



Ko Moumoukai te Maunga
Ko Nuhaka te Awa
Ko Rakaipaka te Hapu
Ko Manutai te Marae
Ko Takitimu te Waka
Ko Ngati Kahungunu te Iwi
Ko Raeleen Toia toku ingoa

Taku Tohu: Master of Nursing, Postgraduate Certificate Nursing: Mental Health, Bachelor of Nursing Degree, Enrolled Nurse.

My background and training is in nursing from 1984. I worked as a District Nurse and then acute medical nursing for over 20 years before falling in love with mental health and making this my specialty.

I have a preference for Maori Models of Health and Wellbeing. As the current clinical nurse lead manager, Nurse Practitioner Candidate Mental Health of Te Aro Health Centre, Wellington. A Primary Health care service prioritising vulnerable marginalised populations such as those who are rough sleeping and homeless. 60 percent of our whanau population has a mental health and or addiction diagnosis with complex physical health comorbidities.

I have a passion for kaupapa and whanau Maori. I have been an active participant in the Te Kohanga Reo movement and have been an avid supporter of Te Kura Kaupapa Maori for over 25 years with my tamariki and mokopuna. I was part of the Steering Group that made the original successful submission to Parliament to establish *Nga Mokopuna*, the first Kura Kaupapa Maori in Wellington.

I staunchly promote Whanau Ora as the key determinant for positive whanau outcomes across all ethnicities. Following entering primary care as a novice 4 years ago and wanting to affect change in Primary Health Care by prioritising mental health and addiction consumer's experience. I have been committed in moving from the Ministry of Health (MOH) policy to implementation of improving mental health as outlined in Te Tahuhu 2005- 2015 and the 10 leading challenges to achieve government health outcomes within the framework of Te Kokiri: The Mental Health & Addiction Action Plan 2006-2015.

I have led out the following strategic changes:

- Led the strategic and operational change of prioritising mental health and or addiction consumers, marginalised and vulnerable populations.
- Led the policies and clinic in achieving Cornerstone Accreditation.
- Led a joined-up approach in the community sector to address homelessness, vulnerable and marginalised populations through multidisciplinary meetings and collective responses.
- Led the strategic and operational change of addressing barriers for patients accessing primary health care by prioritising mental health and addiction consumers, marginalised and vulnerable populations in being seen in a timely manner. Doctors appointment times went from an 8 week wait time to 1 week.
- Led the strategic move for all patients to be triaged first by nurses whereby patient's social and economic determinants of health were included in nurses and doctors assessments.
- Led the mentoring and education of staff to feel confident to work with patients challenging behaviours and escalating moods. This was achieved through de-escalation techniques and staff self-awareness of their own being, what triggers and or influences they may have in

escalating patient's behaviours. Patients have not been denied access to the clinic since mentoring and education of staff commenced.

- Identified the gap in the community stakeholder groups that the needs of Maori were not being met without the inclusion of a Community Kaupapa Maori Social Service. Led the approach to Kahungunu Whanau Services to work in collaboration with Te Aro Health Centre and other collaborative partners to meet the needs of Maori.
- Led the relationship development of de-establishing individual community multidisciplinary team (MDT) meetings to the establishment of a shared community MDT owned by all services and gifted the Maori name Te Kakano o te Aroha by Kahungunu Whanau Services. Te Kakano o Te Aroha consists of Te Aro Health Centre, Kahungunu Whanau Services, Downtown Community Ministry (DCM), Soup Kitchen, Wellington Men's Night Shelter, Wellington Women's Homeless Trust, CCDHB Te Roopu Aramuka Wharoaroa and CCDHB Team for Assertive Community Treatment.

My interest moving forward at a National level is to utilise Te Ao Maramatanga Maori Caucus as the driver for ensuring whanau whose health has decompensated in mental health and or physical health have access to timely and affordable health care. Whereby staff are both clinically and culturally competent to provide a seamless and coordinated approach to holistic health care at a Primary Health Care and Community level. Thus preventing referrals to secondary mental health services and placing responsibility on Primary Health Care and their collaboration with their community services.