



Nga Taiohi Youth Forensic Mental Health Unit

OPCAT Monitoring Report

May 2023



Kia kuru pounamu te rongō All mokopuna* live their best lives

*Drawing from the wisdom of Te Ao Māori, we have adopted the term mokopuna to describe all children and young people we advocate for, aged under 18 years of age in Aotearoa New Zealand. This acknowledges the special status held by mokopuna in their families, whānau, hapū and iwi and reflects that in all we do. Referring to the people we advocate for as mokopuna draws them closer to us and reminds us that who they are, and where they come from matters for their identity, belonging and wellbeing, at every stage of their lives.

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Executive Summary

The role of the OCC

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT is contained in the Crimes of Torture Act (1989). My role as a NPM is to visit places of detention, including mental health facilities, where mokopuna are detained to:

- Examine the conditions and treatment of mokopuna
- Identify any improvements required or problems needing to be addressed
- Make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill treatment.

Frances Eivers
Ngāti Maniapoto, Waikato
Children's Commissioner

About this report

This report shares the findings from an announced monitoring visit by the Office of the Children's Commissioner (OCC) to Nga Taiohi Forensic Mental Health Unit (Nga Taiohi).

The purpose of this visit was to monitor the safety and wellbeing of mokopuna in places of detention under the Children's Commissioner's role as a NPM.

OCC staff describe the quality of the experience of mokopuna at the facility and provide evidence of the findings based on information gathered before, during and after the visit.

Progress on previous recommendations is also documented within this report.

About this facility

Facility Name: Nga Taiohi Youth Forensic Mental Health Unit

Region: Kenepuru Community Hospital, Porirua

Operating capacity: 10 beds

Status under which mokopuna are detained:

Nga Taiohi is the national inpatient forensic facility for mokopuna who are detained under the Mental Health Act 1992 or the Criminal Procedure Mentally Impaired Persons Act 2003.

At the time of the OCC's visit, there were 10 mokopuna under care at Nga Taiohi. The ages of the mokopuna in Nga Taiohi at the time of the visit ranged from 14 -18 years.

Concluding Observations from the United Nations Committee on the Rights of the Child (2023)

In February 2023, the United Nations Committee on the Rights of the Child ('the UN Committee') released its Concluding Observations¹ for New Zealand's sixth periodic review on its implementation of the Children's Convention² and how the Government is protecting and advancing the rights of mokopuna in Aotearoa New Zealand.

It is also worth noting that the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022³ asked state parties to take immediate action to eliminate the use of solitary confinement, seclusion, physical and chemical restraints, and other restrictive practices in places of detention.⁴

The recommendations from these Concluding Observations help inform the key findings and references to specific recommendations are made throughout the body of this report.

The Children's and Young People's Commission⁵ will continue to monitor progress and work with Oranga Tamariki, Te Whatu Ora (and other relevant agencies) to ensure the following recommendations, among others, are addressed and in a timely manner.

Key findings

The OCC found no evidence that mokopuna had been subjected to torture, ill treatment or cruel, or degrading punishment. OCC wish to highlight some excellent practice and a clinical assessment framework which has had significant impact for mokopuna in Nga Taiohi.

The OCC identified the following key findings from their visit:

- Nga Taiohi is colourful, clean and a welcoming space for mokopuna and their whānau.
- Mokopuna and staff feel safe and have positive relationships with each other.
- Mokopuna are part of Multi-disciplinary team (MDT)⁶ meetings. Mokopuna therefore have voice in their treatment plans and their journey to wellness.

¹ Refer CRC/C/NZL/CO/6. To see the Children's Commissioner report to the UN Committee, see: [NZ Children's Commissioner's Report to the UN Committee on the Rights of the Child - 2022 | Office of the Children's Commissioner \(occ.org.nz\)](#)

² [Convention on the Rights of the Child | OHCHR](#)

³ CRPD/C/NZL/CO/2-3

⁴ CRPD/C/NZL/CO/2-3 Para 30

⁵ The Office of the Children's Commissioner becomes the Children and Young People's Commission on 1 July 2023 as per the Children and Young People's Commission Act 2022. Of note is that the NPM function remains unchanged and progress against any recommendations will be carried out by staff from the new Commission.

⁶ A multidisciplinary team or MDT is a diverse group of professionals working together to provide integrated care and advice.

- The Meihana model⁷ supported by tagged Māori staff roles and specific cultural programmes have positively transformed Nga Taiohi.
- Education is based on individual need and takes into account patient acuity⁸.
- Nga Taiohi has a quality, supportive wrap-around transition process for mokopuna. However, community-based placements for mokopuna leaving the facility are limited which means some mokopuna stay in in-patient care longer than necessary.
- Staff training package is comprehensive.
- Staffing shortages remain an issue despite extensive recruitment efforts.
- Improvement to the secure outside environment requires urgent attention.
- Mokopuna granted a 'special' status⁹ can face barriers of access to leave and outdoor areas.

Recommendations

Our recommendations are based on:

- Key findings from our monitoring and analysis
- Any issues relating to ill-treatment
- Concluding Observations from the United Nations Committee on the Rights of the Child (2023)
- Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities (2022)

Systemic Recommendations

1	Work with community-based partner agencies to establish appropriately supported and resourced placement options and ensure mokopuna do not remain in in-patient care longer than necessary.
2	Urgently address unsafe staffing levels in all youth and adolescent in-patient mental health facilities.
3	Establish a mokopuna-centric independent complaints process.
4	Incorporate mokopuna attendance in all MDT team meetings across all youth and adolescent in-patient mental health facilities.

⁷ Meihana Model: A Clinical Assessment Framework - Pitama_etal_pg118.indd (psychology.org.nz)

⁸ Patient acuity means the measure of a patient's severity of illness or medical condition including, but not limited to, the stability of physiological and psychological parameters and the dependency needs of the patient.

⁹ 'Special' status patients can only be granted leave by the Minister of Health or Director of Mental Health. Mental Health Act 1992 s52A

Facility Recommendations

1	Upgrade the secure outside area so it is mokopuna friendly, has green space, and has therapeutic use.
2	Incorporate vocational programs to equip mokopuna with valuable life-skills
3	Provide facility enhancement that address mokopuna and whānau needs including: <ul style="list-style-type: none"> • Access to a bath for sensory modulation • Upgrade the wooden bedframe for all mokopuna beds • Establish a follow up process for whānau regarding concerns and the outcomes
4	Consider providing youth development and mental health training for all staff working with mokopuna at Nga Taiohi, inclusive of external teaching staff
5	Provide access to low stimuli activities including (as requested by mokopuna) approved Netflix content, games and music devices.
6	Identify and provide mokopuna with access to appropriate independent advocates

Progress on previous recommendations

Progress on the recommendations from the last Nga Taiohi report dated October 2021 are assessed to be making good progress, limited progress or no progress.

Systemic Recommendations

1	Amend the Mental Health (Compulsory Assessment and Treatment) Act 1992 to reflect the unique needs and rights of mokopuna.	Good Progress. MH (CAT) Act is being repealed and replaced including the provisions for children and young people. New guidelines published (Sept 2020) Public consultation closed (Jan 2022). Nga Taiohi are developing changes regarding the new guidelines.
2	Involve mokopuna and whānau in the co-design of new or refurbished facilities.	Good Progress. Mokopuna are consulted when changes to the facility are proposed. Mokopuna and their whānau said they have good input into care aspects which includes the environment,



		through their participation in weekly Multi-Disciplinary Team ¹⁰ meetings.
3	Eliminate the use of seclusion and restraints.	<p>Good Progress. New guidance has been published April 2023¹¹ to safely support the reduction and elimination of seclusion and restraint for people under the Mental Health Act, and to identify best practice methods in mental health units.</p> <p>Nga Taiohi hold hui once a month and are working through the beginning stages of the change regarding zero seclusion.</p> <p>However, OCC notes in the seclusion and restraints data that the previous three months Nga Taiohi have had no seclusions events and with low numbers of restraints</p>
4	<p>Prioritise workforce strategy to recruit, retain and train staff to be:</p> <ul style="list-style-type: none"> • Culturally appropriate • Clinically competent and well trained • Child, youth and whānau focused 	<p>Limited progress. The DHB system was dismantled and transitioned to Te Whatu Ora¹²-Health New Zealand on 1 July 2022. A priority area is a strategy to relieve current workforce pressures.</p> <p>By the release of this report OCC expects a plan in place to recruit a strong workforce in Mental Health.</p> <p>Nga Taiohi have been active and made some good progress in the area of recruitment outside of the MHAIDS/Te Whatu Ora recruitment processes. This includes the NESP¹³ programme run in conjunction with local tertiary providers.</p> <p>OCC saw a training log for Nga Taiohi which detailed extensive in-house staff training.</p>

¹⁰ A meeting of the group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients. At Nga Taiohi these hui can also be attended by mokopuna and their whānau.

¹¹ <https://www.health.govt.nz/publication/guidelines-reducing-and-eliminating-seclusion-and-restraint-under-mental-health-compulsory>

¹² Established on 1 July 2022, Te Whatu Ora leads the day-to-day running of the health system across New Zealand, with functions delivered at local, district, regional and national levels. It weaves the functions of the 20 former District Health Boards (DHBs) into its regional divisions and district offices, ensuring continuity of services in the health system.

¹³ 'New Entry to Specialist Practice' - A programme run by Te Whatu Ora to support graduate and registered nurses new to Mental Health, Addiction and Intellectual Disability Service (MHAIDS) to enhance their professional practice while developing the specific skills required for the specialty field.

5	Provide accessible acute mental health care for all mokopuna and their whānau that is close to home.	Good Progress. OCC understands Te Whatu Ora have initiatives and programmes that are putting people first and strengthening community connections to deliver responsive services like the Change Programme ¹⁴ Nga Taiohi spoke to their extensive work with whānau and well-established transition planning, mitigating some issues related to this recommendation. This is supported by whānau.
6	Develop an independently administered complaints process co-designed by mokopuna at all mental health facilities.	No Progress. There has been no process of this recommendation. Nga Taiohi do use the MDT meetings to hear and address any daily issues or broader concerns.
7	Provide training to staff on child rights.	Limited Progress. Systemically there is limited progress in terms of a national approach to training staff in child rights. However, Nga Taiohi provide basic staff training on children’s rights. Booklets are introduced to mokopuna on admission and left in the main area ¹⁵ for mokopuna to access should they wish.
8	Embed Te Tiriti o Waitangi in a way that is genuine and is responsive to the needs of mokopuna Māori and their whānau, hapū and iwi.	Limited Progress. Te Tiriti o Waitangi framework and He Korowai Oranga: Māori Health Strategy are in place and state a commitment to fulfilling the relationship between Māori and the Crown. Activating the Mauri Tū framework has made considerable progress towards embedding Te Tiriti o Waitangi in Nga Taiohi alongside the establishment of tagged Māori roles in decision-making positions.
9	Ensure the documentation detailing the reasons why young adults are admitted to the Youth Unit is in individual case files and is in line with UNCROC guidance	Limited Progress. Systemically there is limited progress in terms of a national approach with operational guidance regarding practice expectations. UNCROC reports for Nga Taiohi did contain the detail needed for young adults admissions.

¹⁴ <https://www.mhaid.health.nz/about-us/change-programme/change-programme-workstreams/>

¹⁵ The communal area for all mokopuna



10	Operational policy, procedure and practice should stipulate how the unit is managed when 18-20 year olds are also admitted to the Youth Unit	<p>Limited progress. Systemically there is limited progress in terms of a national approach with operational guidance regarding practice expectations.</p> <p>Nga Taiohi provide age-appropriate community and vocational activities to support age group separation when there are young adults living in the unit.</p>
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Facility Recommendations

1	<p>Undertake the following improvements to the facility:</p> <ul style="list-style-type: none"> • Install a toilet and washbasin in the main hub • Install water coolers in main hub and other areas accessible to mokopuna • Replace the heating system in the gym with an air-conditioning system • Designate the kitchenette in the main hub a full kitchen and resource sufficiently 	<p>Limited Progress. The water cooler has been addressed, and the gym heating is in progress however the toilet/ wash basin and kitchenette require capital expenditure and bids are currently with Te Whatu Ora for consideration.</p>
2	Ensure access to nutritional and healthy food which meets the developmental needs of mokopuna	<p>Good progress – Complete. The food menu at Nga Taiohi has been updated with more mokopuna friendly options. Mokopuna did not report negative feelings towards the food.</p>
3	Staffing levels are adequate to meet the needs of mokopuna	<p>Staffing nationwide in health and especially in mental health facilities are inadequate. There are various strategies being explored including an international recruitment plan which began in August 2022.</p> <p>Nga Taiohi have been active and made some good progress in the area of recruitment outside of the MHAIDS/Te Whatu Ora recruitment processes. This includes the NESP programme run in conjunction with local tertiary providers.</p>

4	All essential roles are continuously staffed	Good Progress. Vacancies at the time of the visit included an occupational therapist and various nursing positions. A psychologist was in the process of being recruited.
5	Provide training for all staff in the bi-cultural Model of Care to: <ul style="list-style-type: none"> • Provide adequate supervision to all staff • Apply Māori health models in practice • Provide sufficient opportunities to learn and use te reo Māori • Promote the bi-cultural philosophy of care 	Good Progress. OCC saw a significant transformation in relation to the bi-cultural model of care. Nga Taiohi has dedicated time and resource into embedding the Meihana Model ¹⁶ which provides the clinical assessment framework to increase Māori health gains within a mental health setting. The tagged Māori staff roles, cultural responsiveness and cultural programmes, available to mokopuna and whānau should be highlighted as best practice by Te Whatu Ora for all adolescent mental health facilities. In order for this recommendation to be complete, OCC would like to see additional supports in place for staff to receive professional and cultural supervision.
6	Investigate the increase in restraints in 2021 to identify causes and key learnings	Good progress – Complete. Nga Taiohi review restraint practices and employ effective safety systems to recognise risk and reduce harm It was evidenced that increase in restraints correlated with mokopuna complexities and risk of harm to self, and restraints have since decreased.
7	Abolish the snack food chit system to ensure equitable access of food privileges to all mokopuna	Good progress – Complete. There is no longer a snack food chit system at Nga Taiohi.
8	Staff are made aware of available budgets for the facility to provide essential clothing and toiletry needs for mokopuna	Good progress – Complete. Nga Taiohi provides essential clothing and toiletries for mokopuna. There are clothing grants available and a clothing bin. Mokopuna can also communicate any other needs to whānau and staff through the MDT process.

¹⁶ Meihana Model: A Clinical Assessment Framework - Pitama_etal_pg118.indd (psychology.org.nz)



Treatment

This focuses on any allegations of torture or ill treatment, use of seclusion, use of restraint and use of force. We also examine models of therapeutic care provided to mokopuna to understand their experience.

The Meihana Model has been successfully embedded at Nga Taiohi

There has been transformation in the cultural practice at Nga Taiohi since the last monitoring visit in 2021. The Meihana Model has helped to establish a more comprehensive and culturally sound assessment and intervention framework for mokopuna and whānau accessing mental health care. Elements of Te Whare Tapa Wha¹⁷ are also incorporated.

Holistic practices in line with the Meihana Model were seen by OCC throughout the visit. These include:

- a needs-based and paced admission into the main unit
- variety of sources of information is gathered to create a full picture for mokopuna – this includes heavy whānau involvement from admission to transition
- ability to incorporate cultural needs into a western medical model of care and support the plan through a multi-faceted approach to that care
- staff training targeted to the needs of mokopuna ensuring all involved in mokopuna care display consistent, trauma informed practice

- Staff treating mokopuna with empathy, care, affection and as children rather than a diagnosis

Good relationships between staff and mokopuna foster a sense of safety and belonging

Mokopuna have excellent relationships with all staff. Whānau also said that the familiarity between staff and mokopuna helps to create a safe home-like feel in the unit. For example, staff are able to 'shadow' mokopuna with higher needs or those that experience anxiety when entering group situations. Staff do this conspicuously to enable mokopuna to integrate themselves into unit activity and also to mitigate risk and keep problematic behaviour to a minimum.

OCC observed friendly banter between staff and mokopuna supporting an environment for mokopuna to relax, have the confidence to be themselves and try new activities.

Mokopuna are considerate of one another

Mokopuna have good relationships with each other and engage well together as a group. OCC saw mokopuna being considerate and patient with each other despite differences. Mokopuna provided guidance to recently admitted mokopuna, as well as hold each other accountable in

¹⁷ [Te Whare Tapa Whā | Mental Health Foundation](#)



upholding the tikanga of the unit. For example, when mokopuna had left clothes on the floor, other mokopuna told them to put clothes in their room and keep the communal spaces tidy.

There is minimal use of seclusion at Nga Taiohi

The use of seclusion for any mokopuna under the age of 18 runs contrary to the Children's Convention¹⁸ and the state was criticised in the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022¹⁹. The Concluding Observations asked that state parties take immediate action to eliminate the use of solitary confinement, seclusion, physical and chemical restraints, and other restrictive practices in places of detention.

Seclusion also runs contrary to Te Tiriti o Waitangi which explicitly outlines mokopuna as taonga and that they, and their mana, should be actively protected.²⁰ It is also a breach to the New Zealand Bill of Rights (NZBOR)²¹ outlining to ensure that no person is subject to the constraints and ill effects that are associated with detention other than in accordance with the law.

OCC heard that seclusion at Nga Taiohi is used as a last resort. Data collected from Te Whatu Ora²² by OCC evidenced a reduction in seclusion with two seclusion events over the past six months (from December 2022 to May 2023) compared to the five seclusion events from June

2022 to Dec 2022. Whānau said that seclusion was used minimally and as a last resort for their mokopuna.

OCC acknowledge the efforts of Nga Taiohi in working towards the national movement towards zero seclusion of mokopuna.

The number of restraints fluctuates

The data from Te Whatu Ora regarding the use of restraint found that although there was a spike in the use of personal restraints (specific to complex individuals at Nga Taiohi) in 2022, the numbers have since decreased in 2023 due to changes of dynamics in the unit and utilising clinical practice outlined in the Meihana Model.

Staff told OCC that the spikes in restraint numbers were a direct correlation to an individual's harmful behaviours after de-escalation practises no longer worked.

OCC cross-referenced this statement with specific events on the units and found correlation to the number of self-harm incidents, restraint practice and individual mokopuna behaviour dynamics.

Admission can be restrictive due to lack of beds

A strict needs analysis for each referral needs to be applied as only 10 beds are available nationally to service mokopuna with forensic mental health needs. Mokopuna who reside in facilities not built to meet mental health need and with high

¹⁸ <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

¹⁹ CRPD/C/NZL/CO/2-3

²⁰ Articles 2 and 3 of Te Tiriti o Waitangi

²¹ Section 22 of the NZ Bill of Rights <https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM225524.html>

²² May 2023 Monthly Clinical Governance data package from Nga Taiohi [includes a 12-month overview around seclusion, personal restraints and self-harm events]



risk of harm can be escalated up the waiting list with their needs prioritised.

The initial assessment and referral to Nga Taiohi is screened externally by the Mauri-Tū²³ national forensic team who then work collaboratively with the Nga Taiohi clinical team to ensure mokopuna are placed appropriately. However, the Children's Commissioner is concerned that the lack of forensic mental health beds means that many mokopuna languish in facilities that cannot meet their mental health needs.

Mokopuna waiting and/or not receiving access to the highest attainable health care breaches article 24 of the Children's Convention²⁴ and Te Tiriti o Waitangi²⁵ to provide equitable health care for mokopuna Māori.

Nga Taiohi provides above-and-beyond transition support

Nga Taiohi has an individual, comprehensive, wrap-around transition service for mokopuna and whānau who are ready to transition out of Nga Taiohi. OCC heard that mokopuna are kept well-informed about their transition pathways and have their voice included in the process where possible. In some instances, Nga Taiohi provided transitioning mokopuna with highly skilled staff to support them home and demonstrate to community providers how to best care for mokopuna needs.

Whānau have expressed that Nga Taiohi have also provided ongoing support through and after the transition process. Nga Taiohi have been available and accessible when needed, providing them with, in their opinion, the best service experience within the mental health sector.

There is a lack of appropriate community placements for mokopuna with complex needs

Despite excellent transition planning, mokopuna can stay in Nga Taiohi longer than necessary. This is due to the lack of appropriate (in terms of specialist support and resourcing) community-based placement options especially in areas outside of the main city hubs.

Whānau also highlight the lack of community support contributing to a sense of being stuck in limbo. Mokopuna transitions out of secure mental health facilities are consistently highlighted as an issue and the lack of appropriate community-based support is impacting on mokopuna, their whānau, hapū and iwi.

The Children's Commissioner expects Te Whatu Ora leadership to work with other government agencies, community and iwi partners to canvas solutions.

²³ first point of contact for admissions to Nga Taiohi from the 5 youth forensic community services in New Zealand. The team consists of a representative/key liaison person from each of the 5 services.

²⁴ Article 24 of the Convention of on the Rights of the Child in regards to mokopuna rights

and access to the highest attainable standard of health for treatment of illness and rehabilitation.

²⁵Te Tiriti o Waitangi and Health framework <https://www.health.govt.nz/system/files/documents/pages/whakamaua-tiriti-o-waitangi-framework-a3-aug20.pdf>



Protection Systems

This examines how well-informed mokopuna are upon entering a facility. We also assess measures that protect and uphold the rights and dignity of mokopuna, including complaints procedures and recording systems.

The admission process is based around the needs of mokopuna

Mokopuna admission into Nga Taiohi is through the referral system Mauri-Tū.²⁶ Physical admission into Nga Taiohi is tailored to how mokopuna present and their state of wellbeing at the time of entry.

A typical admission includes mihi whakatau²⁷ if mokopuna are well enough. Mokopuna are then admitted to an admission area separate to other mokopuna allowing time for them to adjust to their surroundings and understand their treatment plan. Whānau are heavily involved in the admission process.

Whānau told OCC that Nga Taiohi involved them in decision-making and take the time to walk them through treatment plans and ways they can support their mokopuna.

A flat is available for whānau to use when on-site and video calling is available. Whānau describe feeling well supported especially when they come from outside of the Wellington area.

Multi-Disciplinary Team meetings are unique and innovative

Mokopuna have a right to be involved in decisions about their care.²⁸ Nga Taiohi run weekly patient MDT hui that include mokopuna and their whānau. The focus for these hui centre around progress with treatment plans, outlining and giving reasons for any changes, and when appropriate, transition plans out of the facility.

Staff, whānau and mokopuna said having mokopuna voice in the decision-making process and mokopuna having ownership of their care, gives assurances that the best interests of mokopuna are elevated and stay at the centre of all operations.

Mokopuna said that they like having the ability to ask questions and get answers in real-time. The process has also enhanced the partnership between mokopuna, whānau and staff and helped to increase buy-in from all parties. Whānau (who had experienced other care services) described the process as the best MDT process they have experienced.

²⁶ Mauri-Tu team is the first point of contact for admissions to Nga Taiohi from the 5 youth forensic community services in New Zealand. The team consists of a representative/key liaison person from each of the 5 services. The young people referred to Nga Taiohi primarily come from youth justice facilities and prisons.

²⁷ All mokopuna are admitted to Nga Taiohi through a mihi whakatau (dependent on acuity at the time of entry). The purpose is to

remove the tapu of the Manuhiri (visitors) to make them one with the Tangata Whenua (Home people). The mihi whakatau process is conducted in the most appropriate manner led by the Māori Clinician or their delegate. If after hours, the mihi whakatau occurs first thing the following morning. (Nga Taiohi Model of Care Booklet)

²⁸ Refer to Article 12 – Convention on the Rights of the Child



The Children's Commissioner acknowledges the unique MDT process at Nga Taiohi and how it empowers mokopuna mana motuhake²⁹ by allowing them to have a say in their treatment, and actively participate in their overall journey to wellness. MDT hui run in this way should be considered best practice and the process shared across all adolescent in-patient mental health facilities as per article two of Te Tiriti o Waitangi.³⁰

Mokopuna have varying degrees of knowledge regarding their rights

Not all mokopuna OCC spoke to knew their rights. Some mokopuna displayed a good understanding of their rights whilst others did not, and a few said they did not care to know. During informal conversations a mokopuna said they would like to know more about their rights and when this was passed on to facility staff, responsive action was taken to give this information to the mokopuna. It is important that facility staff regularly check-in with mokopuna to take advantage of all opportunities to discuss mokopuna rights.

Mokopuna do not have access to independent advocates

Mokopuna under the Mental Health Act³¹ have access to District Inspectors³², whose primary duties include ensuring that every individual subject to a compulsory order is

cared for in accordance with the statutory requirements; monitoring the quality and safety of services; investigating complaints and conducting any necessary inquiries.

However, District Inspectors are not designated advocates and whilst staff work to advocate for mokopuna best interests, mokopuna do not presently have access to any independent advocates. The Nga Taiohi leadership team are actively working to identify, and access lived experience advocates to support mokopuna residing in Nga Taiohi.

The Children's Commissioner supports mokopuna having access to independent, lived-experienced advocate specialists to support mokopuna as they navigate their mental health journey.

Mokopuna need an appropriate and independent complaints process

Staff and mokopuna told OCC that mokopuna can voice any concerns or issues through their MDT process which has mitigated many day-to-day problems and concerns for mokopuna. Mokopuna also have open access to District Inspectors to discuss any concerns they have.

Whānau said that whilst Nga Taiohi was generally responsive to complaints, they were not always informed of outcomes, and this is something that whānau said

²⁹ the obligations Tiriti o Waitangi Health framework <https://www.health.govt.nz/system/files/documents/pages/whakamaui-tiriti-o-waitangi-framework-a3-aug20.pdf>

³⁰ By enabling the right for Māori self-determination and exercise their authority over their lives according to Māori philosophies, values and practices including tikanga Māori.

³¹ [Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#)

³² District Inspectors are lawyers appointed by the Minister of Health to protect the rights of people receiving treatment under the Mental Health Act, or the IDCCR Act. They are independent from the Ministry of Health and from health and disability services.



could be improved.

Under the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 mokopuna can make independent complaints. However, the form is lengthy both staff and mokopuna believe it is not accessible, is not designed specifically for mokopuna, and not appropriate for mokopuna experiencing mental distress. Of note, some mokopuna were not aware a formal complaints system is available to them.

The importance of a fit-for-purpose, independent complaints process was noted by the United Nations Concluding Observations to New Zealand's sixth periodic review on its implementation of the Children's Convention³³. The Health and Disability Commissioner has also noted that a complaints system needs to be designed specifically for mokopuna living with mental distress³⁴.

The Children's Commissioner remains committed to the recommendation that Te Whatu Ora establish an independent complaints process, co-designed with mokopuna for all adolescent in-patient mental health facilities.

³³ Refer CRC/C/NZL/CO/6 28(f)

³⁴ (1) Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 | Right 10 (1) Every

consumer has the right to complain about a provider in any form appropriate to the consumer.



Material Conditions

This assesses the quality and quantity of food, access to outside spaces, hygiene facilities, clothing, bedding, lighting and ventilation. It focuses on understanding how the living conditions in secure facilities contribute to the wellbeing and dignity of mokopuna.

Nga Taiohi is a bright, colourful welcoming space

Nga Taiohi is clean and tidy. The walls and furnishings in the facility are bright and lively, and there is colorful artwork throughout the facility, some produced by mokopuna. This made the space welcoming and warm, and less hospital-like. Whānau and mokopuna spoke positively of the material conditions of Nga Taiohi. Mokopuna also took pride in their environment, reminding each other to keep the unit tidy by keeping their clothing in their rooms, not in communal areas, and tidying the area after mealtimes and exercise.

The Sally Port³⁵ is being refurbished and mokopuna are working with staff to create a mural on the walls.

In the main hub, the walls are decorated with informative easily understandable posters, including 'feelings' in te reo which mokopuna use as reference points. OCC encourages the continued use of mokopuna-friendly posters to inform mokopuna around topics relevant to them and their care.

Access to the outdoors is important for promoting mokopuna wellbeing

Mokopuna have limited access to green, outdoor areas. Unless mokopuna have been granted leave³⁶ to go on walks around the hospital grounds, the only outdoor space is a small, fenced, concrete courtyard. Mokopuna have a right to access an outside area³⁷ and research indicates a positive correlation between access to green space and wellbeing in adolescents.³⁸

Staff working at Nga Taiohi do not feel that the current outside area is conducive to promoting wellness in mokopuna.

The beds are not comfortable and mokopuna prefer to sleep on the floor

Mokopuna told OCC the beds in Nga Taiohi are uncomfortable and painful to sleep on. Mokopuna said they prefer to put their mattress on the floor as this was more comfortable.

OCC recommend Nga Taiohi assess the wooden bed frames currently used and take steps to enhance mokopuna sleeping comfort.

³⁵ Secure, garage-like admission area where mokopuna are admitted.

³⁶ A risk mitigated process for mokopuna to be able have leave away from the facility administered by the mokopuna registered clinician.

³⁷ Articles 27 and 31 [Convention on the Rights of the Child | OHCHR](#)

³⁸ [The Association between Green Space and Adolescents' Mental Well-Being: A Systematic Review](#)



Activities and access to others

This focuses on the opportunities available to mokopuna to engage in quality, youth friendly activities inside and outside secure facilities, including education and vocational activities. It is concerned with how the personal development of mokopuna is supported, including contact with friends and whānau.

Mokopuna access to whānau is well supported by Nga Taiohi

OCC heard from mokopuna and whānau alike that access and contact with each other was well-supported and readily available via phone calls and zoom. On-site visits are also encouraged and supported.

Whānau said that Nga Taiohi keep them well-informed and involved in the care of their mokopuna which includes regular calls from the Nga Taiohi clinical team, allocated catch-up times, and participation in the MDT process.

Access to leave is important to mokopuna

Mokopuna who have been risk-assessed and demonstrated an ability to appropriately manage themselves can be granted leave by their clinician, which allows the opportunity to go off-site on walks and excursions. Mokopuna spoke positively of this and identified it as something they valued.

Mokopuna who have been approved as Special Status³⁹ are often unable to access off-site recreational leave due to a lengthy legislative process⁴⁰ to apply for the leave.

³⁹ When a person has been found to be unfit to stand trial or deemed insane and is therefore detained as a special patient under section 24 of CPMP Act 2003.

Special Status can be sought and applied to mokopuna after they have been admitted to Nga Taiohi. Staff said this is often confusing and distressing for mokopuna as one day they have the ability to access off-site leave and the next day they are declined.

Programmes and activities are well-planned

The core activities that mokopuna are involved in include school, cultural programs, and art/music therapy. Mokopuna are provided with gentle encouragement or worked with individually when they are hesitant to engage.

Staff initiate card games, dance battles, and chess tournaments outside of the school day. The cultural programming led by Māori and Pasifika co-coordinators are a great addition to the variety of activity offered and mokopuna said they enjoyed being involved in these activities.

Education is individualised and provides variety

The Central Regional Health School⁴¹ at Nga Taiohi is mokopuna-centric and is flexible in working with mokopuna presenting with complex high needs.

⁴⁰ 'Special' status patients can only be granted leave by the Minister of Health or Director of Mental Health. Mental Health Act 1992 s52A

⁴¹ [Central Regional Health School \(crhs.school.nz\)](http://crhs.school.nz)



Education staff sit in daily morning meetings to discuss and hear individual medical plans so they can incorporate Nga Taiohi medical adaptations where needed as well as give clinical staff updates on education plans. For example, education plans are adjusted to take into account mokopuna need and presentation or content being screened to ensure safety around mokopuna trigger points.

Education staff were also involved in the weekly MDT meetings.

OCC saw that mokopuna were well-engaged and enjoying class time. Content included:

- Japanese culture
- links to previous learning around Māori and Pacific cultures
- rope-tying
- mapping.

Support staff were enthusiastic about the classroom content, and this had a noticeable positive impact on the engagement from mokopuna.

Mokopuna would like access to low-stimuli activity

There were periods during the monitoring visit where mokopuna were not engaged in any activity and told OCC they were bored. Mokopuna have access to video-games and a TV room but were not using these due to a lack of updated games and being locked out from normal access to Netflix because of a new Pin-Code nobody knew. Some mokopuna said that access to music or other quiet activities would be useful during downtime.

Nga Taiohi is aware of the lack of low-stimuli activity and looking in to how

mokopuna can have more safe access to these.



Medical services and care

This domain focuses on how the physical and mental health of mokopuna are met, in order to uphold their decency, privacy and dignity.

Mokopuna have good access to primary healthcare

Mokopuna were in good health with access to all the appropriate primary healthcare. There is on-site access medical care and mokopuna engage with the house surgeon if they have any issues. OCC saw quick identification, treatment and referrals when mokopuna identified health concerns during the monitoring visit.

Therapeutic care is the foundation of service for Nga Taiohi

As Nga Taiohi is a service for the treatment of mental health and/or substance use, mokopuna have regular access to psychiatrists and alcohol and other drug counsellors on-site. These professionals provide the specialist therapeutic care and treatment within the unit.

Mokopuna are provided with Cognitive Behavioural Therapy⁴² and Dialectical Behaviour Therapy⁴³ as appropriate with access to an art and music therapist, alongside a spiritual therapist. Mokopuna are also supported to make requests for their therapeutic needs and given access to sensory spaces and tools.

Nga Taiohi is in the process of recruiting a psychologist and occupational therapist.

Nga Taiohi uphold consistent practice with medication management and administration

OCC saw medication administered in line with Te Whatu Ora policy. Staff are well trained in how to manage mokopuna who refuse medication with staff able to break down the reasons why mokopuna need to take medication and how it was part of their treatment plan and journey to wellness.

⁴² Cognitive behavioural therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness.

⁴³ Dialectical behaviour therapy (DBT) is a modified type of cognitive behavioural therapy (CBT). Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others



Personnel

This focuses on the relationships between staff and mokopuna, and the recruitment, training, support and supervision offered to the staff team. In order for facilities to provide therapeutic care and a safe environment for mokopuna, staff must be highly skilled, trained and supported.

Staff training is fit-for-purpose

Nga Taiohi provides a thorough induction and on-going training package covering a variety of topics. Staff also said that training can be tailored to ensure staff knowledge on the current needs of mokopuna.

Nga Taiohi staff are able to identify training and expertise gaps and then engage in tailored training appropriately. The Mauri-Tū team assess all mokopuna referrals with the ability to ascertain mokopuna presentation prior to physical admission. This enables staff to attend any supplementary training before mokopuna are admitted. The approach allows mokopuna to be treated appropriately with plans that can be progressed by knowledgeable staff.

Staff who had additional training in youth development practices⁴⁴ brought additional engagement skills to the unit. Some staff identified youth engagement strategies as an additional training need and would be complementary to the clinical training received.

Additionally, some education staff said that it would be beneficial for their staff to receive the induction training and some mental health forensic training to help

⁴⁴ Youth development means growing and developing the skills and connections young people need to take part in society and reach their potential. ([https://www.myd.govt.nz/working-with-](https://www.myd.govt.nz/working-with-young-people/youth-development-approach.html#Whatisyouthdevelopment1)

them understand the clinical aspects of treatment plans.

Staff show care and empathy for mokopuna

Staff are very passionate about ensuring mokopuna are well-cared for, and whānau expressed being overwhelmed by the compassion and care provided by staff at Nga Taiohi.

However, during the visit there were multiple occasions when staff had open conversations within group settings in which individual aspects of mokopuna treatment plans were discussed. These could be overheard by other mokopuna and OCC staff. Mokopuna presentations were also openly talked about in front of or to other mokopuna.

This is a breach of the Privacy Act 2020 as well as article 16 of the Children's Convention.⁴⁵ Mokopuna medical information is private and conversations between staff should be held in areas of the unit where mokopuna cannot hear them.

Low staffing levels remains an issue despite active recruitment efforts

Staffing levels are not optimal and multiple staff told OCC that recruitment remains an

[young-people/youth-development-approach.html#Whatisyouthdevelopment1](https://www.myd.govt.nz/working-with-young-people/youth-development-approach.html#Whatisyouthdevelopment1))

⁴⁵ [Convention on the Rights of the Child | OHCHR](https://www.ohchr.org/en/instruments-treaties)



issue. Low staffing levels result in staff working extended or double shifts and OCC saw this happening on multiple occasions.

The Children's Commissioner remains concerned about the staffing situation across all adolescent in-patient mental health facilities and the impact this has on the care of mokopuna⁴⁶.

Nga Taiohi do run extensive recruitment programmes in an attempt to address this issue. Staff also acknowledge that nationwide staff shortages continue to be a problem. The following strategies are in place to attract new staff to Nga Taiohi:

- NESP⁴⁷ program to attract specialist nurses
- general student nurse programme
- Student doctors and psychiatrists on-site to do rotations and placements.

Nga Taiohi exhibit good practice in maintaining relationships

OCC saw examples of good leadership at Nga Taiohi which had a positive impact on the relationships between different working teams. For example,

- all facility staff were engaged in mokopuna care with many different staff participating in MDT meetings.
- all staff were involved, engaged, and communicating in the morning circle.

- staff were known to each other and showed good comradery between each other.
- education staff were valued and encouraged to participate in handover meetings.
- kaimahi Māori are engaged in decision making and highly praised for the work they do in operationalising the Meihana Model into the facility
- kaimahi Pasifika run programmes with staff and mokopuna.
- there was respect for one another's expertise and a collective desire to do the best for mokopuna.

Nga Taiohi involve external providers in the facility with many regularly involved in, for example, the MDT process and Mauri-Tū referral process in order to ensure the best outcomes for mokopuna.

⁴⁶ ensure adequate human, technical and financial resources and continuous capacity-building for those exercising responsibilities under the legislation on upholding children's rights, in particular staff members and caregivers of State-run institutions, family homes and foster placements (para 28(e))

⁴⁷ 'New Entry to Specialist Practice - A programme run by Te Whatu Ora to support graduate and registered nurses new to Mental Health, Addiction and Intellectual Disability Service (MHAIDS) to enhance their professional practice while developing the specific skills required for the specialty field.



Improving outcomes for Mokopuna Māori

This focuses on identity and belonging, which are fundamental for all mokopuna to thrive. We assess commitment to Mātauranga Māori and the extent to which Māori values are upheld, cultural capacity is expanded and mokopuna are supported to explore their whakapapa.

Prioritising Māori roles has had a positive impact and effect on Nga Taiohi

Establishing tagged Māori roles and employing kaimahi to support and operationalise the vision and goals of the Meihana Model has been cathartic for Nga Taiohi.

Key Māori roles include:

- Māori clinician⁴⁸ (who is a registered social worker)
- Kaumatua⁴⁹ who services all the forensic facilities
- Māori programme coordinator.

The Māori clinician in particular has been integral to the incorporation of the Meihana Model by training staff in the model, building staff cultural capability generally and allowing space for staff to have courageous conversations regarding bi-cultural practice.

The impact has empowered staff who say they are now able to:

- confidently uphold the Meihana Model themselves and embed practice across the unit
- be confident and strong in their knowledge around Te Tiriti o Waitangi obligations and in their participation in events like mihi whakatau

- role model strength but also vulnerability to mokopuna in the use of te reo during morning circle
- facilitate safe spaces to discuss different aspects of te ao and mātauranga Māori and practice karakia and waiata independently from Māori kaimahi.

OCC consistently heard from the senior leadership team and other facility staff that the Māori kaimahi are respected, valued and given the flexibility to lead the way in creating positive, culturally enhancing change.

Whakawhānaungatanga and manaakitanga were evident in the unit

There were multiple examples of staff and mokopuna supporting each other throughout the visit. For example:

- mokopuna supporting each other to keep their communal spaces clean and tidy
- mokopuna asking staff if they need help
- staff asking mokopuna if they are okay and supporting them with aroha and awhi if they were not
- staff moving immediately in response to mokopuna needs

⁴⁸ Cultural Advisor for Nga Taiohi

⁴⁹ Cultural Advisor



- Senior leadership stopping, speaking to and laughing with mokopuna.

OCC saw all of these on display when a new admission was admitted into the unit. Initially this mokopuna was separated from the main area and other mokopuna due to complex mental distress. However, staff were able to seamlessly transition them into the main area with other mokopuna safely, patiently, and mindful of keeping anxiety low. Whilst the approach took time, the mokopuna was eventually happy to engage with other mokopuna and their activities.

Meihana Model is a highlight and should be shared across the sector

Whānau expressed feeling uplifted with a sense of pride that mātauranga Māori was being used alongside western models of medicine. For example, whānau and mokopuna are supported to use Rongoā⁵⁰ with whānau Māori saying they feel valued and able to express their mana motuhake when they are involved in the wellness journey for their mokopuna.

OCC is encouraged by the movement forward in the implementation of the Meihana Model compared to the last visit and is looking forward to seeing continued progression at Nga Taiohi and implemented across adolescent in-patient mental health settings in the future.

⁵⁰ Rongoā includes herbal remedies, physical therapies such as massage and manipulation, and spiritual healing.



Appendix 1

Monitoring Framework

Our monitoring is conducted under seven domains, six of which are defined by the Association for the Prevention of Torture⁵¹. The seventh domain, 'Improving Outcomes for Mokopuna Māori' was developed for the Aotearoa New Zealand context by OCC to assess how mokopuna Māori are supported to have a positive connection to their identity and whakapapa.

The domains are:

- Treatment
- Protection Systems
- Material Conditions
- Activities and access to others
- Medical services and care
- Personnel
- Improving outcomes for mokopuna Māori

How OPCAT is reflected in the way we monitor

Using the seven domains as a framework we:

- Rigorously examine the treatment and conditions using a range of methods and information sources
- Describe these treatment and conditions in terms of their impact on mokopuna
- Clearly identify anything that constitutes torture or other cruel, inhuman, or degrading treatment or punishment
- Clearly identify any problems to be addressed and improvements required, along with our expectations for action
- Make recommendations aimed at improving treatment and conditions and preventing future ill treatment

⁵¹ Association for the Prevention of Torture (2004) *Monitoring places of detention: A practical guide*.



How we work

Methodology

The OCC use several methods to engage with mokopuna, whānau and staff to hear about their experiences. We also want to understand the group dynamics at the facility.

Observing

We spend time in facilities seeing how mokopuna and staff interact and what their daily routines are

Joining In

We join in activities and mealtimes to experience what access mokopuna have to good food and meaningful activities

Informal Conversations

We have informal chats with mokopuna and staff who tell us about their thoughts and experiences

Interviews

We conduct formal interviews with mokopuna and staff who are happy to speak with us confidentially

Our analysis

We analyse information we have gathered by coding it according to each of the OPCAT domains. We identify themes within each domain in relation to the treatment and conditions experienced by mokopuna. We then identify any treatment or conditions that constitute ill-treatment as well as any areas where preventions could be strengthened.

Finally, we review the recommendations made in the previous OPCAT report and formulate new recommendations based on our findings in relation to current treatment and conditions.

Our findings

Findings are categorised under each of the seven OPCAT domains. Some findings relate to two or more domains – for the purposes of reporting, they are placed in the most significant domain.



Gathering information

We gather a range of information and evidence to support our analysis and develop our findings in our report. These collectively form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions with Te Whatu Ora and facility staff	<ul style="list-style-type: none"> • Senior Leadership Team • Psychiatrists • Nurses, including student nurses • Clinical Nursing Manager • Clinical Coordinator • Pukenga Atawhai • Social Workers • AOD Counsellor • Mental Health Support Workers
Interviews with external stakeholders	<ul style="list-style-type: none"> • Southern Health School staff • Whānau
Documentation	<ul style="list-style-type: none"> • Individual plans • Seclusion and restraint data • Complaints • Policies and Procedures paperwork • Training plan
Observations	<ul style="list-style-type: none"> • Unit routines, including lunch and dinner • Programmes and activities (including participation in some activities) • Shift handover, morning hui, meetings with external services • Internal and external environment