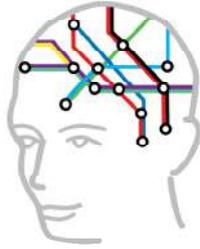
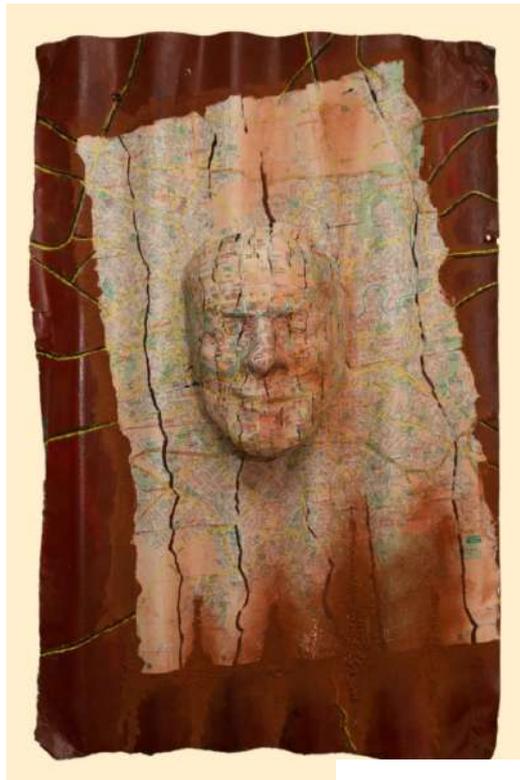

MHAPS
Mental Health
Advocacy and Peer Support
Together on the road to wellbeing



ANNUAL REPORT 2016 - 2017



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Together on the road to wellbeing

Message from the MHAPS' Chairperson

Welcome to the 6th Annual Report of Mental Health, Advocacy and Peer Support (MHAPS)

We have had an interesting and productive year which began with thanking four Board members at the last AGM for their valuable contributions. We farewelled Vaea, Michael, Bernice and Don, a long standing member. We then welcomed Angie, Philip and Effie to continue to maintain our rich mix of experience and expertise.

One of the first things we decided to do was to make sure we all had a clear understanding of our roles and responsibilities. On a Saturday earlier this year an independent facilitator led a seminar on good practice in governance that was very rewarding and productive. It also confirmed that the Board is functioning well.

We have kept on track with the goals set in our Strategic Plan. Our Youth Peer Support Service is established, and efforts continue to further develop this very important service. The proposed Peer Crisis Centre has drawn interest, and more detailed plans are now being developed. In addition, we have a clear path to upskilling staff in Intentional Peer Support.

An important task for the Board is monitoring the financial management of MHAPS through regular meetings with the Service Director and Financial Manager. A high priority has been to our build up our reserves in line with good practice. We are pleased to report that we are moving in the right direction.

MHAPS Health and Safety Sub-Committee is functioning well and the Board is providing oversight and checks towards reducing risks in this regard.

During the year MHAPS was privileged to be granted the Ministry of Health contract to administer the national consumer ministerial advisory group Ngā Hau E Wha. This group provides a direct voice to the Ministry of Health on a quarterly basis to assist with decision making and relating what's going well and what is not for mental health and addictions service users across the country.

From time to time throughout the year, MHAPS has been overwhelmed with too many people seeking assistance. We thank managers, staff and volunteers for enduring these particularly challenging times.

Thank you to our funders especially the CDHB who recognise the value of the unique services we provide.

Finally, and of particular importance, we are indebted to Sue for her outstanding leadership of MHAPS for the last six years. We wish her all the very best and look forward to working with Fiona who has been selected to be our new Kaihautū/Service Director

Andrew Cook On behalf of the MHAPS Trust Board

Why does MHAPS exist?

All of us who work at MHAPS, together with over half our Board of Trustees, have had lived experience of mental illness and/or substance addiction together with the distress which comes with this. More importantly we have found ways to live a meaningful and positive life, with or without our symptoms, and we use this experience, together with ongoing training and information gathering, to the benefit of others who are still at the beginning of their Journey.

This journey can often seem a hopeless and lonely struggle, where direction is absent and steps offered by other feel too huge. By having someone walking alongside during this journey who can identify with the challenges and provide encouragement in a safe way, a person can make real progress towards the life of their choosing. This is the purpose of MHAPS' existence. As expressed in our vision statement, "Together on the road to wellbeing".

How do we achieve this?

Finding help for mental illness and/or addiction recovery can feel an enormous hurdle. The energy it takes, the perceived stigma of the experience and the fear of dashed expectation can mean that a person delays first contact for weeks and sometimes months. But at some point, the day arrives, courage is found and contact is made with MHAPs either by phone, email or in person.

The genuine welcome, provided by our "First Step" process, discussion of clear options and ongoing support offered by our 28 staff provides a positive start for the recovery journey for the person, who may use one or more of MHAPS many services for as long as they choose.

Our services are underpinned by the principles of empowerment, hope, respect, honesty, transparency, accountability, personal responsibility and best practice. Over the 6 years of our existence, MHAPS has combined the strengths and experience of its founding bodies – Anxiety Support Canterbury, Bipolar Support Canterbury and Psychiatric Consumers Trust – to provide a multi-access, step by step mosaic of resources to assist anyone towards wellbeing. Over the past year, we have achieved this through the caring and effective work of our staff in our four services – Peer Advocacy (including awareness and Quiet Minds) led by Beth Nobes, Peer Support (including individual and recovery groups) headed by Fiona Clapham-Howard, Latnam 826 fronted by Wendy Hill and the Learning Exchange (comprising RecoveryWorks, workshops and classes, newsletters, website and other projects) managed by Ian Johnson.

Peer Support

We farewelled Vito Nonumalo and welcomed Fiona Clapham Howard as the peer support team's new manager at the end of June 2016. Fiona was only able to work with us two days a week at first due to a teaching commitment, but by mid-August 2017 was firmly in post and starting to grapple with the peer support waiting list, which had been closed by that stage for some months.

The backlog of peers waiting for one-to-one meetings was weighing uncomfortably on staff's minds. New people looking for peer support were referred to the drop-in peer support group that ran every second Tuesday in the meantime, as the fortnightly evening groups for anxiety, depression and bipolar support were all also full.

Together on the road to wellbeing

Within a couple of months, having looked closely at the way we engaged with people wanting or waiting for one-to-one support, and at how we prioritised requests, we were able to start opening up availability again on a “one in, one out” basis. The Tuesday group was doubled to run weekly, and while this created some new rostering requirements, we began to see a more regular group of people attending, which allowed us to start working somewhat more intentionally than before.

At the same time, the team focused on establishing a shared understanding of the Intentional Peer Support approach (IPS) that underpins their practice. The IPS approach offers a profoundly different way of engaging with people experiencing psychological distress, in any form, first and foremost through addressing power imbalances.

IPS is unique from traditional human services because:

- **IPS relationships are viewed as partnerships** that invite and inspire both parties to learn and grow, rather than as one person needing to ‘help’ another.
- **IPS doesn’t start with the assumption of a problem.** With IPS, each of us pays attention to how we have learned to make sense of our experiences, then uses the relationship to create new ways of seeing, thinking, and doing.
- **IPS promotes a trauma-informed way of relating.** Instead of asking “What’s wrong?” we learn to ask “What happened?”
- **IPS examines our lives in the context of mutually accountable relationships and communities**—looking beyond the mere notion of individual responsibility for change.
- **IPS encourages us to increasingly live and move towards** what we want instead of focusing on what we need to stop or avoid doing.

This re-commitment to the principles and tasks of IPS allowed us to critically assess the current peer connections to make sure we were attending strongly to the quality of peer relationships we were creating, and not getting caught up in task-based problem-solving (commonly more of a community support worker function).

Through this attention to relational health, the team’s workflow has become more dynamic. We no longer operate a waiting list but make our first contact more focused so that people know what to expect from one-to-one peer support and whether it is really what they were looking for.

Community connections are also critical to supporting this approach. If IPS is not the right fit, or if there is no immediate peer support capacity here or at other local providers, there are other options at MHAPS such as peer groups, *RecoveryWorks*, Latnam 826, or a WRAP course, for example. Other suggestions might be a community counselling service, Brief Intervention via their GP, or a request for a CSW. Increasingly we are facilitating a motivated visitor to access a phone triage from Christchurch Central Service, to get them started on tackling an addiction or dependence issue.

Peer Recovery Groups

Increasing the daytime Tuesday “drop-in” group from fortnightly to weekly increased access to group support but the casual nature of attendance wasn’t working so well for those who were motivated to come more regularly, as the group was always stuck at the connection phase.

Meanwhile, the longer-term support groups running fortnightly in the evenings, and mostly inherited from the pre-MHAPS merger, had fiercely loyal membership – but no space to take on new people, and long waitlists. The groups also had developed fairly strong worldviews of their own but the IPS approach wasn’t strongly evident in the mix.

We decided to move to delivering the groups in time-limited blocks that worked through overarching themes based on the four tasks of IPS. Each group would become “closed” – i.e. no new members would be accepted for that block – after the initial Connection phase of 3-4 sessions.

The change in focus from support group to peer recovery group was unpopular with some of the groups’ members, and we worked as empathically as we could to mitigate the change effects and to suggest alternatives where available.

The upcoming changes were communicated to each group over the first few months of 2017, and the Tuesday group became the “first cab off the rank” with a 16-week block starting in April 2017 using the new format. (The evening groups will run in 6-month blocks of 12 fortnightly sessions, starting the new format in July 2017, so will be reported on in next year’s annual report.)

At the time of writing we have just finished this first trial block in August, with good outcomes so far. The connections between people in the group were greatly deepened by closing to new members, and attendances have been strong, averaging between 8 and 9 each week, from a core group of 10, after initial attendances of up to 14 individuals.

We have strengthened our connections with other support and social groups in the community, and invited some to session #15 so group members could meet and see if these other options were for them. Some have chosen to establish a micro-group (3 peers with one peer worker); some are going on to other options within or without MHAPS; and some have opted to return alongside the next block’s new members.

The approach has allowed us to introduce concepts from IPS that have been well received and helped to provoke new ways of thinking about members’ current experiences, and in some cases, significant positive change in their outlook.

Support at Te Awakura Inpatient Wards at Hillmorton Hospital

Two staff members 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. Over the past year we met with 317 people in the groups, which can range between 1 and 11 people.

Peer Support for Young People

During the period of this report, the Youth Peer Support Team has undergone a change in staffing, with the resignation of one of our two youth workers who moved away from Christchurch, and the recruitment of two new staff.

Despite all the challenges that staff changes bring, the team has been able in this last year to support 38 individual young adults experiencing significant mental distress, both with one-to-one peer support meetings, and via a weekly drop-in group started in February 2017. Ages at first engagement with MHAPS ranged from 16 years to 28 years, with the median age of young peers supported being 20. While the intended age range for this service is up to 25 years, in the past year the team has supported three peers older than this, two at 26 years of age, and one who was 28 years.

We are grateful for funding from two sources for this service – one being Canterbury DHB, with funding for young people from 12-19 years, and the other being the Todd Foundation. This has meant we have been able to use a more flexible definition of “youth” than that allowed by health funding alone. We know from the research and from international commentators, such as the World Health Organization, that the particular bio-psycho-social stressors faced by young people do not magically resolve at 18 or 19 years old, but can often extend into their twenties. So we feel fortunate to be able to extend support by young people, to young people dealing with similar experiences, using the more internationally-accepted cut-off age of mid-twenties.

The two new staff members have settled well into their roles and the team of three, all under 25, bring with them a great diversity of experiences and networking within the Canterbury community. We are delighted, for example, to now be affiliated with Q-Canterbury and Q-topia, supporting LGBTIA youth, and to have connections to 298 Youth Health as well as to cultural support options.

The youth team have been through a welter of training, including ASIST suicide intervention, Canterbury Youth Workers Collective ethics training, and Intentional Peer Support core training. External supervision, in-house coaching and mentoring, and group supervision are all in place to provide ongoing support and development.

One of the learnings for MHAPS has been that our established way of working with adult peers does not translate exactly to the needs of young adults. Where people most often engage with the adult team regularly for several weeks or months, and on occasion years, youth tend to want support immediately at times of stress or distress, and may only engage once or twice. We have also struggled with a gap between parents contacting us for support for their young adult, only to find the young person themselves unwilling to engage with the team. In these cases – not easily captured in statistics – the Peer Support Manager finds she has been able to offer valuable parent-to-parent support and education, generally on a one-off basis.

To help the youth team roll with the pattern of need from their peers, we have established a dedicated Youth @ MHAPS Facebook page, and are in discussions with University of Canterbury for providing youth peer support to students on campus in the coming months. The team has met with other youth mental health providers in Christchurch to raise awareness of our service, and

continues to make these community connections. We also had some good engagement with teens at a student wellbeing expo early in 2017 at Hagley Community College, an annual event we will attend again next year.

The weekly drop-in group has provided a low-key and low-stigma entry to service for a core group of up to 10 young people so far in 2017, although in keeping with the pattern above, many may only attend a few times. Group numbers range from one or two at a time, up to five (a pattern recently confirmed to us by Canteen, who have similar attendances at their youth groups). The group offers social interaction and support with the chance for more in-depth conversations with a youth peer worker if the need arises, and as trust is built up. A number of youth peers have started with the group as a 'taster' and gone on from there to one-to-one support with the youth peer worker with whom they have made the strongest connection.

One more challenge the youth team has encountered is the impact of life stresses on the youth peer workers themselves. While personal lived experience of mental distress and of recovery is required in peer support work, the young workers are by definition much earlier in their recovery journeys than our adult team tend to be. This can mean at times a peer's story can feel just a bit too close to home; or at other times the youth workers are themselves experiencing high stress in keeping with their own stage of life.

Flexibility in hours and days of work, and endorsement of using existing community wellbeing supports (at times within work hours), along with the various supervision options mentioned above, is helping the youth peer workers to manage their own challenges effectively while still delivering their contracted hours of work, which range from 15 to 25 per week across the team.

A plan is also in place to establish youth work mentoring for the team by September 2017, with an experienced youth worker from the Canterbury Youth Workers Collective.

Consumer and Advocacy Services

It is great to report excellent work done by the advocates this year. We have grown our good reputation with Work and Income and with many of the G P practices in Christchurch. We have done an increasing amount of work in Rangiora, especially for people who experience addictions challenges. We have been able to work alongside people who have had inconsistent treatment from support services, including clinical and crisis supports, through this year of increased need and acuity of mental health and addiction service users. It was a regular occurrence to hear from a person who felt let down by crisis services when they most needed guidance. This seemed to be the watershed year for crisis services showing the limits to their ability to keep up with demand. Though we are not meant to work with people in crisis we were able to do good work giving our clients a place to regroup, consolidate their expectations and compose any complaints they wanted to make.

It was a very welcome acknowledgement of this good work when Planning and Funding offered us funding for another Full Time Equivalent position. We were in the enviable position of having two excellent candidates to choose from when we needed to hire a replacement. Our deep thanks go to Ali W for her excellent work done with her clients in the three years she worked for us and it

was a relief to see that other quality people would apply for the role. Being able to say “yes” to both candidates and grow the skills of our team enabled us to do away with long waiting lists and constant referrals to other services. More than that, having a 6th advocate has freed us all to deepen the quality of support we can now offer.

The other aspect of advocacy that has been very successful this year is Systemic Advocacy. Due to the breadth of knowledge we have of the conditions for people with experience of mental distress and addictions challenges, we are well placed to represent our community on reference groups and planning panels. We have participated in the Integration Opportunities working group, the Changes to Home based Support group, the Restraint Approval and Monitoring group, Ara Tertiary Institute Health Services Advisory Group, Canterbury Alcohol and Drug Managers’ Advisory Group and many more. Having a place at the strategic planning table can only improve services for our community. We continue to offer consumer expertise to Nga Hau E Wha, the national consumer organisation, the CDHB Mental Health Workstream, the CDHB Consumer Council and Matau Raki, the national addictions workforce development group.

An excellent opportunity arose this year when, through our connection with Toni Gutschlag, the General Manager of Specialist Mental Health Services, we were introduced to Ross Haggart, the Canterbury Regional Operations Manager of Child, Youth and Family (CYFs). Mr Haggart came to our offices to hear the concerns that advocates have for the difficulties our community have communicating with CYFs. Following the meeting we were invited to visit each local office to create effective relationships between both sides. The process was interrupted by the restructuring of CFYs, now Oranga Tamariki but will be taken up again in the near future.

Awareness

The Canterbury Action on Mental Health and Addictions network has had another very effective year. There were 238 new connections for the network, 14 of whom became members. We had a very successful Peer Career Fair where those working in the peer support field were able to offer a good description of the variety of roles open to those with personal experience of the mental health and addictions sectors. This led to holding more education programmes through the rest of the year which have been very successful and garnered much positive feedback. We also noted a great increase in the number of followers the Facebook page has which spreads knowledge and connections exponentially.

The project groups that were active this year included Mad Poetry, The Writers’ Group, Haumarū Ngakau (Peer Crisis Service project), Child Custody and Mental Illness Research project and the Political Nudge group Where questions were sent to each party and the answers made available to our members.

The submissions that were made went to the government’s Suicide Prevention Plan and the Human Rights and Mental Health Act discussion paper. Collating the feedback of members and sending under our banner has the effect of strengthening the input greatly

Our thanks to the Board and the General Manager for the solid support through a particularly busy year.

Together on the road to wellbeing

Quiet Minds Radio Show

Quiet Minds has had a very good year. The small but committed team of Debbie and Brett, ably headed by Beth, Advocacy Team manager, have produced another year of excellent weekly



interviews for Quiet Minds on Plains FM.

As well as interviews with service providers and consumers, shows have covered topics such as death in the family, advance directives, Māori mental health, music and mood, tips on maintaining wellbeing and connection between mind and body (all available by podcast through the Plains FM website).

This vibrant Canterbury resource owes its success to the energy and commitment of enthusiastic people who volunteer their time and skills in making these weekly informative shows.

Other volunteers would be welcomed on to this team and offered support and training to extend their skills and experience.

RecoveryWorks

Programmes 27 -30 were delivered to a total 31 participants who completed the programmes from amongst the *36 who accepted a place on a programme. It is rare for a person to begin the workshop series and not complete the whole programme. Four of the five people who did not complete did not undertake any part of it and the fifth person had a death in her close family.

Outcomes for the year have seen a very strong average **27% drop in levels of anxiety** experienced, as measured by the Kessler 10 self-assessment and these changes are usually confirmed by their key question response. Self-assessed feelings of wellbeing were on average more muted at a **16% increase** and this is felt to be due to the complexity of people's mental health, general health and other factors that mean a significant drop in anxiety experienced does not always rapidly translate into greatly increased feelings of wellbeing.

Within each programme there are always people who make dramatic changes in one or both of improved wellbeing and decreased anxiety just as there are some who experience little or no shifts on the programme and the occasional person who appears to regress. Amongst the programmes there are also standouts with programme 28 having an average 28% increase in wellbeing and 33% falls in anxiety experienced. Programme 27 was a group of only women and the 10 acceptances translated into just 7 participants completing the programme, the results of which were quite muted in both falls in anxiety and improvements in wellbeing. Throughout the year's programmes the collective number of GP visits participants recorded prior to starting the programme had

dropped on average by more than 50% and this is with adjusting out a few participants who pre-programme visits were exceptionally high.

Towards the end of this year we determined that facilitated revision groups were not making a significant added benefit for people who attended them and the attendances overall were fewer than half those people who completed programmes. The revision group that started in May was therefore the last. We have continued to make revision material available to participants by email and they can choose to use this individually or get together amongst themselves. This decision coupled with changes to the WRAP programme have led to our positioning this planning tool is now what is suggested to people after completing *RecoveryWorks*.

Programme management systems and processes have continued to evolve and improve, always with the objectives of working mutually with each person to determine the effectiveness of programme timing.

Learning Exchange

WRAP

Three programmes were delivered over the period. From late 2016 a progressive reform of delivery methodologies coupled with more precise programme management and active promotion lead to higher numbers of participants, greater rates of retention and improved satisfaction with outcomes. This programme is now 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 are low and who would benefit from the structure that a plan helps provide. Currently 50% or more of participants are have completed a *RecoveryWorks* programme.

Community programmes

Workshops for Wellbeing are a series of individual workshops delivered each week, currently 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. The plan for the 2017/18 is focus some of Hannah Whittaker's time into a coordination role beginning with her assessing the effectiveness of the current workshops and making any recommendations for change. The objective is to increase participation rates and income as well as positioning the programme towards the wider community, thereby encouraging people to take up similar opportunities within or closer to their own neighbourhoods.

Mood Swingers have been attended by a very small group of essentially the same people. Providing the programme was costing MHAPS significantly more than fees and grants income. After consultation with those people using the programme and with the tutor, it was mutually agreed that the programme would go off site and that MHAPS' only future involvement would be to promote it if asked to. The last event was in June.

Evening Programmes:

Mindfulness: We delivered 4 x four session programmes over the period to a total of 35 people and 122 workshop attendances. This programme is well received and income from fees and grants fully cover its running costs.

Breathing and Relaxation: -We delivered 2 x five session programmes to a total of 11 people and 49 attendances. This programme is also well-received; however enrolments and attendances are low and additional funding is required to subsidise the cost which we keep as low as possible.

Themes

We covered twelve topics across the year with a total 186 attendances at events ranging from 8 to 25 people at a time - the average event drawing over 15 people. Attendees include peers who are actively using MHAPS other services, friends and family and professionals from within and around our sector. Feedback indicating satisfaction with the programme and the usefulness of individual talks has been very positive. Topics included Hoarding, Dealing with Depression and Low Mood, Your 'Inner Critic' and how to develop Self-Compassion, and Sleeping Well.

Newsletter

We published a quarterly newsletter each season, with total annual distribution of approximately 3,500 copies. Each edition sees nearly 350 copies sent to peer/clients, a similar number to organisation 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 peer/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 2017 an average one single day attracted 75 page views, 31 first time visitors and 8 people returning to the site. On annualised basis these figures respectively represent activity over 27,000, 11,000 and nearly 3,000.

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 once a week 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 as many as a few hundred.

Projects

RecoveryWorks licensing: - During this period, the prospect of licensing RecoveryWorks has been an ongoing project. A business case for this was completed in May 2017 and circulated to the Sustainability Committee. The next steps are to have the 2016 longitudinal study peer reviewed by an academic from the University of Canterbury, and for MHAPS to continue the search for opportunities for seed funding this initiative

Social Enterprise: - Ian completed the second half of a 12 workshop programme that explored the landscape of social enterprise and looked at examples and opportunities for developing such activity.

Social Media: - We were approached earlier this calendar year with the opportunity to use the services of Agile Network, a group of IT professionals, in order to enable MHAPS to make greater and more purposeful use of social media. A number of meetings were held with Agile but the work was not progressed due to various factors.

Latnam 826 Drop-In Centre

Latnam has continued to support both long-term and new members from Friday to Sunday at 826, and on Monday from Mabel Howard Lounge in Wainoni.

Latnam now has 162 active members who enjoy the relaxed camaraderie and staff support at the Centre. Pool continues to be a main attraction, but conversations over a hot drink, board games and watching DVDs are available to help reduce the isolation which many of our tangata whai ora experience.



Towards the end of the year, we were delighted to welcome Mariah from Te Hā – Waitaha Stop Smoking Canterbury who comes to Latnam on a weekly basis to assist members to quit smoking in the way that works for them.

The success of this centre owes much to the whakawhanaunatanga (family centeredness) nurtured by Wendy, Nigel, Michael, Ngaire and Mike where members feel cared about and included in the day to day activity of Latnam 826. We thank our volunteers Barbara, Jenny, Katrina, Grace, Leith, Maree and Sam for their time and work this past year.

Ministry of Health Contract – Ngā Hau E Wha

In July 2016, MHAPS was pleased to accept the responsibility of administering and co-ordinating 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 representing their consumer networks ensure that the consumer voice is engaged with and heard at all decision-making levels.

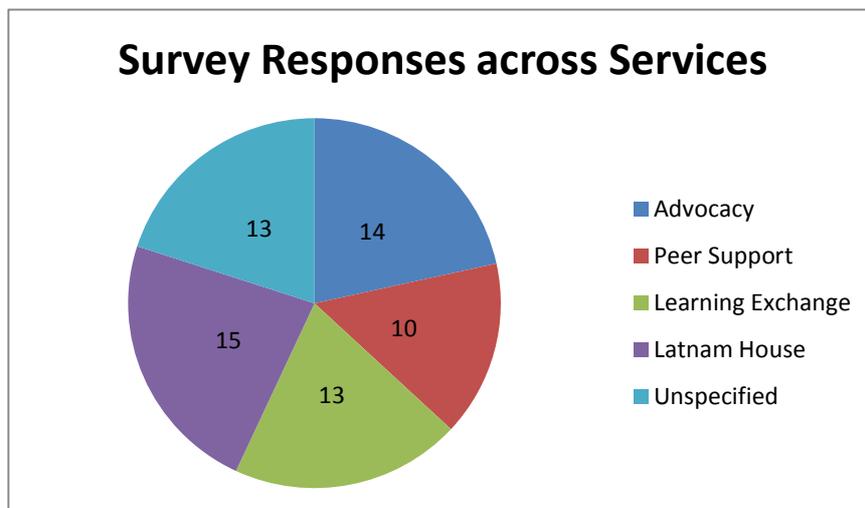
What difference has MHAPS made to the lives of people in Canterbury?

Our 2016/17 client survey was sent to 639 peers/clients of whom 65 responded either through survey forms or on-line Survey Monkey. Questions fell into two distinct lenses – one of the quality of MHAPS' services and the other the benefits (if any) to the person's recovery and wellbeing.

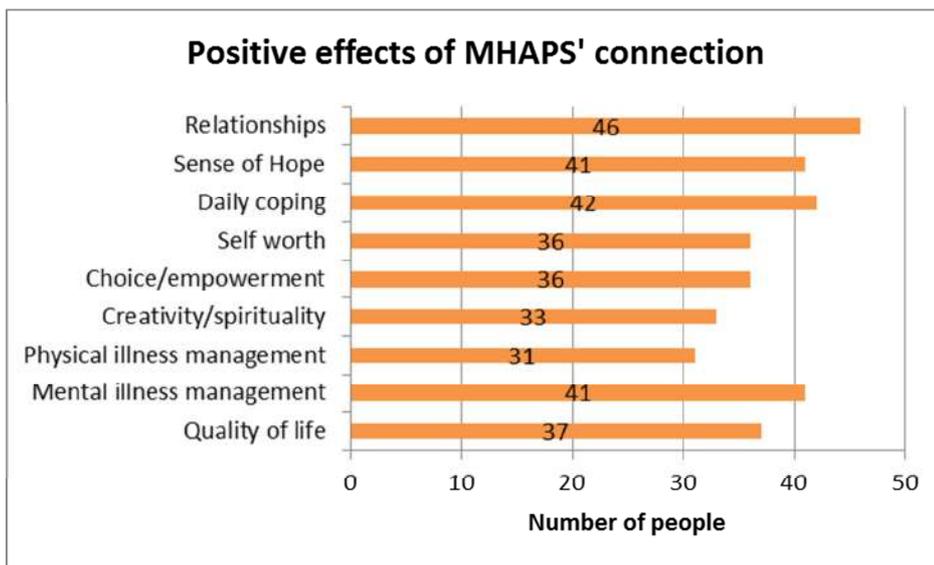
The results of this valuable process enable MHAPS, as part of our Quality Plan, to learn from service users as to what we are doing well and how we can improve services in the future, and also, as part of our Sustainability Plan, to glean comments which can strengthen MHAPS ongoing fundraising profile and provide evidence of service value in contract monitoring reports and negotiations with health and other boards.

Two people reported dissatisfaction with MHAPS services and six were disappointed that their experience had not met their recovery needs. However the remaining 57 respondents were satisfied or very satisfied with the MHAPS experience. Over three quarters of respondents said that meeting with a peer worker with a similar experience had been helpful, very helpful or brilliant. 94% of respondents stated that the overall quality of care they received suited their recovery needs very well or exactly.

The table below represents the responses regarding the outcome of service received:



For many people, it takes a deal of courage and effort to make a first visit to our building, and we are committed to making this a positive experience both in terms of environment and of an accepting and respectful attitude to everyone. From our survey, it appears that ongoing peer experience has a beneficial outcome in several aspects of people's lives as in the chart below



Some comments from the evaluation process:

I found staff to be warm and helpful. Truly grateful and feel they've helped steer me in the right direction with hope for the future (5)

Exceptional service with all parts of the service. Head and shoulders above all other agencies (4)

Latnam – helpful people – respectful to my needs (3)

Great to work with people with lived experience. (4)

My advocate has been exceptional. Without their support I do not think I would be here today. Please fund Mhaps more – donations are being used wisely and to great effect.

"I found MHAPS very supportive. In the current system, it's important to have this service." (6)

"I really like MHAPS. I wish I had known about you when I was really depressed a couple of years ago" (3)

"Peer support workers compassionate respectful. Never gave up on me. Instilled in me a sense of hope. Priceless."(2)

"Both my peer support worker and advocate have been to me the same as opening a bottle of the best French Chateau Champagne that no money could ever purchase. With many thanks."

"Knowing I can drop in anytime gives me support I need."

"RecoveryWorks facilitator has been a wonderful course and her manner & delivery were perfect. "

"Was so happy and relieved to understand fully how anxiety affects me physically and emotionally, ...Realised I am not the only person to live with anxiety and its challenges: that life can be great!"

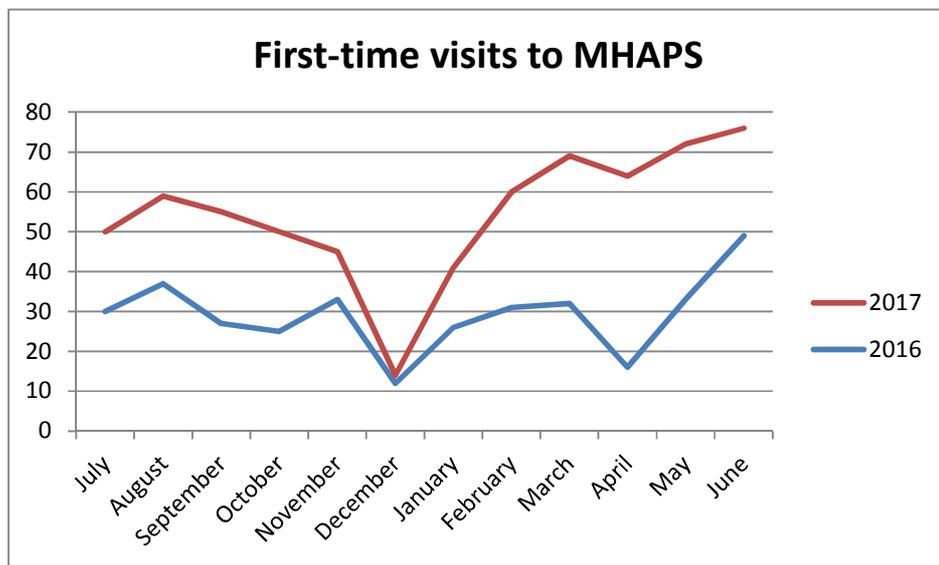
Due to staffing issues at the beginning of the year, and changes to the evening group process we did receive 8 comments indicating disappointment or dissatisfaction with the service they

had/hadn't received from MHAPS. For example *"Attended a class but was uncomfortable with the way it was conducted. Learned less than expected."* And *"You need to listen and take on board the feedback from users of groups re: group format changing etc."*

The full survey report is available to anyone on request.

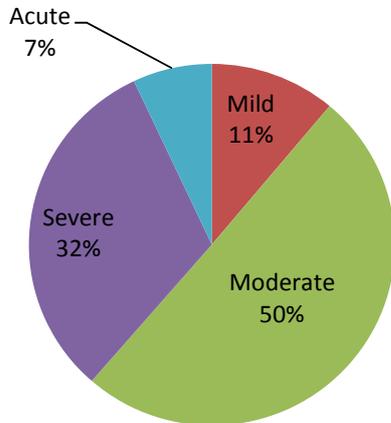
Trends

However, the major effect we have noticed this year more than any previously is the importance of MHAPS (together with other community organisations) for people who are experiencing acute distress, often involving deep depression and/or anxiety, but who do not meet the criteria for clinical crisis services. We have received increasing numbers of referrals from CDHB Crisis Resolution, Christchurch Police and GPs where distressed people, often on the verge of suicide or self harm, have no other place to turn. The following graph indicates this experience:



The representations on the following page indicate the extent of intensity and complexity with which all our staff are working with currently. Referrals from Crisis Resolution, police, GPs and other community agencies are increasing rapidly as the instances of individuals with high distress increase. This trend has many and various causes, some of which emanate from the changes at MSD, (both at Work and Income and Housing New Zealand where support is becoming increasingly difficult to access), the well-publicised lack of affordable accommodation, the demise of Relationships Aotearoa and the ongoing effects of the earthquakes and Port Hills fires which rekindled anxiety and feelings of disempowerment.

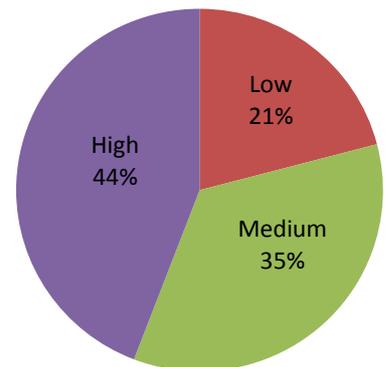
Intensity 2016/17



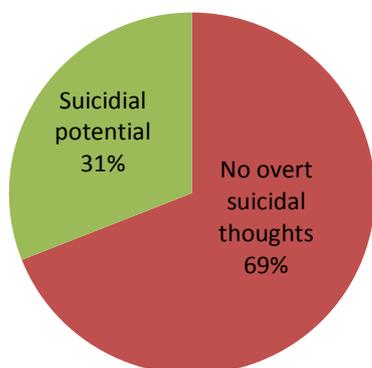
Intensity takes into account the Person’s emotional state, their level of unwellness and the frequency of contact with their worker and with MHAPS.

Complexity involves the inter-relationship of negative aspects of a person’s life, including trauma-experience, which erode their wellbeing, their hope and their sense of empowerment. Therapeutically working alongside a Person with high complexity takes competency, stamina, time and good self care.

Complexity 2016/17



Suicidal potential 2016/17



One third of people who use MHAPS services present with suicidal intent or ideation which may also include active self-harm.

Resources and Financial Management

We continue to appreciate the financial support of the Canterbury District Health Board, CERT, Christchurch City Council, Christchurch Casino Trust, Christine Taylor Foundation, David Ellison Trust, Lion Foundation, Lotteries Grants Board, Janssen Cilag, Pub Charity, Working Together More Fund, the Rata Foundation and Todd Foundation. MHAPS has also been fortunate to receive regular donations from a number of individuals whom we very much appreciate.

It is a sign of the times that the number of funding opportunities is shrinking whilst at the same time the number of worthy applications for financial help is increasing. MHAPS is aware of this dynamic, together with the changes in government requirements for self-reliance in the not-for-profit (NFP) sector. The next few years will see a sea change in the way that mid-size NFPs such as MHAPS fund and report on services.

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

STATEMENT OF FINANCIAL PERFORMANCE as at 30 June 2017

	2017	2016
	\$	\$
Revenue		
Donations, fundraising and other similar revenue	161,405	179,754
Revenue from providing goods and services	989,946	862,247
Interest	3,722	2,680
Other Revenue	5,387	4617
Total Revenue	1,160,460	1,049,298
Expenses		
Expenses related to public fundraising	0	0
Volunteer and employee related costs	797,055	785,782
Costs related to providing goods or services	244,504	246,211
Grants and donations made	145	368
Other expenses	1,565	15,841
Total Expenses	1,043,269	1,048,202

STATEMENT OF FINANCIAL POSITION for the year ended 30th June 2017

	Note	2017 \$	2016 \$
Assets			
Current Assets			
Bank accounts and cash		178,571	95,925
Debtors and prepayments		112,754	92,838
Total Current Assets		291,325	188,763
Non-Current Assets			
Investments – cash at bank	3	163,017	50,000
Plant and equipment	4	53,560	66,633
Total Non-Current Assets		216,577	116,633
Total Assets		507,902	305,396
Liabilities			
Current Liabilities			
Creditors and accrued expenses	3	29,494	15,913
Employee costs payable	3	77,556	77,677
Unused donations and grants with conditions	3	100,441	42,878
Unused contract funding		14,292	-
Total Current Liabilities		221,783	136,468
Total Liabilities		221,783	136,468
Total Assets less Total Liabilities (Net Assets)		286,119	168,928
Accumulated Funds			
Accumulated surpluses or (deficits)	5	286,119	168,928
Total Accumulated Funds		286,119	168,928

NOTES ON STATEMENT OF FINANCIAL PERFORMANCE for year ended 30th June 2017*NOTE 1: Analysis of Revenue*

NOTE 1: Analysis of Revenue	2017	2016
Fundraising Revenue	\$	\$
Fundraising	57	61
Donations and Similar Revenue		
Donations	7,752	9,447
Bequests	-	6,366
Grants Received		
ANZ Staff Foundation	-	5,000
Casino Charitable Trust	3,000	3,000
Christine Taylor Foundation	3,000	3,000
Christchurch City Council	1,921	2,300
Christchurch Earthquake Recovery Trust	3,554	13,970
David Ellison Charitable Trust	15,000	7,500
Janssen-Cilag PTY Limited	5,414	-
Lion Foundation	5,000	10,000
Ministry of Social Development	-	5,520
NZ Lotteries Grant Board	15,000	15,000
Pub Charity	10,000	9,977
Rata Foundation	75,000	-
The NZ Merino Company	1,370	-
The Southern Trust	-	10,000
Todd Foundation	60,000	50,000
Working Together More	12,900	-
Unused Grants and Donations (net)	(57,563)	28,613
Total	161,348	179,693
Revenue from Providing Goods and Services		
Canterbury District Health Board	948,118	855,973
Meeting Room Hire	300	1,716
Ministry of Health	35,252	-
Workshop/Course Income	4,699	4,218
Other Income	1,577	340
Total	989,946	862,247
Other Revenue		
Wages Subsidies	5,387	4,617
Total	5,387	4,617

NOTE 2: Analysis of Expenses

Expenses related to public fundraising	-	-
Volunteer and employee related costs		
Salaries and wages	742,886	740,914
KiwiSaver Contributions	21,517	20,839
ACC Levies	2,350	2,397
Training and Supervision	25,314	20,032
Volunteer Expenses	4,988	1,600
Total	797,055	785,782
Costs related to providing goods or services		
Direct costs relating to service delivery		
Awareness	3,974	8,560
Catering/Meeting expenses	3,182	2,107
Membership and subscriptions	972	1,185
Nga Hau E Waha expenses	27,263	-
Office supplies	9,619	8,219
Outreach	3,143	4,328
Printing, stationery and postage	8,092	6,862
Quiet Minds	1,607	1,449
Sundry	145	1,979
Travel	9,787	9,745
Workshop expenses	7,614	16,788
Total	75,398	61,222
Direct costs relating to service delivery		
Administration and overhead expenses		
Audit and accounting fees	5,500	3,945
Cleaning	4,191	3,965
Computer expenses	4,193	4,155
Depreciation	13,702	10,668
Electricity	10,102	10,954
Insurance	3,925	2,198
Rent	107,273	131,782
Repairs and maintenance	1,279	2,230
Sundry	4,487	2,452
Telecommunications	14,454	12,640
Total	169,106	184,989
Total	244,504	246,211
Other expenses		
Loss on sale or disposal of fixed assets	184	1,049
Moving costs	1,381	14,792
Total	1,565	15,841

Looking Forward

This year has been one of consolidation of MHAPS services and the further consolidation of Intentional Peer Support practice throughout our operations. We have focused on extensive training for staff including trauma informed peer support, working with voices and peer focused facilitation skills which will equip staff for their valued and perceptive work with tangata whaiora.

Change in Leadership

The forthcoming year will see the retirement of Sue Ricketts, our General Manager who has seen MHAPS through the first 6 years of evolution into a streamlined service. The next phase of growth and development will be in the capable hands of Fiona Clapham Howard who will take the new title of Kaihautū / Service Director as the Board felt that the term General Manager was no longer appropriate to describe the leader of the organisation.

Point of Difference

The coming year will see work continuing on establishing MHAPS' point of difference in the sector (compared to counselling, clinical or community support work services for example.) In-house, this work will include further training in Intentional Peer Support, and increased mentoring and peer supervision in peer support approaches, supported by the skills of Lisa Archibald who, in January 2018, will pick up the role of Peer Support Service Development and Delivery Manager vacated by Fiona.

Peer Crisis Centre

MHAPS and Awareness, together with Purapura Whetu Trust and Supporting Families in Mental Illness, are developing a new initiative to address the gulf in care for people in crisis as identified earlier. It is intended that a pilot will be launched during 2018 dependent on funding availability.

Conclusion

To sum up the 2016-2017 year, it has been one of challenge, change and consolidation resulting in great improvements in service delivery and staff structure.

Sincere thanks go to all staff whose honesty, wisdom and compassion touch the lives of everyone who approaches MHAPS. They embody MHAPS' principles of hope, transparency, respect, self-responsibility and empowerment, and they are the heart and soul of this organisation.

Similarly, MHAPS is very fortunate to have the highest calibre of Trustees all of whom give their time, knowledge and advice on a regular basis to the interests of MHAPS.

And finally, no organisation can exist without income and all of us at MHAPS thank particularly our individual donors, grant funding bodies and the Canterbury District Health Board* for the ongoing financial support which enables us to provide these valued and vital services.

Sue Ricketts
General Manager

This Valuable Work Needs Your Help

Any contribution big or small helps us to meet the needs of the people of Canterbury who experience mental illness, mental distress and/or substance addictions. To ensure that our assistance is timely and accessible, we offer a self referral system and make no charge for services.

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 eligible for a tax rebate.

Name:

Address:or

Email address:

Donation Information

I/We'd like to donate \$ to MHAPS to be paid 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 33332, Christchurch 8244))

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

"The support I have received is priceless!! Professional, caring, respectful, but perhaps most of all the sincerity and understanding has lifted me and helped me to push on in a really trying situation and time in my life"

Our sincere appreciation for your consideration.