

# The Real Key We Way Story

*“When I first heard of Key We Way I was told that it was a consumer run environment and I discounted the idea immediately. I thought:*

*‘How am I going to get better with staff that are just as or maybe more mad than I am?’*

*But here for the first time I got the help I had been searching for”*

**A report by Janet Peters for Wellink Trust, Te Hononga Ora.**

November 2009

More comments from people who have used Key We Way:

*“It is the best respite in Wellington”*

*“Best place to recover. All staff have a great attitude to helping clients heal.  
Thank you all very much. I wouldn't have made it without you”.*

*“Thanks to your “awsum” (sic) staff, lots of rest, quiet relaxation by the beach  
and fantastic food I feel on top of the world! Key We Way rocks. Thanks so  
much”*

*“KiwiWay (sic) is very valuable respite care and I am very grateful for the  
experience”*

*“Thanks to the staff I know I am capable of taking care of myself. A year ago I  
couldn't”*

*“I hope that others at loss in life are fortunate enough to find their way here.  
Thanks”*

*“The best and most helpful respite I've ever received anywhere in New Zealand”*

*“Provided me with insight, inspiration and has greatly impacted on my life in a positive way”*

*“Closing it would be a crime”*

## Executive summary

1. This report describes a peer run service that plays a key role in supporting people who experience acute mental health problems in the Capital and Coast District Health Board region. At the time of writing, the contract for Key We Way (KWW) is due to expire in February 2010.
2. KWW is a peer delivered 'Recovery House' (i.e. staff have lived experience of mental distress and recovery). KWW caters for people who are experiencing psychiatric distress and is an alternative to inpatient care in an acute psychiatric unit. Peer services are a growing part of an evolving quality mental health system given the growing international and national recognition as 'best practice'.
3. KWW operates in a four-bedroom home located on a beautiful beach site on the Kapiti Coast near Wellington. People are referred by (and clinically supported by) mental health services staff from Capital and Coast DHB (CCDHB).
4. Criteria for entry are adults with psychiatric distress who are in need of 24- hour support, supervision and treatment that cannot be met by either the Acute Day Service or Crisis Respite, and whose needs cannot be met in their home environment.
5. A critical method of showing service effectiveness in health is by the experiences of people who use the service. A summary of views from people who have used the services was undertaken which showed that 100% of people were very positive about the experience. The main ingredient identified as being most helpful in the process of recovery was the staff who were described as empathetic, compassionate, caring, and respectful.
6. Statistics show that on average KWW had around the same rate of occupancy as the other local recovery houses with a trend towards slightly higher rates in 2009.
7. Support for Key We Way  
Peer services such as peer run crisis services are being seen as international best practice by many commentators. Support for KWW has been freely given by several esteemed commentators, both local and international.
8. Lessons learned  
Three main lessons have been learnt from the point of view of the Chief Executive and Strategic Adviser and these are discussed, as well as the processes and training in place to ameliorate these.

9. In summary this report finds and argues that KWW should continue to be available as a choice for people with acute mental distress and need for mental health services.

## **Aim of this report**

The aim of this report is to describe the success of KWW, a respite service for people who experience mental health problems. Thus the report is directed to planners and funders as well as to all interested people.

## **History of the service**

KWW is operated by Wellink Trust which was established in 1989. Wellink is a charitable trust that works for, and alongside, people in the Wellington region who experience severe mental illness<sup>1</sup>. Appendix 1 shows more information about Wellink Trust. KWW was opened in January 2007 and is one of three recovery houses funded by CCDHB (the other two are Te Whare O Matatini and Whitby).

### **An alternative to inpatient care**

KWW was created as a response to the need to look for alternatives to expensive acute inpatient hospital care in CCDHB. The Mental Health Commission examined crisis services and suggested that a range of crisis recovery services based in the community was the best option. The document *The Acute Crisis* noted that recovery houses could be in much smaller, more home-like places in quiet settings, outside hospitals and busy suburban streets. Safety could be provided by adequate staff cover rather than locks and keys. People in community-based intensive care would need to have access to a listening ear, acceptance, peer support workers, focused activities, medication and complementary therapies such as massage and meditation<sup>2</sup>.

### **Clinical services: best practice**

Clinical expertise is needed when a person is acutely unwell and a risk to themselves or others. The CCDHB Acute Mental Health Services policy document<sup>3</sup> is an excellent example of best practice as it combines the best of clinical care with various community options including 'Recovery Houses' (which is what KWW is termed) as well as peer support.

### **Peer support: best practice**

A very comprehensive literature review (Peer Services and Alternative Models of Acute Mental Health Services<sup>4</sup>) found that *“people using mental health service prefer this model; and, that such services improve consumers perceptions of their quality of life, emotional state of mind, functioning, autonomy, sense of self and self-esteem; as well as providing more concrete outcomes such as improving access to services, connection to the community, reducing hospital*

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<sup>1</sup> [www.wellink.org.nz](http://www.wellink.org.nz)

<sup>2</sup> Mental Health Commission. The Acute Crisis, 2006

<sup>3</sup> Acute Mental Health Services policy document, CCDHB

<sup>4</sup> Kaye Whittle, report commissioned by Wellink Trust, 2008

*admissions, lengths of stay and costs of care*". The evidence for peer support services has been reviewed in two further New Zealand documents which found that successful peer support services share several factors (e.g. a clear philosophy, effective recruitment processes, supervision and training, and a solid and credible structure).<sup>5 6</sup>

Within New Zealand, the mandate for peer led services is based on its inclusion as one of Te Kokiri's leading challenges<sup>7</sup>.

International agencies are also supporting a move towards peer services. In the UK the Sainsbury Centre has recently published a document called "Implementing Recovery"<sup>8</sup> which outlines 10 organisational changes for mental health. The eighth change noted is "*Transforming the workforce*" and it notes that "*We recommend that organisations should consider a radical transformation of the workforce, aiming for perhaps 50% of care delivery by appropriately trained and supported peer professionals*". The report also notes that such changes have profound implications for staff thus the ninth change was "*Supporting staff in their recovery journey*" and it stated that there is a need to make it safe for staff to prioritise the needs of service users as staff remain the key 'carriers of hope' and "*we need to create a culture which values their lived experience of mental health problems and frees them to respond to service users' priorities, rather than bureaucratic or professional agendas*".

Intentional Peer Support (IPS) is also a key part of the peer services approach. International best practice for IPS is seen as practices that are trauma-informed, that work to maximize individual power, healing, hope, reinforce responsibility, create a supportive peer environment and practice reciprocity between help givers and receivers.<sup>9</sup> This approach is used at KWW.

## Where is Key We Way?

### Location

KWW is located at Manly St., Paraparaumu Beach on the Kapiti Coast. It is a four bedroom, two-storied house in an enviable position overlooking the Paraparaumu Beach. The view from the lounge is over foliage and sand dunes looking towards Kapiti Island sitting out to sea. Inside it is very homely and comfortable (e.g. a cat, books, games, fruit bowls, TV, videos, a computer and everything a person might need for a restful, low stimulus stay).

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<sup>5</sup> Doughty C & Tse S (2005) The effectiveness of service-user run or service user-led mental health services for people with mental illness: A systematic literature review. Wellington: mental Health Commission.

<sup>6</sup> Orwin D (2006) Wellington: Mental Health Commission.

<sup>7</sup> [www.moh.govt.nz](http://www.moh.govt.nz)

<sup>8</sup> Implementing Recovery: A new framework for organisational change. Position Paper, Sainsbury Centre for Mental Health, 2009

<sup>9</sup> Mead S. (2006) Crisis as an opportunity: Developing informed peer run crisis alternatives [www.mentalhealthpeers.com](http://www.mentalhealthpeers.com)

Behind KWW is a standalone office which houses the team leader and 'Support in the Community Services' staff. Adjacent to that is a transition house which accommodates four people at varying levels of moving into their own accommodation.

### **Community and region**

The beach suburb of Paraparaumu houses a range of the usual community services (e.g. GPs, gyms, social services, Police etc).

KWW is part of the wider Capital and Coast DHB region which has the usual range of services including an inpatient unit, a mobile crisis team, community mental health centres, as well as services for specific population groups (e.g. children and adolescents, older people, Maori and Pacific communities).

## **How does Key We Way fit into local mental health services?**

Capital and Coast has a comprehensive range of 24-hour mental health services available in the community. These include:

- Crisis Assessment and Treatment Team (CATT)
- Home Based Treatment Team (HBT)
- Mental Health Line
- Two Crisis Respite houses
- Three Recovery Houses (which includes Key We Way)
- Acute Day Services
- Enhanced Packages of Care
- Te Whare o Matairangi acute inpatient unit
- Adolescent Packages of Care
- Headspace Youth Crisis Respite Service
- Tangitahi acute adolescent mental health inpatient facility at Kenepuru Hospital
- Te Whare Ra Uta inpatient psychogeriatric assessment unit at Kenepuru Hospital
- Alcohol and Drug detoxification unit also at Kenepuru Hospital.

## **How does Key We Way Work?**

The Wellink website gives very clear information on the way this services works<sup>10</sup> and key information is outlined in Appendix 2.

However this current report describes more detail about people and processes.

### **Entry criteria**

KWW is a Recovery House (RH) that caters for adults aged over 18 years. Capital and Coast Health Mental Health Services have very comprehensive documents which

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<sup>10</sup> [www.wellink.org.nz](http://www.wellink.org.nz)

outline referral procedures and documentation requirements and purpose, staffing and other issues.<sup>11 12</sup>

The RH provides an alternative to hospital admission for people requiring 24 hour support, supervision and care that cannot be met by either the Acute Day Service (ADS) or Crisis Respite (CR), and circumstances do not allow for this to be provided in the person's home<sup>13</sup>. The RHs can also facilitate early discharge from the Inpatient Acute Unit. Appendix 3 outlines key points from the CCDHB referral and documentation requirements.

### **Arrival processes**

When people arrive at KWW it is recognised that they may have varying degrees of willingness to stay, and may come in a state of extreme psychiatric distress from past or present contexts and experiences. Such distress may affect both physical wellbeing as well as psychological wellbeing thus the staff immediately try to make people feel as welcome, comfortable and as safe as possible by assisting them to make their own choices (e.g. sleeping, or seeking solitude, or seeking company).

### **Orientation**

Each person is invited to be part of the handover meeting between clinical teams and KWW staff and are later orientated to the service, including giving them a copy of 'Welcome to Key We Way'<sup>14</sup> information booklet. This is a comprehensive guide to IPS, recovery, peer support and key policies and procedures – all aimed at serving the best interests of the person using the service, and, seeing the time at KWW as an opportunity for reflection, learning and growth.

### **Daily processes**

During their stay each person will be given the opportunity to write their own progress notes, identify daily support needs and work on personal wellness plans which are a key part of the recovery process.

People may also engage in the activities of their choice (e.g. using the computer, reading, cooking or baking, walks on the beach, outings and craft work). There is a host of inspirational and informative resources available – books, DVDs and websites. People are able to request complementary therapies, a second psychiatric opinion or to get their hearing or sight tested.

People manage their own medication which is checked initially by the clinical referring team, blister packed and then self-administered by the person who also records the taking of this in their notes.

### **Peer staff**

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<sup>11</sup> Access to Acute Resources policy document, CCDHB

<sup>12</sup> Acute Mental Health Services policy document

<sup>13</sup> Ibid.

<sup>14</sup> Key We Way, information booklet for people staying, Wellink Trust.

Peer staff work to provide an “*environment of knowing the experience of illness, of people and of services and the community*”<sup>15</sup>. Peer workers are available at any time of the day or night to listen and talk. They support each person to find their own way and stand beside them on the recovery journey. They may share their own experience of recovery and assist in identifying and implementing strategies that support wellbeing. They are all trained in Intentional Peer Support (as described earlier). Peer staff also arrange transport to assist with visits the person may require (e.g. appointments or visiting friends and family).

### **Clinical support**

Peer support staff are supported by Wellink’s clinical staff and/or clinicians from the referring agency. The referring agency maintains case management for the KWW guest during their stay. As part of the handover process the person’s needs for engagement, observation and medication are discussed and agreed with the person, the clinician and the peer worker.

### **Family involvement**

Friends and whanau can visit KWW at any time. Any visiting children must be accompanied by an adult. People using the service also have access to the phone and computer to keep in touch with others.

### **Policies and procedures**

All policies and procedures are outlined for the person using the service in their orientation pack (and a similar pack is given to new staff). All of these are aimed at working alongside people to increase their wellbeing. People who use the service are asked to desist from some things (e.g. smoking inside, threatening anyone and borrowing other resident’s things without asking). Suggestion and ideas for service improvement are welcome, as are complaints.

### **Supervision of staff**

Fortnightly co-supervision, monthly individual line management supervision and monthly external group supervision with a clinician take place to assist the service quality and learning process. In addition, peer staff are also supported in their practice by Wellink’s after hours clinical on-call service. A key part of supervision is helping staff to remain well. On occasions some staff themselves have become unwell and Wellink realizes that more could have been done to support staff, with more effective supervision and training and improved leadership and management processes for KWW.

### **Management of clinical risk**

It has been suggested that relationships that are of good quality between consumers and staff will increase safety more significantly when they are emphasized alongside documented, robust risk management processes. Shery Mead notes that “*culturally respectful, mutually responsible and trusting relationships are the key*”.<sup>16</sup> Thus KWW based its procedures on this principle. One New Zealand study found that consumers surveyed

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<sup>15</sup> Gary Platz, personal communication, September 2009.

<sup>16</sup> S. Mead, 2006

identified that a good staff member who had faith, belief and who valued them was often the catalyst for increasing their wellbeing and keeping them safe<sup>17</sup>.

### **Leaving KWW**

People are given information about other services in the community during their stay and where possible they are linked in early to clinical and support services (e.g. a peer support group, the Wellink Trust 'Warmline' for counselling support, Homelink for home or flatmate search or home rescue, and/or Worklink for supported employment or educational opportunities). Clinical staff, peer support staff and the person leaving KWW, all discuss the leaving process. Discussion may include factors such as medication, family support, accommodation and other medical, psychiatric or community supports that may be required.

## **Key We Way Statistics**

Demographic data, occupancy rates and length of stay are shown in the graph in Appendix 4

### **Occupancy**

Occupancy of Key We Way, as for Matatini and the Whitby houses, has fluctuated since it opened, averaging over 50% and ranging from 40-70%. According to Wellink staff, the fluctuations seem to be related to changes in structure or personnel in the referring clinical services.

Wellink figures indicate that the years July 2008 to June 2009 showed the average occupancy for KWW was 53% with a slight trend upwards (i.e. the months April to June was 67% occupancy.<sup>18</sup> While this occupancy rate may be described as relatively low, several factors need to be taken into consideration: (a) it was a new service, (b) Most crisis houses are run at 80% occupancy so that there is always a place available, (c) the occupancy rate was increasing.

### **Cost**

KWW costs per person per night are approximately 40% less than the cost for an inpatient bed at the hospital psychiatric unit.

## **Key We Way: Outcomes and Quality indicators**

While clinical symptoms are one measure of outcome they do not "measure" recovery (i.e. what "living well, and wellbeing" means to the person).<sup>19</sup> It has been noted that everyone has individual needs and while some people can regain wellness quite quickly after a period of distress, others may take longer depending on a mix of internal, external and environmental factors.

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<sup>17</sup> Ross Phillips. A Right to a Risk Filled Life? Understandings and analysis of the risk discourse for consumers in mental health, Massey University.

<sup>18</sup> Wellink statistics 2009

<sup>19</sup> Wellink Background document to Key We Way, 2009

As with all DHB mental health services and other NGOs too, the assessment of outcome is a complex business. There has been a two-year process to design the evaluation framework of the Recovery Houses and this work is yet to be completed. However, at KWW key indicators can be examined to gauge success of the peer support model (as measured by the people using the service, his/her family, staff and other agencies).

### **1. Staff training**

Staff are trained in IPS, usually have a mental health certificate and also participate in ongoing practice development, including mandatory training in the Wellink approach, first aid etc.

A standardised approach to what is termed “Personal Planning<sup>20</sup>” is currently being rolled out throughout Wellink services including KWW. This is a strategy which “is helpful for all people in managing and making sense of their lives” and is for all staff as well as people who use services. It is an individualized, strengths based approach – a “journey to wellbeing” aimed at getting good outcomes in life, work and relationships.

The programme has four markers that indicate an environment that enhances recovery of well-being: hope, personal power, self-determination and sense of belonging. These markers are matrixed across four areas: personal, cultural, clinical and social<sup>21</sup>, and are outlined in Appendix 6.

Staff training is occurring now with a comprehensive workbook to guide the use of the outcomes matrix tool.

### **2. Guests’ feedback**

The most important quality indicator of any service (whether it be a health-related service or any other) is what the people who use it think. People’s written responses from January 2007 to August 2009 came from three sources:

- the Visitors Book (13 responses)
- from a formal feedback process where peoples are asked to complete an evaluation form with 14 questions covering areas such as length of stay, the service provided, housing and work issues and areas for improvement (26 responses)
- from people’s self-reported ‘patient’ notes (19 responses)
- telephone calls with three former guests
- meeting with two former guests

A summary of this feedback is included in Appendix 1 and quotes are cited on page 2 of this document. Overall 100% of people rated it highly and felt that it contributed strongly to their improved mental health. The writer suggests that such a high rating is rare in mental health services.

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<sup>20</sup> Training Programme: Developing Planning Partnerships, Wellink Trust

<sup>21</sup> See Appendix 3

### **3. Family feedback**

Family feedback suggests that they were happy with the way they were involved in planning, the information they received; the way the staff communicated with them and they felt able to talk easily with the staff of Key We Way.

### **4. DHB feedback**

Two clinical staff of the Capital & Coast Mental Health Services (CCDHB MHS) were invited to provide feedback for this report. The first was the person who held the role of Acute Resource Coordinator for Capital and Coast Mental Health Services for three years and was in this role when the recovery houses were developed. She noted that in the beginning she found it difficult to access KWW but after a few early teething problems were ironed out access was much easier. She thought that there was good consistency with the team leader (i.e. there was always one person to work with regarding access). Overall this person found the service good. She would always explain the nature of peer support and it was the person's choice as to whether they wanted to go there. She noted that the geographical position meant that she would never put someone that was too acutely unwell there as in her opinion they were too far from clinical services (e.g. day services and the CATT team).

The second CCDHB person noted: *“The general feedback from most of the clients that we refer and access KWW report a good experience, they are able to relax in the environment and they find the staff very supportive”*. This person (the Acting Team Leader, Crisis Assessment & Treatment Team, Home Based Treatment Team and Regional Acute Day Service) noted that KWW is always considered for those clients that live in the local area, who cannot remain in their homes because they require extra support to recover from early symptoms of illness, and sometimes as an alternative to hospital.

However she had some concerns about the staff's ability to inform clinical staff about key issues relating to residents. She is not confident *“that we will be kept informed of issues relevant to the service user's recovery or that staff are able to determine if a matter would be of concern to us that would require letting us know. As a result clinicians are considering all other options before KWW. There seems to be some philosophical differences between services, for example we, though not opposed to having partners or family members visit clients in the house, would want to know if relatives or others are staying overnight, to evaluate the impact of this on other clients in the house. I understand this is encouraged by the KWW service”*.

*“Despite this”* she thinks *“the idea of a consumer driven service aimed at providing a supportive environment is certainly worthwhile and the Kapiti area needs such a service”*.

### **5. Management of risk**

To date there have been no serious incidents at KWW.

### **6. International interest**

During its short life KWW has hosted a range of international mental health government officials and interested peers. These include:

- Terry Cline (at the time the head of Substance Abuse and Mental Health Services Administration –SAMHSA) and Kana Enomoto (Chief Adviser) from

the US government visited in 2007. Kana noted: *“Terry and I were so impressed when we visited Key We Way. In fact, peer-run community-based acute care was almost all we could talk about when we got back. The staff at Key We Way were particularly impressive in their passion, commitment, professionalism, and insight. I was impressed by the mix of peer and clinical staff available to residents at the house and their seemingly harmonious and complementary roles. If you have any data regarding the client/consumer outcomes from that program, I would be very interested in seeing them”*<sup>22</sup>.

- Dr Alan Rosen (psychiatrist and mental health leader) from Australia noted in August 2009: *“This community based respite residential facility, with its serene and contemplative outlook, and its low-key and supportive peer staff, has many of the elements that would constitute a contemporary version of Professor John Wing's definition of asylum in the best sense: a haven in which to take shelter, and a harbour from which to set out again”*<sup>23</sup>.
- Dr V Kalyansandarum (Senior Psychiatrist, Bayside Mental Health Service Australia) stated that he was impressed with the following: *“Location in a standard residential suburb, good working relationship with the clinical teams namely the home intervention team, meaningful communication and non pathologising supports and respect for the person supported”*<sup>24</sup>
- An article was published in Sweden on the service<sup>25</sup>. The publication was in a quarterly publication by the National association for social and mental health (Riksförbundet för social and mental hälsa). The author noted that since Sweden has no peer workforce they found that aspect of the mental health provision in NZ very interesting as well as the concept of 'recovery houses'.
- Dr Dan Fisher (Daniel B. Fisher, Executive Director, National Empowerment Center, US) *“There are 7 peer-run respites in the US while five more are under development. These are seen as the wave of the future. Our department of mental health in Mass. would like to open 6 more in this state alone. Key We Way peer-run respite in New Zealand is seen internationally as a model and a pioneer. I hope it can remain open and remain peer-run based on the principles of recovery and wellness it has been run by.”*<sup>26</sup>

## 7. Neighbours

In mental health the ‘NIMBY’ syndrome can negatively affect community mental health efforts. KWW has found the neighbours and local community agencies very supportive.

## 8. Quality Standards

KWW (as part of Wellink) is accredited by Quality Health New Zealand<sup>27</sup>.

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<sup>22</sup> Kana Enomoto, email communication, September 2009

<sup>23</sup> Dr Alan Rosen, email communication, September 2009

<sup>24</sup> Dr Kalyansandarum, email communication, September 2009

<sup>25</sup> ‘Revansch’ Issue 3/2009

<sup>26</sup> Dr Fisher, email communication, October 2009

<sup>27</sup> [www.wellink.org.nz](http://www.wellink.org.nz)

## **Lessons learned from Key We Way**

People who have stayed as guests at KWW have all appreciated the peer service model. The peer support model has demonstrated benefits for guests even though staff and management have learnt that there is room for improvement in how the service is managed and supported.

The Chief Executive, Virginia MacEwan, and Strategic Adviser, Gary Platz, suggested that improvements need to be (and are being) made in the following areas:

- Management support for the service was not strong enough and is being addressed for the future. A peer support model of leadership was initially planned and not implemented but will be further explored for the future.
- The best way to provide supervision for staff is yet to be identified
- The issue of staff becoming unwell may indicate the need for improved support; this will be assessed further, and new processes and training are planned that will assist with this<sup>28</sup>.
- The location, in hindsight, may be too far away from key services so that oversight is made more difficult, although this is offset by the very positive effects of the beachfront environment and perspective.

Given that the peer support model has earned the acclaim of guests despite these acknowledged issues, it is obvious that the model could be even stronger still once improvements have been made.

## **Key We Way – the future**

The aim of this document is to identify KWW's achievements, lessons and challenges. It is hoped that the information and support documented gives planners and funders pause for reflection on the future of the service. It is argued that the existence of services such as KWW can assist in the development of the whole mental health services system by emphasizing the importance of a person's individual, social, cultural past and present; which, together with the clinical perspective can develop processes and environments conducive to recovery.

The primary utility of this document is that it records the early history of a unique and valued service.

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<sup>28</sup> Personal communication, September 2009

## Appendix 1 Information about Wellink Trust

As noted on the website ([.wellink.or.nz](http://wellink.or.nz)) *“it is our aim to create an environment that enhances recovery and wellbeing for people within our community who experience extreme mental distress, as well as their family, whanau and loved ones. The foundations of our recovery environment include hope, positive use of personal power, self-determination and, most importantly, a sense of belonging”*.

The vision at Wellink is for *“fully inclusive and vibrant communities”* and the Wellink philosophy is:

*"ma te aroha, ma te tumanako, hei whakakotahitia ai i a tatou  
hei arahina hoki i a matou mahi katoa"*

*"let understanding, acceptance, love and hope unite our community and lead us  
in the way we work"*

The website notes that Wellink is committed to the following values in working together with the community:

- **Responsiveness** through taking the lead from the diverse people who use our services to identify and provide support options that meet their needs.
- **Passion** for creating opportunities for people’s recovery, autonomy and empowerment.
- **Acknowledgement** of the rights of individuals to choice, respect and dignity in the recovery process and the importance of diversity and cultural identity, with a priority in the provision of recovery services for Maori and Pacific Island communities to address disparities in health outcomes.
- **Unity** in working together with other like-minded organisations, whanau and communities to provide the best possible services.
- **Hope** for a future, where all communities include people with mental health issues, and where they have the same opportunity to live their lives as they choose and achieve their aspirations.

The Wellink Trust Board includes Maori, Pacific Island and New Zealand European trustees. The Board represents a mix of male and female, service users and family members and are subject matter experts in the clinical, finance and community areas.

## **Appendix 2**      **From the Wellink website [.wellink.org.nz](http://wellink.org.nz)**

A description of the way KWW works taken from the website notes:

### **“Recover well**

#### **A Safe Place To Help You Recover, With People Who Really Do Understand**

Key We Way is a peer-run service that provides home-away-from-home care and support, helping people recover from the distress of mental illness.

#### **Crisis Support With Heart**

The Key We Way service is a genuine alternative to a hospital stay for those who are experiencing a mental health crisis.

We provide residential recovery support for a maximum of four people, staying for up to three weeks at a time. Care is provided in partnership with clinical services, and guests can take advantage of companions who listen and a wide range of holistic therapies.

#### **Our Team Really Does Understand**

Key We Way is world-leading in its approach to mental illness crisis recovery. Being a peer-run service means our team have lived through the experience of mental illness themselves at some time.

Evidence from here in New Zealand and around the world tells us that people who have lived through the experience of mental illness and recovery are well equipped to help others. In addition to our own personal experiences of mental illness, our team members are comprehensively trained, so guests will receive high quality care from people who care.

The Key We Way team make themselves available to guests seeking supportive relationships. They will help each person find their own way through the journey, offering insights and support as they identify and implement strategies that will see people well again.

#### **We’ve Gone Out Of Our Way To Help You Feel At Home**

Our residence is nestled on the beach, facing Kapiti Island and provides all the modern conveniences to allow guests peace and quiet throughout their recovery.

#### **Everything Is Negotiated**

Each guest has a say about how their time at Key We Way is organised. From the very beginning, people are part of all the usual everyday decisions, like choosing what to eat, when to eat it, where your room is, and when to take therapy sessions.

#### **We Won’t Leave You On Your Own**

Because we recognise the challenges of returning home after being involved in a crisis, the Key We Way team is available to work with you on this transition for a short period after your departure. We’ll provide the support needed to put the recovery plan into action at home”.

### **Appendix 3 Key points from the CCDHB referral and documentation requirements.**

#### **Referral requirements for accessing RH<sup>29</sup>**

Referrals are to be made by mental health clinicians to the access facilitator (AF), after-hours referrals to CATT.

The referrer will:

- contact the AF (North/South) depending on the consumer's geographical location
- have assessed the consumer on the day of request
- have explored other support options for example CR, NGO support, and family support
- provide expected timeframe for the need of RH with the rationale for requests for longer than 7 days
- provide brief history and current concerns
- provide information regarding risk issues and management
- negotiate ongoing clinical responsibility. This needs to be agreed and established prior to access
- organise reviews according to the consumer's need and provide regular feedback to the AF and RH staff
- organise all medication requirements including PRN for the duration of the attendance
- ensure that consumers are able to manage their own medication, (RH staff do not administer medication). The referrer needs to organise blister packed medication if required
- clarify and organise transport arrangements

#### **Documentation requirements are:**

- cover sheets
- Treatment Plan for first 24 hours then regular review to update plan as required
- ADS Referral (if consumer is attending)
- Mental State examination
- updated Risk Statement, After Hours and Acute Management Plan
- Risk Statement, After Hours and Acute Management Plan needs to consider all risk relating to stay in RH including likelihood of leaving RH, what the likely concerns of this scenario might be, what action should be taken and by whom if this occurs. There also needs to be consideration of any risk factors to other consumers and staff at RH
- recent progress notes or assessments
- copies of all of the above paperwork to be sent to RH and CATT

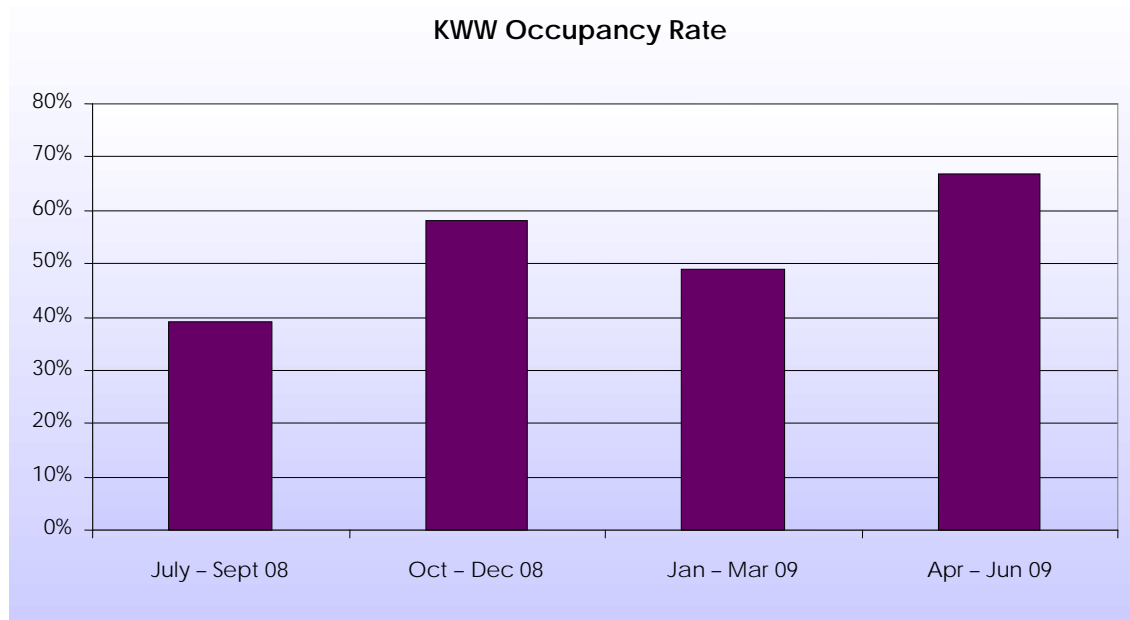
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<sup>29</sup> Ibid

**Appendix 4 Demographic data, length of stay and occupancy rates from Wellink records are shown below.**

*Occupancy levels of the KWW house is a function of entry and exit decisions made by the clinical staff of CCDHB MHS.*

Quarterly	July – Sept 08	Oct – Dec 08	Jan – Mar 09	Apr – Jun 09	Total for Year to date
# of Admissions to the service	20	20	15	21	76
Average Length of stay (days)	7	9	12	11	10
Occupancy Rate	39%	58%	49%	67%	53%
Age Range of Visitors	20-67	18-56	22-59	23-66	
% of Males	33%	20%	7%		20%
% of Females	67%	80%	93%		80%



## Appendix 5 Summary of peoples' views who have used KWW

This is a summary of key themes from both written and reported opinion. Where people are quoted italics are used.

### Length of stay

The length of stay reported ranged from four days to eight weeks.

### The reasons why people came

In general people said that they had come for: rest, to get mentally well (e.g. less anxiety, depression, intrusive thoughts and help with physical health). A few people reported being suicidal when they arrived. "I want to stop suicidal acting out". *"A safe place to work through some personal/family/work/life issues. To have a clear head so that suicide wasn't my only option"*.

### Positive factors

Without exception all were very complimentary of their stay. Key positive factors mentioned were:

#### That it was run by "peers"

- many people expressed anxiety about coming to Key We Way as they didn't know what to expect of a peer-run service however this fact led to two key benefits:
  - the lack of "power" dynamic found in inpatient units or as one person put it *"the absence of an authoritarian atmosphere removed the need to rebel against those who endeavored to help"*
  - all stated that the opportunity to talk about problems in an environment that feels safe and without being judged (this is really important as many people expressed the notion that "trusting people" was difficult) was a key part of their recovery (*"a safe haven"* was how one person described it)

#### The staff

- the caring, empathy, compassion and understanding displayed by the staff (*"I felt supported, listened to and validated"*) *"I think the staff here are brilliant and should be given great encouragement and confidence to continue the awesome work they do"*
- An important factor mentioned was that when peoples were very unwell they were not left on their own *"When I was at my worst staff stayed with me and never left me on my own. They were marvelous support and helped keep me safe"*
- The fact that humour was often used by staff to help make people feel good.

#### Prevention of acute distress

- A few peoples mentioned that they had felt suicidal and that their stay at Key We Way had helped them recover from those feeling. *"I wholeheartedly believe that if I hadn't had the good fortune to be placed at Key We Way I would be attending my own funeral now rather than relaxing on the beach, eager to return home and continue on with my life"*
- *"I am pretty sure it prevented a repeat overdose"*
- *"I wouldn't have made it if it weren't for Key We Way"*

#### Having personal space respected by staff

This included both allowing for time on one's own as well as having their room a place of privacy (with the exception of if a person wasn't considered safe on their own)

#### Being well informed

- Peoples are given reading material when they arrive and this was appreciated (e.g. Journey to Wellbeing", policies and procedures of Key We Way, and information relating to privacy, advocacy and rights).

### **Talking with other residents**

- *“It was really good listening to other people’s stories. It really helped”*

### **Personal planning processes**

- People found it helpful to identify (with the peer workers) things that helped maintain wellness, warning signs, what they wanted from staff if they were distressed and they also planned for future goals.

### **Learning self-care skills**

- learning about how to look after oneself and things that clients can use on a daily basis to help their mental health (e.g. eating well, getting better sleep and making sure that they did relaxing things - *“doing soothing things like having baths”*)
- The opportunity to look at wellness from all angles (e.g. massage, homeopathy)

### **Inclusion of family members**

- Family members were made to feel welcome *“My sister was made to feel welcome and included in what was happening at the time”*

### **Being nurtured**

- For most people just being listened to and spending time with staff was seen as very caring
- *“Staff did nice things e.g. baking, going out for coffee, straightening my hair”*

### **Community support after leaving Key We Way**

People reported being well supported when they left Key We Way with strong links made to family, community and clinical services as appropriate to each person’s needs.

- Learning about the local community support networks that are available for people with mental health issues (e.g. Warmline and peer support groups)
- *“I was informed of supports within the community and increased my knowledge of services available on my return home”*
- Linking peoples with community-based clinical services (*“I have set up appointments with doctors, psychologist etc”*)
- Linking people with health-related agencies (e.g. yoga)

### **Food**

- The high quality of the food was appreciated by many people

### **Location**

- The location (i.e. being by the beach) was viewed very positively by many as it was seen to be very relaxing to be on the beach.

### **Comparisons with inpatient unit**

- It is interesting that many people had been in acute inpatient units and without exception these were perceived as very stressful in a time of acute mental distress. *“It is overly clinical and institutional”*. *“There is no one to talk to – they are all too busy”*.

### **Suggested areas for improvement**

Individual people suggested the following areas for improvement:

- *“Having to repeat my story to different staff members”*
- One person said that she would have liked more counselling
- One people who smoked felt that she would have liked staff to sit with her when she was in the smoking area.
- One person noted that the upstairs deck needed fixing - this was subsequently fixed
- One person said that the squeaking of the clothes dryer was “stress-inducing”
- Two peoples reported that TV picture was not too clear – this was subsequently fixed
- One person said that more vegetarian options for meals would be good

## RECOVERY OF WELLBEING

4 markers that indicate an environment that enhances recovery of well-being

- Hope
- Personal Power
- Self Determination
- Sense of Belonging

