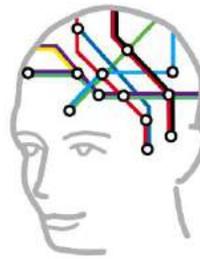


MHAPS
Mental Health
Advocacy and Peer Support
Together on the road to wellbeing



ANNUAL REPORT 2017-18



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Cover Artwork – photo-collage, 2017, by M. Buglass-Clapham
Designed for MHAPS' youth peer support programme

Message from the Chair

Welcome to the 7th Annual Report of the Mental Health Advocacy and Peer Support Trust (MHAPS).

This has been a year of adapting to change. At the end of 2017, we farewelled our General Manager Sue, who headed off to enjoy her well-deserved retirement. Fiona, our former Peer Support Manager, was appointed as our new Te Kaihautū /Service Director. She hit the ground running. During the year, we also farewelled Andrew and Sal from the Board.

Early in 2018 we involved our staff, key partners, peers from Latnam, and Awareness members, in discussions about our Strategic Direction. A shared strategic planning day followed on from a Board resolution that MHAPS commit to being a peer-led, peer support service and that we adopt the Intentional Peer Support principles and tasks for all we do (see more about what this involves on p3).

Anecdotal evidence suggests this approach is providing our service users/clients with genuine alternatives and choice.

By the end of the 2017-18 year, Fiona and the team were poised and ready to manage the move in July from our old premises at 826 Colombo Street, which we had outgrown, to our fresh new premises at 357 Madras Street. The shift has entailed a huge amount of work in terms of planning, fundraising and implementation. Many thanks to all the staff who worked tirelessly to help facilitate the move.

In financial terms, the move proved to be more expensive than we had anticipated and consequently our reserves have taken a hit, so we will be working hard to build them back up again throughout the 2018-19 year. Our Finance Sub-committee continues to keep a very close eye on all our income and expenditure.

The implementation of the Government's Pay Equity settlement has given Fiona, and in particular our Finance Manager, Karen, a huge workload which they have undertaken on our behalf, all over and above the business as usual. We are grateful for the opportunity this settlement has given us to lift the wages of our front-line peer workers.

We are indebted to all our funders for their support, and in particular the Canterbury District Health Board (CDHB), with whom we have a great working relationship.

While at times we can feel overwhelmed with how many people approach us seeking assistance, our dedicated staff continue to respond and work to get great outcomes alongside their peers. We thank our managers, staff and volunteers for all their fantastic efforts in these challenging times.

Nicola Wood

On behalf of the MHAPS' Board of Trustees

Intentional Peer Support at MHAPS

In February 2018, the Board passed a resolution that MHAPS commit to being a peer-led, peer support service, and that we adopt the Intentional Peer Support (IPS) principles and tasks as the guiding approach for all that we do.

What this means for all of us as members of the MHAPS' whānau, and with our peers, is that we commit to the principles of:

1. **Learning & Growing Together** – We will join with you in a journey of growth and discovery.
2. **Care for our relationship** – We nurture our capacity to share and connect. We offer respect and dignity. When faced with conflicting individual needs, we consider together: “What is good for our relationship?”
3. **Offering a Hope-Based Relationship** – We hold out hope and explore possibilities. We won't let fear or discomfort confine our choices. Instead, we face them together. We will share concerns openly and honestly, risk trying new things, and gain trust and experience over time.

We live these principles via the following four tasks of IPS:

1. Making a **connection** – creating an environment where we all feel safe enough to be able to notice and name when we experience a disconnection, and to have the courage to reconnect with one another
2. Exploring and understanding each other's **worldview** – helping each other understand how we've come to know what we know
3. **Mutuality** – sharing responsibility for our connection; sharing power, and sharing risk; redefining help as a co-learning and growing process
4. **Moving towards** – Helping each other move towards what we want and what is possible, instead of away from what we don't want

We are committed to this way of working, not only in the relationships we have with peers but also in how we relate to each other, as well as within the broader community context.

We thank Shery Mead and Chris Hansen and acknowledge their years of work in developing, practising, teaching, and sharing the IPS framework.

MHAPS Trustees and staff are energised and excited about the possibilities ahead of us as we continue to implement this intentional and transformational approach to our work in peer support and advocacy. We look forward to growing our connections and learning together over the next year and beyond.

Why does MHAPS exist?

Our Trust Deed describes our purpose as being to enable self-determination and improved wellbeing for people affected by mental illness and mental distress, by providing services led and delivered by peer workers.

Over the seven years of our existence since 2011, MHAPS has combined the strengths and experience of its founding bodies – Anxiety Support Canterbury, Bipolar Support Canterbury and Psychiatric Consumers Trust – to become the largest stand-alone, peer-led and peer-delivered service in New Zealand.

The “peer” terminology means that all 29 of us working at MHAPS in 2017-18, together with the majority of our Trustees, have had personal lived experience of mental distress, mental illness and/or addiction. Each of us has found our way through those experiences to a meaningful and positive life on our own terms.

We use our experience, together with ongoing training and co-reflection, to work alongside others, learning together and moving towards new possibilities. Our commitment to working in this way offers a genuine choice to the people of Canterbury, one that is warm, welcoming, and easy to access.

How do we achieve our purpose?

MHAPS provides a range of options for people to connect with others, to learn and to create positive change.

- **Latnam 826** – reducing social isolation and building connections by providing a peer-led activity centre from Friday to Monday each week
- **Peer Support** – sharing, learning from, and transforming experiences of mental distress and addictions using mutual connections in peer-led groups, or one-to-one
- **Consumer Advocacy Services** – supporting people affected by mental distress and addictions to have their voice heard in systems and in settings where they feel overwhelmed, stressed, or challenged, by providing peer advocates
- **RecoveryWorks** – assisting people with moderate to high anxiety to make positive and sustainable changes towards the life they would like to be leading, via a peer-delivered change programme
- **The Learning Exchange** – providing information and learning opportunities from a lived-experience perspective to people affected by mental distress and addictions, their families and whanau, and other people working with them
- **Awareness consumer network** – influencing the effectiveness of mental health and addiction services by supporting individuals to make a difference, become a collective voice, and be leaders in a culture of change

How many people did we connect with in 2017-18?

	This Year	Last Year
Attendances at the Friday-Monday Latnam 826 social activity centre	3392	3926
Unique individuals connecting with peer support in groups	126	83
Unique individuals connecting with peer support one-to-one	180	232
Unique individuals working with peer advocates	404	389
Unique individuals with moderate to high anxiety completing the <i>RecoveryWorks</i> programme (4 programmes each year)	33	32
Unique individuals completing the 5-week Wellness Recovery Action Planning (WRAP) programme	22	18
Attendances at monthly <i>Themes</i> evening talks	123	155
Subscribers to MHAPS' quarterly newsletter <i>Momentum</i>	668	693
<i>Quiet Minds</i> radio programmes recorded and broadcast on Plains FM	46	46
Members of the consumer network Awareness: Canterbury Action on Mental Health and Addictions	159	150

What difference has MHAPS made?

Improvements in wellbeing: In our last service evaluation survey in 2017, 78% of respondents reported that since using MHAPS' services their overall feeling of wellbeing had improved, with the majority of these saying it had improved more than they had hoped. Specifically, 65% of respondents reported improvement in their ability to cope day-to-day; and 63% reported improvements in both their mental illness symptoms, and their sense of hope.

Accessibility: At MHAPS we pride ourselves on our accessibility. People can walk in without an appointment or a formal referral, and start connecting with a peer worker right away, via our First Step process. Demand for this "instant peer support" remains strong, with 359 people connecting with MHAPS this way in the current year (compared to 352 in the previous year). Our peer advocates also provide one-off information, advice, and support to a further 20 people on average each month.

What do people say about us?

A peer involved with both the Latnam 826 activity centre, and the Awareness consumer network, quoted in The Press in April 2018, said that MHAPS had saved his life.

“They always take the time to sit and talk to you, no matter what you are going through.”

Another peer who had connected with MHAPS via our peer recovery groups, was quoted in The Press in November 2017 saying that she found MHAPS’ services “vital” after coming out of Hillmorton Hospital the previous year:

“It’s a place where you can find a warm welcome from everybody. They’re an essential service, they’re picking up people who are falling through the gaps.”

A participant who completed the 11-week RecoveryWorks programme commented on our Facebook page:

“[The facilitator] has a wealth of knowledge and personal experience the professionals lack. I’ve done years of outpatient self-administered physical and mental rehabilitation which the hospital system only touched on briefly before I was shown the door in 2005 with a lot of anxiety attached to my then chronic symptoms. My symptoms are no longer all that visible, but the psychological recovery is slow. Had outpatient care been similar to what MHAPS provides, I feel I’d be in a better place right now. I recommend MHAPS to anyone considering it or needing help with anxiety.”

Other feedback this year:

“I have found that since working with my advocate/support worker at MHAPS, I have learned a lot about myself and I’m more confident when facing situations where I’m naturally in a vulnerable state. They have helped guide me in the right direction when I’ve been lost at where to go next.”

“In the duration of the support I’ve been getting from my peer support worker I’ve noticed a tremendous change coming over me; this has given me a great deal of confidence and courage to continue my treatment (rehab). The services of MHAPS is great, I would recommend it to anyone with mental health issues or addiction.”

Peer Support

In December 2017, Lisa Archibald joined the peer support team as Peer Support Manager, taking over the role from Fiona Clapham Howard who was promoted to MHAPS Te Kaihautū /Service Director.

In addition to peer support offered in a group setting, the team also supports people on a one-to-one basis allowing a much deeper connection for people who want to focus on more specific areas of their life. One-to-one peer support is very popular and often requested by people who access MHAPS, meaning the team is kept busy and often working at capacity.

All of the peer support team is trained in Intentional Peer Support (IPS) which is a framework that underpins their practice. The IPS approach offers a profoundly different way of engaging with people experiencing distress, in any form, first and foremost through addressing power imbalances. Having a new Peer Support Manager with a background as an IPS trainer and service manager has allowed a continuity of approach and culture despite a change in leadership.

During 2018, the MHAPS peer support team has also embraced the introduction of PeerZone workshops to the programme. PeerZone is a series of face-to-face interactive workshops for groups of people facilitated by and for people with a lived experience of mental distress and/or addictions.

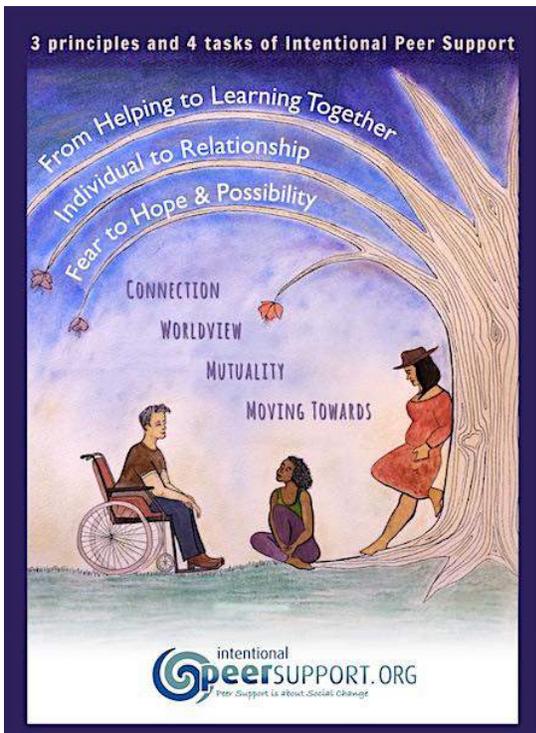
Peer Recovery Groups

During 2017, there was a conscious decision to change the focus of the peer support recovery groups from being diagnostic based with a focus on anxiety, bipolar disorder or depression to

instead being an opportunity to connect over more self-defined experiences. With MHAPS having adopted the Intentional Peer Support framework, it felt like a helpful shift to have a space where people could explore recovery in a more intentional and purposeful way.

Having a full complement of staff in the peer support team has allowed us to offer a weekly peer support recovery group during the day (Tuesdays) and also in the evening (Wednesdays). The peer support team also introduced a weekly one hour connection opportunity led by the peer support team. This gives people the opportunity to stay connected to MHAPS as they wait for a group or one-to-one relationship to commence.

The MHAPS peer support recovery groups are offered in blocks with overarching themes based



on the four tasks of IPS. Each group becomes “closed” – i.e. no new members would be accepted for that block – after the initial Connection phase of 3-4 sessions to create a space where deeper connections can form.

We have strengthened our connections with other peer support groups in our community supporting the commencement of “Realities”, a local group for people who have had a hearing voices or altered reality experience they would like to explore with peers.

MHAPS also hosts facilitator training and co-reflection sessions for local group leaders to connect and learn from each other in a focused and structured space.

Support at Te Awakura Inpatient Wards at Hillmorton Hospital

In 2017-18, MHAPS continued to offer an IPS approach facilitated group for inpatients twice a week which has two main outcomes. One is the opportunity for people to connect with each other in a safe and purposeful peer way during their clinical experience. The other is to provide a bridge to additional support via MHAPS once a person is discharged from hospital.

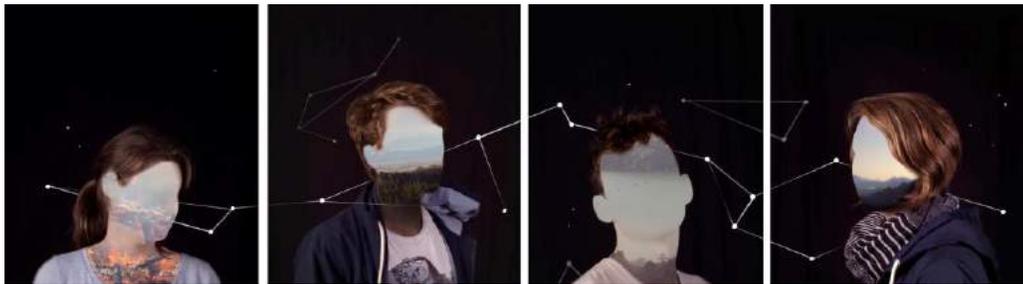


Photo-collage, 2016, M. Buglass-Clapham

Peer Support for Young People

This has been a continued year of staff changes within the youth team. By March 2018, MHAPS recruited a team of three new diverse and experienced youth peer workers with most hired as contractors rather than employees.

In January 2018, MHAPS committed to working alongside the University of Canterbury to offer a peer support group for students with stress and distress in the halls of residence. Initial discussions intimated that the university would be working alongside us as equal contributory partners in this project but unfortunately some staffing changes in their department meant this did not come to fruition. After 6 months of setting up a group and connecting with students in the university premises, it was mutually agreed to move the group into the community, based at MHAPS' premises. This allowed the group to open up to students from other tertiary education providers such as Ara Institute and Hagley Community College.

In addition to the student and youth groups offered by MHAPS, one-to-one youth peer support was also offered although in smaller numbers than anticipated.

Lisa Archibald

Service Delivery Manager

Consumer Advocacy Services

Our team of peer advocates has had a very effective year. In simple statistical terms we have taken on 214 new clients. This number is impressive but doesn't include the nearly 200 peers who continued from the previous year and the 1700 "contacts" with all our clients over the 12 months. According to our database our peers were evenly spaced across the age groups. In the Mental Health team 7.5% of our connections were with Maori peers and 58% were women. In the AOD team the Maori peers were 12.2% of the total and 56% were women.

No list of numbers can represent the real work done, the depth of support and connection or the lives improved by the advocacy team. Our advocates partner with their clients in very complex situations. There has been a decrease in stress around the benefit system since the 2017 election but all other areas are more stressed and intense. We have had a number of peers face homelessness or accommodation risks this year and we have helped them fill in forms, attend meetings at MSD and explain why a property isn't acceptable when there is pressure for them to accept anything.

There has been a great increase in the number of clients needing support when working with Oranga Tamariki (originally Child, Youth and Family) where they still face stigma and misunderstanding around their ability to parent in spite of the mental distress or addictions issues in their story.

Another big challenge this year has been supporting our peers who have had their medication changed because Pharmac will only subsidise the generic form now. Research claims they are the same but our community can tell you they are not. We continue to advocate for people's lived experience and self knowledge in this regard to be respected and accepted.

Heartfelt thanks to the team for this excellent work while also juggling extra hours for half the year, providing cover for what was expected to be a short-term vacancy in the team. Your dedication and compassion are greatly appreciated.

Awareness

The 2017-18 year was a busy, vibrant one for the Canterbury consumer network. They lived up to their name "Action on Mental Health and Addictions". Awareness had more than 150 new contacts in the year, 28 of whom decided to become members. We had great opportunities to educate by holding workshops and forums about Self Advocacy, The History of the Mental Health Consumer Movement, a Submissions Writing workshop and Writers' Workshops.



Our members supported improvements to services by attending the Consumers Advisory Group meeting, participating in a survey from the *All Right?* campaign, bi-monthly meetings with the General Manager of Specialist Mental Health Services, Toni

Gutschlag, and being involved in the Peer Crisis Project. These wider community opportunities ensure the mental health and addictions service user voice is included in the planning stages of programmes rather than just a token inclusion to read a final draft. The CDHB has taken the availability of this resource seriously and encouraged our inclusion in any project discussions.

The biggest project of last year and this is our participation in the Mental Health Inquiry. Our community hasn't had this good an opportunity to communicate what we need in years. Many members participated in compiling a submission for the Inquiry. It was 19 pages of direct consumer input that was greatly valued by the panel. As well, there wasn't much of a chance for our members to talk at the large public meeting that was held and so the Executive Committee wrote to the panel inviting them to come back to Christchurch for a meeting with the consumer network itself and they did. More than 20 of our community attended to share their views on how the system could be improved.

If that wasn't enough in a busy year, the network presented on its work at the Sociology Conference and at the Service Users in Academia Conference. Through the year we also met monthly for the continued fun night that is the Mad Poets' Open Mic Night. These evenings allow creative people to show case their writing talents and to focus on a positive aspect of being "a bit different".

To finish the contract year, Awareness held its Annual Celebratory Meeting, electing a strong executive committee of six new and returning officers, and arranging training for the new committee and membership more widely around strategic development of the network for a sustainable and successful future.

Our thanks to Creative New Zealand for funding the Writers' Workshops, the E Book of Poetry and the Mad Poets Open Mic Nights, and the CDHB for ongoing support via the Consumer Leadership contract to enable the network's work in advisory and leadership input to the sector.

Quiet Minds Radio Show

Our team this year of Debbie, Brett, Michael and Beth did a great job of creating 46 new shows that share tangata whaiora's stories of recovery and explore services that might help along the way. There were stories about music, freedom of speech, volunteer work and yoga. Consumers shared their challenges and strategies around parenting and mental health, which we called "peerenting", and when there is a death in the family. The wide ranging topics have allowed us to share with peers and those without personal experience a glimpse into our lives, our work and our place in society.

We thank Debbie May for her 13 years of leading this project, Plains FM for their support and training and of course MHAPS for covering the broadcasting fees. Tune in to 96.9 FM on Saturdays at 1pm to hear the good work.



Beth Nobes

Service Delivery Manager

The Learning Exchange

RecoveryWorks

Programmes 31-34 were delivered in the 2017-18 period. Over the year, 42 places were offered and accepted, with 39 being taken up and 33 people completing the programme (compared to 36 people starting programmes, and 31 completing them, in the previous year). The reasons for those people not completing the programme were all to do with either unforeseen life events or issues, other than anxiety, that they came onto the programme with.

Outcomes for the year saw a very strong average 29% drop in levels of anxiety experienced, as measured by the Kessler 10 self-assessment, changes which are usually more than confirmed by the key-question responses. Self-assessed feelings of wellbeing were on average 26% higher. This is welcome and useful, however the most meaningful change is always the person's self-reported fall in anxiety, since achieving this opens the way for improvements in wellbeing beyond the end of the programme itself.

Within each programme there are always people who make dramatic changes in one or both areas of improved wellbeing and decreased anxiety; just as there are some who experience little or no shifts on the programme and the occasional person whose experience appears to get worse rather than to improve.

Amongst the programmes in 2017-18 there are also standouts with programme 33 being noteworthy because the average fall in self-reported anxiety from the Kessler 10 was a very low 10% – one person's anxiety actually dramatically increased over the period of the programme. Participants on the other three programme, however, all achieved stronger changes than the above-reported averages.

Throughout the year's programmes the collective number of GP visits participants recorded prior to starting the programme dropped on average by nearly 50% by the programme's end. This is a common outcome and our belief is that much of this reduction in reliance on GPs is being sustained post-programme.

We have continued to make week-by-week revision material available to former participants (by email) and they can choose to use this individually or get together amongst themselves. Over time a growing number of people have ongoing access to this material.

Programme management systems and processes have continued to evolve and improve, always with the objectives of working mutually with each person to determine whether or not the programme is the best fit for their needs; and if so, is the next programme the best timing for the person's motivations for change, their personal circumstances and their ability to commit to completing it.

Evaluation: The longitudinal study undertaken in 2016 was peer-reviewed during this period by Dr. Anne Scott who mostly endorsed the methods used to arrive at the findings, whilst also highlighting where improvements could be made if this form of study was undertaken again in the future.

Licensing: We continue to explore options for licensing this programme that would allow us to develop an additional income stream while protecting MHAPS' intellectual property, and also providing us with a voice in the ongoing development of the programme.

Updating resources: We have had little opportunity over the past few years to update the programme's materials and resources. This, together with the ongoing march of technology, the growth in our own understanding of mental distress and of what constitutes effective peer support, has created a significant drift between the programme's participant materials and its practical workshop delivery. Updating written resources and making more effective use of technology is planned so as to once again align delivery and resources together. A companion need is to rewrite the Facilitator Guide to enable it to become an accurate descriptor of the rationale for each stage of the programme and an effective guide to how the programme is to be delivered.

WRAP

From late 2016 a progressive reform of this programme's delivery methods, coupled with more precise programme management and better promotion led to higher numbers of participants, greater rates of retention and improved satisfaction with outcomes. These factors were apparent in the 2x five-workshop (10 hour) programmes delivered in the first half of this financial year, the last programme attracting 14 participants. This programme came to be well positioned for people who have either made good progress in recovery from their mental health or AOD issues - and want to lock this in place with a robust plan - or for those whose levels of distress and consequent life impacts were lower to start but who nonetheless would benefit from the structure that a plan helps provide.

During this year, however, we confronted the fact that our accreditation to provide the WRAP programme had effectively expired and that to continue to offer it would require us to invest heavily in re-training our two facilitators. This situation was complicated by our having introduced into the delivery of the programme our own materials. In addition we had no dedicated health funding or grants income to cover the costs of providing WRAP. After correspondence with the license holders, Human Potential, we decided to discontinue offering WRAP and to instead develop our own fit-for-purpose material in the form of the *thrive* programme.

thrive

Hannah began developing this content to deliver alongside WRAP materials. Content was added to form draft resources for our own unique five-day programme. This was delivered in February/March in a proof of concept setting to six people drawn from two previous *RecoveryWorks* programmes. Five of these people completed the full 10 hours.

The reported outcomes strongly endorsed the programme's benefits with attendees building successfully on knowledge and learning gained off *RecoveryWorks* and thereby further improving their ability to transfer new learning into their lives to sustain positive change.

We look forward to being able to deliver this purpose-built programme from 2019, in collaboration with the Peer Support team.

Community programmes

Workshops for Wellbeing are a series of individual workshops delivered each week, across a range of five recovery- and wellbeing-related topics. A mix of MHAPS' own and external tutors are used. Attendances vary but are typically between four and six people. Income from participant fees and grants are always overwhelmed by the costs of tutor fees and workshop administration. Efforts during this year to better promote the programme and individual workshops did not lead to any significant lift in patronage. At the end of the financial year, and together with the Service Director, we decided to use MHAPS' move to new premises as a natural break-point and will no longer provide these workshops after the move. The last workshop was scheduled for late July 2018, immediately ahead of the move to Madras Street.

Mindfulness: We delivered 2x four-session evening Mindfulness programmes over the period, both of them in the second half of 2017. Each programme attracted sufficient attendees for us to be able to at least break even between participant fees and tutor costs, meaning there was no need to apply grants income towards these programmes. In the first half of 2018 however we did not receive enough commitment to places, to be able to provide the programme even the once.

Breathing and Relaxation: We delivered 1x five-session evening programme to a total of nine people. Enrolments and attendances with participant fees were just about sufficient to break even with the tutor costs.

Themes

Twelve talks were provided across the year with attendances at events ranging from 7 to 25 people at a time, with the average event drawing just under 12 people. Attendees included peers who are actively using MHAPS' services; friends and family; and professionals from within and around our sector. Feedback indicating satisfaction with the programme and the usefulness of the talks' contents has been very positive. Encouragingly, most people are selective about which topics they use – making for a high level of unique-person attendance. Topics offered this year included eight repeated from the same periods in 2016/17, two from years previous to this, and two brand-new subjects.

Newsletter

We published an edition of the newsletter each season, with total annual distribution of approximately 3,500 copies. Each edition sees nearly 350 copies sent to peers/clients, a similar number to organisations in and around our sector, plus over 40 to individuals/organisations including funders, politicians, government organisations and tutors/friends of MHAPS. A further 150 hard copies are distributed to MHAPS' staff and to peers/clients visiting our offices. The feedback received from all sources is universally positive about the relevance and usefulness of the articles.

We have continued to build a resource of articles relevant to the range of our work. Some of these are used in the newsletter and others may form handout material for *Themes* topics or on *RecoveryWorks*.

Online

Our website continues to attract high levels of activity. Using statistics from the last week of June 2018 an average day attracted 81 page views, 29 first-time visitors and 8 people returning to the site. On an annualised basis these figures represent engagement with slightly fewer than 30,000, 11,000 and 3,000 people respectively. These statistics, compared alongside previous years, suggest that patronage of our website is very stable.

The general **MHAPS** Facebook page is very active with several new posts on most days and it is common for posts to attract over 100 views and some attract as many as several hundred. Feedback and comments have and continue to be frequent and supportive.

The more specialised **Anxiety Support** Facebook page has new material posted onto it about twice a month and this is a blend of service promotion for Learning Exchange programmes and articles of direct relevance for people who experience anxiety. Views to posts ranged from a low of 30 to a few hundred.

Ian Johnson

Service Delivery Manager

Latnam 826

Latnam has continued to support both long-term and new members on Fridays, Saturdays and Sundays at the 826 Colombo St premises, and on Mondays from the Mabel Howard community centre in Dallington.

In terms of staff, we have said goodbye this year to Nigel who has been a wonderful peer worker with Latnam for many years. Michael has transferred to take up a role with the peer support team, and we welcomed Marie onto staff, who started with us as a student placement and then worked as a volunteer. Meanwhile, long-term peer workers Mike and Ngaire have been keeping things ticking over with members through all the changes, along with volunteer support from Jenny.

This year has been touched with sadness as we have had some members pass away. Two of our members were victims of synthetic cannabis which begs the question, how do we keep our people safe? R.I.P. and our sympathies to the families.

Staff and volunteers have all either undertaken or refreshed their Intentional Peer Support training over this period. The IPS approach is working well with staff working differently now with members after difficulties to re-connect, and we are starting to have fewer incidents being reported.

Through modelling the IPS principles and tasks we can influence members to connect better with each other, learn more about each other and how it is ok to have a different worldview – you



don't have to try and change a person, just try to understand where they are coming from.

We are also thinking ahead to how we can celebrate 20 years of Latnam being open. It is such a big milestone and we hope to celebrate with a get-together, food and sharing our experiences as members of Latnam, in the new Madras St premises.

Wendy Hill

Service Delivery Manager

Stepping Stone Trust contract – Peer Advisor

After several months of collaboration and planning, we were delighted to confirm the appointment in August 2017 of a Peer Advisor – Service Development, for a one-year fixed term. The Advisor was employed and supported by MHAPS, to provide operational and strategic advice to Stepping Stone Trust, from a service user perspective.

The role has involved a steep learning curve for us all. The Peer Advisor, Rebecca Appelhoff, was already employed at MHAPS in the Peer Support team, and took on additional hours to fulfil this role. This meant much juggling of workload and some complex but conscientious accounting for hours between her two roles.

In the Peer Advisor role, Rebecca worked carefully to ensure enough feedback was gathered from within each service worked with at Stepping Stone, to ensure individuals could not easily be identified. This care to the relationship with service users who shared their stories paid off by resulting in detailed, themed reports of how people were experiencing the services received. These in turn fed into thoughtful recommendations for services, which were well received by Stepping Stone managers and auditors.

Ministry of Health contract – Ngā Hau E Wha

Since July 2016, MHAPS has had the responsibility of providing administration services to support the quarterly meetings of Ngā Hau E Wha – the national mental health and addiction advisory group to the Ministry of Health. Eight people from across all quarters of Aotearoa New Zealand meet four times a year in Wellington, representing their regional consumer networks to ensure that the consumer voice is engaged with and heard at all decision-making levels.

Regrettably this year, the challenges involved in supporting the group's members, whose home bases range from the Far North to the deep South, have prompted MHAPS to re-evaluate our role in this contract. We have advised the Ministry that we do not wish to renew the contract for 2018-19.

This decision frees MHAPS up to further develop our systemic advocacy role via the Canterbury consumer network, Awareness; and to strengthen our role in contributing to the development of Intentional Peer Support in Aotearoa New Zealand.

Resources and Financial Management

MHAPS is grateful for the ongoing support of the Canterbury District Health Board, from whom the bulk of our funding originates, in the form of three-year renewable health contracts. In the last year we have also delivered services on behalf of the Ministry of Health (Ngā Hau e Wha) and Stepping Stone Trust (Peer Advisor) via smaller, fixed-term contracts.

We continue also to appreciate the financial support of many charitable and philanthropic funders towards one-off costs and also towards some of our ongoing operating costs. For a full list of funders over the last year, please see below.

Donations and koha from individuals, many of whom have used our services, are particularly precious to us as they often represent someone's way of "giving back". For example, a recent donor commented:

"I'm in a position where I'm able to give money because of MHAPS. Thank you!"

The shift to new premises in July 2018 provides us with a secure and affordable tenancy for the next 6-18 years, but comes at a price. While we have worked hard to build up our reserves over the past two years and to save towards moving costs for when our 6-year lease in Colombo Street expires, indications are that moving costs will exceed our budget by a significant margin. Charitable grants have met some of the shortfall but in this regard we are competing with many other equally worthy causes for a shrinking pool of funds.

However, the Trustees continue to provide prudent financial oversight for the organisation and we are confident that our financial position and financial management are both strong enough to weather the short-term impact of these largely one-off costs.

With thanks to our funders in 2017-18:

Canterbury District Health Board

Ministry of Health * Stepping Stone Trust

Christchurch Earthquake Recovery Trust (CERT)

Casino Charitable Trust * Christine Taylor Foundation * Christchurch City Council

Frozen Funds Charitable Trust * Lion Foundation * Mainland Foundation

Extracts from our audited financial statements follow. Please contact us if you would like a full copy.

Mental Health Advocacy and Peer Support Trust

Statement of Financial Performance "How was it funded?" and "What did it cost?"

For the year ended
30 June 2018

	Note	2018	2017
			\$
Revenue			
Donations, fundraising and other similar revenue	1	32,458	37,514
Revenue from providing goods and services	1	1,228,082	1,113,837
Interest		7,292	3,722
Other Revenue	1	-	5,387
Total Revenue		1,267,832	1,160,460
Expenses			
Expenses related to public fundraising	2	-	-
Volunteer and employee related costs	2	807,353	797,055
Costs related to providing goods or services	2	282,133	244,504
Grants and donations made		5	145
Other expenses	2	34,989	1,565
Total Expenses		1,124,480	1,043,269
Surplus/(Deficit) for the year		143,352	117,191

Statement of Financial Position
"What the entity owns?" and "What the entity owes?"

As at
30 June 2018

	Note	2018 \$	2017 \$
Assets			
Current Assets			
Bank accounts and cash		70,180	178,571
Debtors and prepayments		139,927	112,754
Total Current Assets		210,107	291,325
Non-Current Assets			
Investments – cash at bank	3	239,731	163,017
Plant and equipment	4	93,000	53,560
Total Non-Current Assets		332,731	216,577
Total Assets		542,838	507,902
Liabilities			
Current Liabilities			
Creditors and accrued expenses	3	29,915	29,494
Employee costs payable	3	75,530	77,556
Unused donations and grants with conditions	3	-	100,441
Unused contract funding		7,922	14,292
Total Current Liabilities		113,367	221,783
Total Liabilities		113,367	221,783
Total Assets less Total Liabilities (Net Assets)		429,471	286,119
Accumulated Funds			
Accumulated surpluses or (deficits)	5	429,471	286,119
Total Accumulated Funds		429,471	286,119

Notes to the Performance Report

For the year ended
30 June 2018

NOTE 1: Analysis of Revenue	2018	2017
	\$	\$
Fundraising Revenue		
Fundraising	107	57
Donations and Similar Revenue		
Donations	8,199	7,752
Bequests	-	-
Grants Received		
Casino Charitable Trust	3,000	3,000
Christine Taylor Foundation	2,500	3,000
Christchurch City Council	1,652	1,921
David Ellison Charitable Trust	-	15,000
Frozen Funds Charitable Trust	10,000	-
Janssen-Cilag PTY Limited	-	5,414
Mainland Foundation	7,000	-
The NZ Merino Company	-	1,370
Total	32,351	37,457
Revenue from Providing Goods and Services		
Canterbury District Health Board	1,012,185	948,118
Grant-Christchurch Earthquake Recovery Trust	23,522	3,554
Grant-Lion Foundation	3,000	5,000
Grant-NZ Lotteries Grant Board	-	15,000
Grant-Pub Charity	-	10,000
Grant-Rata Foundation	-	75,000
Grant-Stepping Stones Trust	22,197	-
Grant-Todd Foundation	-	60,000
Grant-Working Together More	-	12,900
Unused Grants and Donations (net)	100,441	(57,563)
Meeting Room Hire	80	300
Ministry of Health	62,292	35,252
Workshop/Course Income	2,340	4,699
Other Income	2,025	1,577
Total	1,228,082	1,113,837
Other Revenue		
Wages Subsidies	-	5,387
Total	-	5,387

NOTE 2: Analysis of Expenses	2018	2017
	\$	\$
Expenses related to public fundraising	-	-
Volunteer and employee related costs		
Salaries and wages	752,945	742,886
KiwiSaver Contributions	20,355	21,517
ACC Levies	2,128	2,350
Training and Supervision	28,690	25,314
Volunteer Expenses	3,235	4,988
Total	807,353	797,055
Costs related to providing goods or services		
Direct costs relating to service delivery		
Awareness	1,973	3,974
Catering/Meeting expenses	3,922	3,182
Crisis Centre Feasibility Study	11,900	-
Membership and subscriptions	1,089	972
Nga Hau E Wha expenses	54,292	27,263
Office supplies	7,003	9,619
Outreach	1,986	3,143
Printing, stationery and postage	7,689	8,092
Quiet Minds	1,606	1,607
Subcontractors	10,141	-
Sundry	1,532	145
Travel	10,239	9,787
Workshop expenses	4,540	7,614
Total	117,912	75,398
Administration and overhead expenses		
Audit and accounting fees	4,310	5,500
Cleaning	5,043	4,191
Computer expenses	4,116	4,193
Depreciation	5,603	13,702
Electricity	9,652	10,102
Insurance	3,952	3,925
Rent	107,273	107,273
Repairs and maintenance	4,740	1,279
Sundry	5,012	4,487
Telecommunications	14,520	14,454
Total	164,221	169,106
Total	282,133	244,504
Other expenses		
Loss on sale or disposal of fixed assets	33,680	184
Moving costs	1,309	1,381
Total	34,989	1,565

Ka mua, ka muri – walking backwards into the future

This whakatauki seems particularly appropriate for this, my first annual report as Te Kaihautū on behalf of MHAPS. Sue Ricketts, MHAPS' first General Manager, has left a treasured legacy to be protected, and we mindfully take that with us as we move forward into territory that is at times unknown.

The past year has seen MHAPS move consciously towards focusing on our unique point of difference in the mental health and social services sectors. We have ensured that all of our peer workers have had the chance to update their core training in Intentional Peer Support (IPS), which provides us with a shared frame of reference across all our teams and services.

Importantly, IPS gives us a clear set of principles and tasks that we find we fall back on again and again, as we navigate through the nuanced and demanding work of dealing with people in distress, and maintaining our own wellbeing at the same time.

Working through the Intentional Peer Support approach allows us to offer people a genuine difference in how they and we make sense of whatever distress or dis-ease they are experiencing. To do this we must always start from a place of forming a connection – and having the courage to re-connect when disconnections occur. This is brave work and I commend our staff, contractors and volunteers, who live and practise these skills every day.

Over the next few months we look forward to consolidating the IPS approach further in our strategic plan and our policies and procedures. We will also be reviewing our promotional materials e.g. website, brochures, etc, to ensure these accurately reflect our transformational way of working, and looking closely at how we meaningfully count and record our work.

At the same time, we are supporting staff who do not yet have a L4 NZ Certificate in Health & Wellbeing or equivalent, to obtain this. While some aspects of this qualification are not necessarily a comfortable fit with the relational and power-sharing approach used in peer roles, it is important to us that all our staff have the opportunities this qualification now affords in the sector, in terms of the recent care and support workers' pay equity settlement.

Meanwhile, the new premises in Madras St provides a great venue to practise and promote what MHAPS is offering. Amongst all the necessary running costs, we hope to find some funds for artworks and furnishings to continue to “warm up” our working space and to reflect the welcoming, vibrant connections that are happening here.

Thanks also go to our volunteer Board of Trustees, who give up many hours of their time to oversee and guide MHAPS' work and development. I am especially grateful for the support of our Chair, Nicola Wood, while I have been settling into the new role; and the continued oversight and management of the financial subcommittee: Nicola, Maree Yates (Treasurer), and Karen Stevens (Finance Manager). Together we make sure our funders' money is put to good use and applied in ways that will allow MHAPS to continue to grow and to thrive, well into the future.

Fiona Clapham Howard

Te Kaihautū /Service Director

This valuable work needs your help

Any contribution – big or small – helps us to stay accessible and to meet the needs of the people of Canterbury who experience mental illness, mental distress and/or addictions.

Our services are provided free of charge, although donations are always welcome and those who use our services offer what they can, when they can.

However, with your help we can do so much more and make even more of a positive difference in people's lives.

A receipt will be sent for all donations over \$5, which are also eligible for a tax rebate.

Name:

Address:OR

Email address:

Donation information

I/We'd like to donate \$ to MHAPS Now Monthly Quarterly Yearly

I/We plan to make this contribution in the form of:

Cash

Cheque (payable to MHAPS,
Postal address; P.O. Box 21020, Christchurch 8143

Direct credit

Bank account: MHAPS 03-1592-0112552-00

Credit card (through Give a Little) <https://givealittle.co.nz/org/mhaps>

Bequest in my will (please contact Karen our Finance Manager at admin@mhaps.org.nz)

I/We would like an acknowledgement in the next annual report Yes No

'It's a place where you can find a warm welcome from everybody. They're an essential service, they're picking up people who are falling through the gaps.'

Service user feedback, Nov 2017

Our sincere appreciation for your support.



Piki Te Whaiora

The MHAPS Pounamu

Gifted to MHAPS by the outgoing General Manager, Sue Ricketts, in November 2017

This beautiful taonga comes from a mother rock which lay abandoned for four years in the deserted garden of a red-zoned property in Christchurch, following the February 2011 earthquake.

Says Sue, “It represents so much of what we and our peers have experienced – trauma, loss, abandonment, as well as beauty, multi-faceted personality and a depth of intrinsic value.

“I gift this to MHAPS with love and with deep respect for the power of peerness, and the future ahead where people in mental distress will discover empowerment and overcome their fear. They will do this with the purposeful and meaningful connections they form with others and with themselves by their involvement with MHAPS – just like Piki Te Whaiora has shifted from abandonment and fracture to becoming the taonga of MHAPS.”