



**Child Adolescent and Family Unit – Princess Margaret
Hospital**

OPCAT Monitoring Report – Visit Date: May 2022

Report Date: October 2022



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

Who we are

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 and the role of the NPM is contained in the Crimes of Torture Act (1989). Our role as a NPM is to visit places of detention, including residences run by District Health Boards, 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.

About this report

This report shares the findings from our monitoring visit and recommends actions to address the issues identified. We describe the quality of the experience of mokopuna at the facility and provide evidence of our findings based on information gathered before, during and after the visit. This includes assessing the progress in addressing previous recommendations.

About this visit

OCC staff carried out an announced monitoring visit to the Child, Adolescent and Family Services at Princess Margaret Hospital in Christchurch in May 2022. The facility providing these services is known as CAF and will be described as such in this report.

The purpose of this visit was to fulfil our responsibilities under OPCAT to monitor the safety and wellbeing of mokopuna detained in secure locked facilities.

About this facility

Region: Canterbury

District Health Board: Canterbury District Health Board (CDHB)

Operating capacity: 16 beds, plus one seclusion room and one de-escalation room.

CAF provides specialist inpatient care for mokopuna up to the age of 18, with acute mental health needs. The Unit has two separate wings, a child wing (for children up to the age of 12) and a youth wing (for young people between the ages of 12 and 18 years old). However, young people may be accommodated in the child wing based on clinical need.

Key Findings

Key findings are addressed in our recommendations along with other issues relating to the prevention of torture and other cruel, inhuman or degrading treatment or punishment (ill-treatment), identified in our analysis.

Findings

The following positive factors were present:

- Mokopuna had caring, respectful relationships with staff.
- Whanau participation was positive and contributed to the care of mokopuna.

We found no evidence that mokopuna had been subjected to torture, or cruel or degrading punishment. However, we identified the following areas which may constitute ill-treatment

- There was limited evidence of mokopuna involvement in care planning.
- CAF is in need of ongoing improvement and maintenance until the new unit is operational.
- A Te Ao Maori strategic framework is absent from the unit.

Recommendations

Our recommendations are based on:

- Key findings from our monitoring and analysis
- Any issues relating to ill-treatment
- Progress against recommendations from the previous monitoring visit

We identify systemic issues that impact on the effective functioning of the facility and make recommendations to address these. Our recommendation is that action to address the facility recommendations occurs within twelve months after the date of our visit. We will monitor progress against those and the systemic recommendations at our next monitoring visit.

Systemic Recommendations

1	Increase the availability of community youth mental health services to support transition from acute care.
2	Provide adequate training and resource (including sensory tools and environment) to achieve Zero seclusion.
3	Update policy to ensure informal mokopuna have access to the same protections as those under compulsory treatment.
4	Provide the necessary financial resource required for CAF to provide a safe and therapeutic environment until the new Youth Mental Health unit is operational.

Facility Recommendations

1	Evidence in case files that all mokopuna sign a consent to treatment form.
2	Evidence in case files mokopuna contribution into assessment care plans.
3	Develop and implement a strategic plan to improve health outcomes for Maori.
4	Develop a mokopuna-friendly complaints system.
5	Provide independent advocacy for mokopuna.

6	Create a safe sensory area space to use for the purpose of self-regulation on both wings.
7	Ensure all staff on the unit have training in Collaborative Problem Solving (CPS)

Progress on previous recommendations

Progress on the recommendations from the OPCAT report dated October 2021, are assessed to have made good, limited or no progress.

1	Provide mokopuna access to the sensory modulation room. Appropriate use should be determined by staff trained in sensory modulation.	Limited progress
2	Develop a formal process for supporting and communicating with mokopuna during and after an incident.	Good progress
3	Update the admission pack so it is mokopuna and whānau friendly.	Good progress
4	Clearly communicate the complaints process to staff and mokopuna.	Limited progress
5	Provide good ventilation and heating throughout the unit, through adequate supply of air conditioning units and fully functioning heaters.	Good progress
6	Provide mokopuna with unrestricted access to outdoor areas, unless deemed inappropriate for clinical reasons.	Good progress
7	Explain the smartphone policy to mokopuna to ensure they know the reasons for not being allowed their smartphones and provide guidance around how they can be gradually reintroduced.	Good progress
8	Create a vision and strategy for improving outcomes for mokopuna Māori.	Limited progress
9	Increase funding for activities and resources, which allow for meaningful, enjoyable and age-appropriate activities.	Limited progress

10	Review the staff roster to allow for mokopuna and staff to establish and maintain relationships.	Limited progress
11	Provide ongoing and appropriate training for staff to support and respond effectively to mokopuna with complex mental health needs.	Limited progress
12	Involve all mokopuna and their whānau in the development and progress of their care plans.	Limited progress

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.

Mokopuna have positive relationships with staff

We observed friendly relationships between mokopuna and staff. Mokopuna felt respected by staff and enjoyed their company. For example, one mokopuna wanted to make sure to say goodbye to their favourite nurse before going on leave.

Mokopuna have opportunity to develop positive peer relationships

At the time of our visit the adolescent wing had high levels of acuity and new admissions. This led to lower levels of peer interactions.

However, mokopuna on the child wing appeared to be more stable in their presentation and treatment. They interacted well, collaborating on activities and playing games together.

We commend the strong culture of whānau participation and engagement.

Staff work with whānau to identify mokopuna goals and expectations. A key focus of this engagement is to ensure whānau have an increased understanding and ability to support the mokopuna on discharge from the unit.

We would like to see more mokopuna involvement in their own care plans

Although it is important to involve whānau in decision making, it is equally important to involve mokopuna in every step of their care and decisions that affect them.

Although nursing staff have daily check in with mokopuna, mokopuna were unaware of how long they would be at CAF and felt they had limited opportunities to contribute to the plan for their transition to the community.

We observed limited evidence of formal opportunities for mokopuna to contribute to their plans and evidence of how their views contributed to decision making.

Involvement in their care plan will ensure that mokopuna are fully aware of all aspects of the care and have the opportunity to provide input in their care.

Mokopuna with complex needs require multi agency input

Mokopuna with multiple and complex needs should have access to multi-agency support that recognises these needs and coordinates a holistic approach to care. The complexity of need can mean that mokopuna remain on the unit longer than required.

For example, mokopuna in the custody of Oranga Tamariki with who do not have a

long-term stable placement to transition to frequently remain on the unit longer than required.

As a result, we suggest that the relationship with Oranga Tamariki is strengthened to promote collaborative, timely discharge to safe placements for all mokopuna.

More community support is needed when mokopuna leave

Whānau are an integral part of mokopuna care and are involved in regular multidisciplinary meetings about them.

Whānau have an active role in mokopuna plans so they know how best to support them when they return home. Support and coaching for whānau is provided by the multidisciplinary team.

The CAF team seek to ensure that mokopuna are provided with appropriate post discharge follow up, a visit by the community mental health teams within seven days. However, access to services and community resource is not always provided due to limited community resource.

The lack of community-based support and services available to mokopuna was considered a contributor to the readmission of mokopuna to CAF.

Although we know the unit has limited capacity to address this issue, we are concerned about the lack of post treatment support.

The therapeutic model of care used by CAF seeks to increase mokopuna's problem solving and coping strategies

Collaborative Problem Solving (CPS)¹ is a holistic method of analysing mokopuna behaviour and working with them to develop more effective coping strategies.

Many staff talked about the benefits of this model and contribution to the reduction in the use of seclusion and restraints.

Staff that are trained in this model apply it consistently. However, training in CPS has not been provided to all staff due to the lack of staff available to provide cover for training sessions.

The use of seclusion and restraint

The seclusion of mokopuna runs contrary to international human rights law which prohibits use on those under 18 years of age.²

The use of seclusion has reduced since our last monitoring visit, in both the number of mokopuna placed in secure care and the period of seclusion.

Although we note the reduction in the use of secure, the Children's Commissioner advocates for zero seclusion for all mokopuna and supports the Zero Seclusion: Safety and Dignity for All project³ which offers alternative strategies to support the eradication of this practice.

¹ What is CPS? — Collaborative & Proactive Solutions (cpsconnection.com)

² Report of the Special Rapporteur on torture and other cruel, inhuman, or degrading

treatment or punishment, U.N. Doc. A/63/175 Annex (28 July 2008) (Manfred Nowak).

³ <https://www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/zero-seclusion-safety-and-dignity-for-all/>

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.

Whānau are well informed on the admission process

The admission pack has been updated since our last visit, to be more child-centred and whānau friendly. Mokopuna take in a lot of information during the admission process and CAF has done a good job of presenting the information clearly and concisely.

Mokopuna are unaware of their rights to make a complaint

Mokopuna detained under the mental health act have access to District Inspectors⁴ to ensure their legal rights are protected.

However, mokopuna said they were unaware of their rights to make a complaint regarding their treatment and day-to-day care.

Although there is a rights pamphlet provided to mokopuna upon admission, it is not mokopuna focused. This is a generic document used across mental health services.

CAF leadership identified that the complaints data suggests that mokopuna use the complaints system well. The reporting information shows that CAF is proportionally over-represented in the

number of complaints received by the complaints committee.

We recognise that mokopuna enter the unit with high levels of acuity which impacts on the level of information provided and retained.

Mokopuna will therefore benefit from having the complaints information available to them, in a child friendly format, to review once they settle.

We recommend that CAF and Te Whatu Ora, Te Waipounamu Region, develop a youth specific complaints process to ensure that Mokopuna are fully aware of their rights and are supported to make complaints whilst admitted to the unit.

Increased access to independent advocates for mokopuna is essential

There is currently a lack of independent advocacy available on the unit.

In addition to the challenges identified in complaints process, most complaints are managed internally, which makes it difficult for mokopuna to be honest about the issues that concern them.

Although a Consumer Advocate is employed by the Canterbury District

⁴ <https://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/mental-health-compulsory->

[assessment-and-treatment-act-1992/mental-health-district-inspectors](https://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/mental-health-compulsory-assessment-and-treatment-act-1992/mental-health-district-inspectors)

Health Board (CDHB), their role is to ensure that mokopuna voice is considered in the development of policy and services.

This does not entail acting in response to a problem occurring in the here and now.

As a result, while they attend the unit regularly and can assist mokopuna with complaints, the nature of their role limits their ability to advocate independently for them. It is essential that complaints are managed independently to ensure impartiality.

We have also noted that mokopuna had limited opportunity to formally contribute to their care plan. The addition of this resource would provide additional support to mokopuna to inform them of their right to contribute towards any plan for their own care and support them to contribute to their plan.

Whānau say the Mental Health Act needs an overhaul

Whānau we spoke to said that the Act is tailored for adults, is not family friendly, and can be detrimental to mokopuna wellbeing. The legislation is orientated towards adult mental health and does not differentiate the needs of mokopuna.

We are aware that the Ministry of Health is leading the repeal and rewrite of Mental Health legislation and is advocating for the specific needs of mokopuna and their whanau to be better reflected in this.

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.

Construction of a purpose-built facility is underway

Our last report identified significant issues regarding the facility. We found the inside environment is rundown, poorly laid out and not fit for purpose.

The OCC welcomes news that construction of the purpose-built unit is currently underway. The new build is estimated to be operational by June 2023.

The new facility has been designed to provide a therapeutic environment that will better reflect the current practices and need of mokopuna requiring in-patient psychiatric intervention.

Input from staff was sought on the design of the new unit. Mokopuna were consulted in this process through the Consumer Advocate, however some staff believe mokopuna needed greater input into the new design.

The new location means CAF loses some of the advantages of its current setting, including walkways. There is also concern about the proximity of the new unit to the adult unit at Hillmorton.

The current space needs maintenance

The current facility needs ongoing maintenance and improvement while it remains operational.

The current space has poor ventilation, and the heating system needs improving. Some bedrooms do not have carpet or natural light which made the rooms feel cold and dreary.

Mental health best practice shows that the physical design of mental health services has an impact on wellbeing and the use of seclusion⁵.

Key resources are inaccessible to mokopuna

Two areas within the children's wing could not be used for their intended purpose at the time of our visit.

The 'Moon room' was used a sensory modulation space, with a calming night sky painted on the walls and bean bags for mokopuna to relax in. However, as an air scrubber was installed in the room in response to Covid-19, the room could no longer be used by mokopuna independently as this has created a ligature risk.

⁵ Evidence update for least restrictive practice in Aotearoa New Zealand, Te Pou (May 2021)

This space provided mokopuna an opportunity to self-regulate in a safe and calming environment and contributed to the zero-seclusion strategy for the unit.

In addition to this, the climbing frame in the playground outside had been removed, due to a health and safety risk. However, Te Whatu Ora leadership advised that this was to be rebuilt and replaced.

We consider this problematic as it reduces mokopuna access to important sensory and de-escalation resource on the unit.

The High Dependency Unit does not provide a therapeutic environment

The High Dependency Unit (HDU) is connected to seclusion. If mokopuna are in the HDU they can see the seclusion room, which could cause distress. There is only one toilet in the HDU area, this means only one mokopuna at a time can be in either room.

There were also no clocks or calendars on the walls for mokopuna to orientate themselves. It is important for mokopuna to know how long they have been in HDU and seclusion.

It is recommended that services consider improving the physical appearance of seclusion rooms, to create an environment that is supportive of recovery and wellbeing.

Mokopuna did not enjoy the food

Mokopuna said the food was their main criticism of their experience at CAF. They said it was boring, often not cooked through properly and mokopuna with

special dietary requirements are not always catered for

In response to the issues with the hospital food, staff and mokopuna use the cooking facilities on the unit to cook and bake themselves, although there is a limited budget to purchase food.

Mokopuna valued the availability of sensory items on the ward

A range of sensory items are available on the unit. These include weighted stuffed animals, sequence pillows, and bean bags. Mokopuna said they helped keep them calm.

The use of sensory items is another resource to support people when they are feeling distressed and contribute to strategies to reduce the need to use seclusion and restraint.

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.

COVID-19 and budget has limited the number of on and offsite activities

A range of activities, such as art classes were provided by local organisations. However due to COVID-19 restrictions, these had not happened for a few months prior to our visit.

Outside of school there were few recreational activities for mokopuna to participate in. CAF has a monthly budget for activities such as card games, television, or nail painting. Staff try to find low to no cost activities, including going for local walks or offsite in a van, even if just for the ride.

"I really just sat in my room all day and did nothing because that's how boring it was."

Mokopuna requested therapy animals, fast food, internet on the TV, Xbox, and access to social media. Staff are trying to get Chromecast, but therapy animals are no longer allowed on the unit due to health and safety concerns. It is positive that mokopuna can make such and that CAF does their best to accommodate them.

The Occupations Therapists have developed a day programme with wide

range of daily activities to provide therapeutic and self-care strategies to support their transitions. For example, 'meal mission'. This was a highlight for mokopuna

Meal Mission is an activity where Mokopuna choose a recipe, buy the ingredients, and cook a meal with the support of staff.

Mokopuna shared their meals they prepared and sat around the table and ate the food they prepared together. This was an excellent opportunity for them to develop their confidence cooking, practice teamwork, and enjoy a homecooked meal.

Whānau can visit as often as they like

Whānau can visit mokopuna as often as they like and can stay in mokopuna bedrooms or receive financial assistance for a local motel. Mokopuna said they are encouraged to take leave with their whānau often.

Mokopuna are encouraged to take leave on the weekends to develop and maintain relationships with their whānau. However, it is hard for mokopuna from out of town to see their whānau as often as local mokopuna do.

The school is well resourced and provides a stimulating environment for mokopuna

The classroom was large and accommodates day patients and in-patients. The classroom was well equipped with resources including books, puzzles, games, and bean bags.

There was artwork on the walls, and a well-resourced library nook that included LGBTQ+ educational material. The classroom was a warm, positive environment.

The Ministry of Education provides funding for the education component of the unit.

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.

CAF has an effective COVID-19 response

CAF has robust procedures in place to reduce the risk of COVID-19. There were multiple air sanitizers, training for staff in the use of personal protective equipment (PPE), and designated isolation units for COVID-19 cases.

When a case of COVID-19 is confirmed, the affected mokopuna move into the isolation unit known as the "Red Zone." The isolation unit has windows that can open and its own nurses' station. The impact of COVID has been challenging as it contradicts what they need to do to support mokopuna mental wellbeing.

Whānau are well informed on the administration of medication

We were told whānau are always involved in the decisions around the prescribing and administration of medication for their mokopuna. The pharmacist may use drawings to explain to mokopuna and whānau what medications they are using and why. The pharmacist aims to obtain consent from both mokopuna and whānau before administering any new medication.

Mokopuna have access to specialised services

CAF have access to an onsite Medical Officer. The Medical Officer is available to provide general medical support and referrals to specialised services. The Occupational therapists or social workers will support mokopuna with specialist appointments, if whānau are unavailable to do so.

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 have positive relationships and work well as a team

A strength of the unit was the commitment and expertise of staff to promote improved outcomes for mokopuna. Reinforced through strong leadership, that prioritised a collegial approach to the provision of care.

We observed positive relationships between staff members. They work together “as a whanau” and can turn to each other for support when needed.

The leadership team role models mokopuna focused behaviour and serves as the anchor that brings the team together. Staff recognise that positive workplace culture is a very important part of doing their job effectively for mokopuna.

Staff shortages across the Adult Health Services is impacting on CAF

Due to national staffing shortages, staff at CAF also provide cover to vacancies at Hillmorton Hospital adult mental health hospital. This has affected continuity in the care of mokopuna. It is important for mokopuna to have staff they are familiar with, in order to build meaningful relationships and improve their experience.

We recommend that the CAF team are protected from providing cover at mental health spaces to maintain the focus on mokopuna.

Staff shortages have affected annual leave, supervision and training

Annual leave for CAF employees has been put on hold due to the staffing shortages. It is important for staff to take leave to prevent burnout or poor decisions made due to fatigue.

Professional supervision has also been compromised due to staffing levels. Professional supervision is essential when working with mokopuna, as it helps improve staff wellbeing and prevents high employee turnover.

Training had been put on hold due to staffing shortages and COVID-19 restrictions. Staff cannot get time off the floor to facilitate or attend training. This has been problematic, as not everyone is trained on the CPS model of care (see page 14), infection control methods, or the trainings needed to retain a nursing certificate.

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.

CAF does not have a strategic framework focused on improving outcomes for Māori

CAF and the staff on the unit are committed to supporting He Korowai Oranga⁶ however there is no clear strategic framework to assist them to develop an effective and meaningful approach to working with whānau Maori.

Mokopuna said there is not much in the way of māoritanga on the unit. A mokopuna fluent in te reo didn't get many opportunities to speak te reo. Staff agree there needs to be more focus and conversations around the vision to support mokopuna Māori to live their best lives.

Given the known disparities across the mental health sector for Māori we recommend the development and implementation of a te ao Maori strategy.

Pukenga Atawhai provide an important role, supporting mokopuna Māori

The Pukenga Atawhai provides cultural support for mokopuna, whānau and staff. This includes researching whakapapa of mokopuna Māori and supports mokopuna and whānau in meetings with professionals. They also maintain the relationship with mana whenua and

provide cultural competency support for staff.

We recommended that the Pukenga contribute to the development of a te ao Maori Strategy

Staff are committed to developing their cultural competency

The CAF Staff embrace cultural diversity and are working on developing their proficiency in te reo. The new psychologist is fluent in te reo Māori and has a vision for the development of a bi-cultural model of care for the unit.

The teachers are also required to have at least one tikanga-based development goal and improve their cultural understanding. .

Despite best intentions of staff, the principles of equal partnership outlined in Te Tiriti o Waitangi mean that Māori should be involved in every decision, including in the design, delivery, and monitoring of health and disability services⁷. We saw limited evidence of, mana whenua and kaimahi Māori (Māori staff) involvement in developing new policies and procedures.

⁶ He Korowai Oranga | Ministry of Health NZ

⁷ Ministry of Health, Te Tiriti o Waitangi Framework

Mokopuna Māori are particularly affected by the current environment

Research shows that a home-like and healing environment is particularly important for mokopuna Māori to prevent the stress and discomfort associated with living in a clinical environment⁸.

Whānau have given feedback that the current space does not always feel welcoming for them. It is important that CAF prioritises creating a positive environment in the current facility. We recommend consulting with mokopuna and whānau for ideas to make the facility more welcoming.

Māori health models exist, but are difficult to implement in practice

Pae Ora reflects CAF's plan for "the healthy futures for Māori." This model changed the principles of Waitangi and did not consult kaimahi Māori prior to its development. The principles of mana motuhake and tino rangatiratanga (equal partnership) have not been demonstrated on the unit. It is important that concrete examples of how these values will be integrated and implemented are shown at the initial stages of health model development.

⁸ Evidence update for least restrictive practice in Aotearoa New Zealand, Te Pou (May 2021)

Appendix

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 CDHB staff	<ul style="list-style-type: none"> • Senior Leadership Team • Consultant Psychiatrists • Clinical Psychologist • Nurses, including student nurses • Clinical Nursing Manager • Clinical Nurse Specialists • Pukenga Atawhai • Occupational Therapists • Consumer Advisor • Family Advisor • Social Workers • Pharmacist • DAMHS
Interviews with external stakeholders	<ul style="list-style-type: none"> • Canterbury District Inspectors
Documentation	<ul style="list-style-type: none"> • Individual plans • Seclusion and restraint data • Complaints • Policies
Observations	<ul style="list-style-type: none"> • Unit routines, lunch and dinner • Programmes and activities (including participation in some activities) • Shift handover and planning meetings