Whakahohoro Te Hau*. These examples suggest that *Whakahohoro Te Hau* is in a strong position to be effective in reducing the burden on emergency departments by providing more appropriate and sustained support for those in acute mental distress.

PROGRESS TOWARDS LONGER TERM OUTCOMES

It is difficult to determine the extent to which Whakahohoro Te Hau is on track to achieve its long-term outcomes, as it is still in the early stages of delivery. However, its holistic and culturally sensitive approach to mental health care means it is well-positioned to affect change in the mental health system in Waitaha. The following table presents the three intended long-term outcomes of *Whakahohoro Te Hau*, as articulated in the service specifications, and provides a summary of progress towards these outcomes.

Table 3: Progress towards long-term outcomes

EXPECTED LONG-TERM OUTCOME	EVIDENCE OF PROGRESS TOWARDS OUTCOME
Whānau, hapū, and iwi have increased	There is evidence that individuals who have engaged with *Whakahohoro Te Hau* have experienced improved wellbeing. This improvement may have a 'ripple effect', as individuals within whānau, hapū and iwi share strategies that support mental

mental wellbeing and resilience	wellness. However, the evaluation did not find any observable evidence of this occurring during the time of data collection.
Reduced pressure on Emergency Departments and crisis services	There is anecdotal evidence that emergency departments are seeing fewer repeat presentations of people in acute mental distress who have been through *Whakahohoro Te Hau*. However, this is not yet having an overall impact on population-level presentations at emergency departments, particularly in the context of rising mental health needs at a population level.
Mental health and addiction hospital and specialist services become more responsive to the needs of Māori	This outcome has seen some progress. *Whakahohoro Te Hau* has begun to influence the wider mental health system to better meet the needs of whānau Māori in the Waitaha region. This influence operates through both formal knowledge-sharing activities and the demonstration effect of successful kaupapa Māori approaches. *Whakahohoro Te Hau* kaimahi have secured a seat at the table in Crisis Resolution multi-disciplinary team meetings, are embedded in the Police mental health response team, and attend cross-agency hui of mental health support services such as the quarterly Waitaha Immediate Access hui. These roles provide opportunities to advocate for the needs of Tāngata Whaiora Māori and those with lower levels of mental health support needs. The evaluation team also heard an example where Crisis Resolution staff accompanied *Whakahohoro Te Hau* kaimahi on a whare visit to a Tangata Whaiora. This visit provided an opportunity for Crisis Resolution kaimahi to observe a kaupapa Māori model of care. A *Whakahohoro Te Hau* kaimahi reported, "The crisis team saw how effective this was, and it helped to change their practice." The relationship-centred, culturally grounded, and practically oriented model offers valuable lessons for mainstream services seeking to enhance their effectiveness, particularly for Māori service users.

CONCLUSION[8]

This section presents the evaluation's conclusions, highlighting specific findings related to *Whakahohoro Te Hau* and broader implications for mental health services supporting Tāngata Whaiora Māori.

CONCLUSIONS RELATED TO THE KEY EVALUATION QUESTIONS

To what extent is Whakahohoro Te Hau implemented and operating as intended?

Whakahohoro Te Hau has been largely implemented and is operating as intended, with strong fidelity to its core kaupapa Māori foundations while maintaining necessary flexibility to respond to individual needs. The complementary service model between *He Waka Tapu* and *Purapura Whetū* has effectively extended mental health support beyond traditional hours, creating a more accessible and responsive system for Tāngata Whaiora experiencing mental distress. The partnership has evolved from intensive coordination to more parallel delivery, with each provider maintaining their distinct approach while sharing a common kaupapa.

A particularly successful implementation element has been the embedding of kaimahi within Crisis Resolution teams and Police settings, which has created effective referral pathways and built strong confidence among referrers. This strategic positioning has enabled the service to fill a critical gap in the mental health system, providing support for those who fall between clinical thresholds. The integration of clinical, non-clinical, and cultural support within a single service model is likewise effective, challenging conventional boundaries between service types.

While the service demonstrates strong alignment with its intended operating model, some areas for continued development include strengthening the formal communication between *He Waka Tapu* and *Purapura Whetū*, addressing documentation alignment, and developing more structured support for kaimahi wellbeing as the service grows. Overall, *Whakahohoro Te Hau* has successfully implemented its innovative approach to mental health support, establishing itself as a valued component within the Waitaha mental health landscape that complements rather than duplicates existing services.

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[8] Photo by Iris Wood on Unsplash.

How have Tāngata Whaiora and whānau accessed and experienced the programme?

Tāngata Whaiora have accessed *Whakahohoro Te Hau* through multiple pathways, including self-referrals, walk-ins, and referrals from service providers such as Crisis Resolution, GPs, and Police. The service's responsive approach, including rapid follow-up and flexible meeting options, has facilitated engagement, particularly for those who might otherwise not access mental health support until their situation deteriorates further. Tāngata Whaiora consistently reported that the non-clinical, welcoming environment made initial engagement less intimidating, with some expressing that they felt "at home" or "at peace" within the service setting.

The experience of Tāngata Whaiora within the programme has been predominantly positive, characterised by a collaborative approach that prioritises their agency and decision-making. Participants valued the strengths-based practice that affirmed their capabilities rather than focusing on deficits or diagnoses. Many highlighted the practical navigation and advocacy support as particularly helpful, with kaimahi often accompanying them to appointments and ensuring their voices were heard by government departments and other services. For Māori participants, the opportunity to connect or reconnect with cultural identity was described as a meaningful part of their healing journey, while non-Māori participants generally experienced the service as culturally safe and inclusive.

While most experiences were positive, a small number of Tāngata Whaiora identified challenges, including occasional inconsistency in support or difficulty accessing specialised services beyond what *Whakahohoro Te Hau* could directly provide. Nevertheless, the overall experience reflects the service's success in delivering holistic, culturally grounded support that addresses multiple dimensions of wellbeing. The powerful testimony from one participant that "Without these guys I'd be f****d... Now I have a different path", encapsulates the transformative impact the programme has had for many Tāngata Whaiora, providing not only immediate crisis support but pathways toward longer-term wellbeing.

To what extent has Whakahohoro Te Hau achieved its intended short-term outcomes?

The evaluation found that incremental changes can substantially enhance wellbeing outcomes for Tāngata Whaiora. The holistic approach of *Whakahohoro Te Hau*, which includes listening to and validating the experiences of Tāngata Whaiora, has been crucial in fostering hope and encouraging proactive steps towards wellbeing. Small adjustments

facilitated by *Whakahohoro Te Hau*, such as access to medical treatment and participation in support groups, have led to improvements in physical health, mental wellbeing, and overall confidence.

A particularly impactful finding is the emphasis on addressing past trauma. Many Tāngata Whaiora reported that the connection with *Whakahohoro Te Hau* kaimahi allowed them to feel genuinely listened to and supported, creating a safe space to confront and work through deep-seated trauma. By providing a supportive environment, *Whakahohoro Te Hau* enables Tāngata Whaiora to explore and address root causes of their distress, leading to more meaningful and sustained improvements in their mental wellbeing.

One of the most significant outcomes is the development of effective strategies by Tāngata Whaiora to manage distress and prevent future mental health crises. Tāngata Whaiora have built support networks and developed the ability to reflect and reframe challenging situations. These strategies not only help in managing immediate distress but also equip Tāngata Whaiora with skills to navigate future challenges. The shift towards self-management and proactive mental health care is crucial in preventing the escalation of mental health issues and promoting long term wellbeing.

The personalised tools and strategies have led to improvements in the mental health of many Tāngata Whaiora, reducing harmful thoughts and behaviours and fostering resilience. Individuals who initially struggled with anxiety, depression, and suicidal ideation reported substantial improvements after engaging with the service and being referred to comprehensive support systems. Support from *Whakahohoro Te Hau* enabled some people to access specialist services, leading to improvements in managing conditions like eating disorders and OCD. This holistic support reduced negative thought patterns and eliminated suicidal ideation, bringing a renewed sense of peace. This approach contrasts with clinical mental health services that often focus solely on symptoms rather than underlying causes. The findings underscore *Whakahohoro Te Hau*'s ability to address social, cultural and clinical needs to achieve meaningful progress in mental health outcomes.

To what extent is Whakahohoro Te Hau on track to achieve the anticipated long-term outcomes?

The evaluation found that, at present, *Whakahohoro Te Hau* is mostly having an impact at an individual level. Tāngata Whaiora who engaged with *Whakahohoro Te Hau* experienced improved wellbeing, but there has not yet been an observable impact on wider whānau, hapū, and iwi. Similarly, while there are reports of individuals presenting

less frequently at the emergency department, this has not yet translated into a population-level reduction in emergency department presentations.

Whakahohoro Te Hau has made progress in influencing mental health and addiction services to be more responsive to the needs of Māori. Through formal knowledge-sharing and demonstrating successful kaupapa Māori approaches, *Whakahohoro Te Hau* has begun to shape the wider mental health system in the Waitaha region. Kaimahi have secured roles in Crisis Resolution multi-disciplinary team meetings, the Police mental health response team, and cross-agency hui, providing opportunities to advocate for Tāngata Whaiora Māori and those with lower levels of mental health support needs. These roles offer opportunities to share knowledge and best practices, fostering a more inclusive and effective mental health support system for Tāngata Whaiora Māori.

IMPLICATIONS FOR MENTAL HEALTH SERVICE DEVELOPMENT

Whakahohoro Te Hau demonstrates how kaupapa Māori services can effectively address mental health system gaps through relationship-centred approaches, cultural responsiveness, and practical support. Its success stems primarily from prioritising authentic connection over clinical process, offering Tāngata Whaiora an experience of being truly seen and valued. The service illustrates how community-based approaches can complement clinical services, providing appropriate-level care that prevents crisis escalation while supporting long-term wellbeing. These findings have implications for mental health service development in future:

1. **Physical embedding of liaison staff** within mainstream services appears more effective than paper-based approaches to establishing referral pathways, suggesting value in similar approaches for other community-based services.
2. **Relationship-centred approaches,** along the continuum of other mental health interventions, may better engage Tāngata Whaiora who have disengaged from traditional services, indicating need for workforce development that emphasises relational skills alongside clinical competencies.
3. **Cultural reconnection** offers healing pathways that complement or sometimes supersede conventional clinical approaches, highlighting the therapeutic value of culturally grounded services for both Māori and non-Māori Tāngata Whaiora.
4. **Complementary service models** can effectively extend support availability without requiring full integration, provided key communication channels are maintained.

The story of *Whakahohoro Te Hau* teaches us valuable lessons about how mental health services can work together effectively. It shows that services can maintain their own

identity while still working as partners, offering care that is both coordinated and flexible. By focusing on relationships, cultural identity, and practical help, the service creates real change for Tāngata Whaiora.

The most important finding is that community-based services can work hand-in-hand with clinical care, especially when they combine advocacy with therapy. When someone helps you navigate the system while also supporting your healing journey, it creates a powerful combination that addresses both immediate needs and deeper wellbeing. *Whakahohoro Te Hau* demonstrates that services built on cultural understanding and true partnership can support long-term wellbeing while still adapting to each person's unique situation and needs.

RECOMMENDATIONS

Based on the findings described above, the evaluation makes the following recommendations for *Whakahohoro Te Hau*:

1. **Maintain the current approach of embedding kaimahi within key referral partners** and explore further opportunities to place staff in at points in which Tāngata Whaiora interact with the system (such as the Police custody suite) to enhance support and intervention at critical points.
2. **Enhance collaboration between *Purapura Whetū* and *He Waka Tapu***, including more consistent meetings and connections between the organisations. This should include aligning processing where necessary, such as standardising referral documentation requirements, to ensure seamless coordination and support for Tāngata Whaiora.
3. **Retain flexibility of the service model to cater to individual needs**, while adhering to minimum expectations for Tāngata Whaiora contact and support to ensure consistent and reliable care.
4. **Consider implementing more formalised support mechanisms for kaimahi**, including caseload management practices and regular professional supervision. This will help sustain the wellbeing and effectiveness of kaimahi in their roles.
5. **Continue to strengthen integration between *Whakahohoro Te Hau* and clinical mental health services.** This can be achieved by formalising ways to share best practices and successful strategies developed through the service, such as joint training sessions.
6. **Explore the possibility of rolling out the *Whakahohoro Te Hau* model more widely** to other Te Whatu Ora localities, leveraging its success to benefit a broader population.

APPENDIX A: EVALUATION CRITERIA, STANDARDS, INDICATORS

Process evaluation KEQ1: To what extent is Whakahohoro Te Hau implemented and operating as intended? KEQ2: How have Tāngata Whaiora and whanau accessed and experienced the intervention?		
Criterion	**What good looks like (standards)**	**Tohu (indicators)**
Reach	Whakahohoro Te Hau has established systems to identify and access the target population.	• Tāngata Whaiora, whanau and service providers in Waitaha are aware of the Whakahohoro Te Hau and its eligibility criteria. • Whakahohoro Te Hau providers have developed effective referral pathways to reach the target population. • Referrers report that they are confident to refer their clients to the programme. • Whakahohoro Te Hau reaches Tāngata Whaiora while in the early stages of mental distress. • Whakahohoro Te Hau is achieving its anticipated Tāngata Whaiora volumes.
Effectiveness	Tāngata Whaiora and whānau receive effective	• Tāngata Whaiora and whānau receive clinical, non-clinical and cultural support that meets their needs, circumstances and preferences.

	support from Whakahohoro Te Hau	• Tāngata Whaiora, whānau and kaimahi work collaboratively to develop strategies. • Support to Tāngata Whaiora and whānau is strengths-based and holistic • Support to Tāngata Whaiora and whānau is delivered in a culturally appropriate and culturally safe way. • The mana and wellbeing of Tāngata Whaiora and whānau are protected and enhanced.
	Whakahohoro Te Hau kaimahi receive effective training and support	• Whakahohoro Te Hau kaimahi receive initial and ongoing training to enable them to undertake their role effectively. • Whakahohoro Te Hau kaimahi are provided a safe working environment. • Whakahohoro Te Hau kaimahi have access to effective practice supervision.
Alignment	The delivery of Whakahohoro Te Hau matches its intended design, while incorporating flexibility to Tāngata Whaiora needs.	• Whakahohoro Te Hau is delivered in alignment with its intended operating model (as outlined in the process map and Theory of Change) • Programme delivery incorporates flexibility and adaptability to meet the needs of Tāngata Whaiora, whanau and the community

Partnership	Whakahohoro Te Hau develops effective partnerships	• The two Hauora Māori partners, He Waka Tapu and Purapura Whetū, have systems and processes to work in partnership to deliver Whakahohoro Te Hau • Whakahohoro Te Hau providers identify and make connections with other mental health and social service providers. • Whakahohoro Te Tau is well integrated within the continuum of mental health supports • Other service providers report that Whakahohoro Te Tau is aligned with and complements their services. • Whakahohoro Te Hau influences the wider mental health system to better meet the needs of whānau Māori
Outcomes evaluation KEQ3: To what extent has Whakahohoro Te Hau achieved its intended short-term outcomes? KEQ4: To what extent is Whakahohoro Te Hau on track to achieve the anticipated long-term outcomes?		
Criterion	**What good looks like**	**Tohu (indicators)**
Individual outcomes	Participation in the Whakahohoro Te Tau reduces episodes of acute mental distress	• Tāngata Whaiora receive effective and appropriate treatment and support in the early stages of mental distress • Tāngata Whaiora and whanau have strategies to prevent escalation to acute mental distress

		• Tāngata Whaiora develop protective factors to support resilience and reduce the impact of future acute distress
System outcomes	The system is more responsive to the needs of Tāngata Whaiora Māori	• Wait times to access early intervention mental health services in Waitaha are reduced • There is stronger connections between services to address social determinants and other contributing factors to poor mental wellbeing • Emergency Department data shows a reduction of presentations of Tāngata Whaiora Māori in acute mental distress
Progress towards long term outcomes	There is evidence of progress towards the intended long term outcomes	• A synthesis of data indicates that there is a positive trajectory towards: ○ Increased whānau wellbeing and resilience in Waitaha ○ Reduced pressure on Emergency Department and crisis services • Tāngata Whaiora Māori and whānau report that mental health services in Waitaha better meet their needs