



6 March 2024

Catherine Burrage  
Kaiwhakahaere – Manager Monitoring  
Mana Mokopuna | Children and Young People's Commission

By email: [REDACTED]

Dear Catherine

### **Response to the draft report on an unannounced visit to the Ngā Kākano under the Crimes of Torture Act 1989**

Thank you for sending the Ministry of Health | Manatū Hauora (the Ministry) a copy of your draft report on Ngā Kākano, formerly known as Child, Adolescent and Family Inpatient Services, Hillmorton Hospital, Health New Zealand - Canterbury. I appreciate the invitation to comment and respond to this in my statutory role as the Director of Mental Health. I have noted your provisional recommendations.

Under the new health system arrangements, the Ministry has a strengthened focus on system-level monitoring and regulation. Although many of the issues you have raised are operational matters that Health New Zealand is best placed to comment on, the Ministry maintains a strong interest in these issues from a system stewardship and performance perspective.

I would like to positively acknowledge the progress that has been made in the move of Ngā Kākano to Hillmorton Hospital. I appreciate that many examples of progress and person-centred, culturally appropriate practices were highlighted throughout your draft report. As a result, it is clear that Ngā Kākano has prioritised implementing practices that are consistent with the standards set out by the Ministry.

In addition to my comments below, there are some general aspects of the report that it may be helpful to adjust for the purposes of clarity. Specifically, it may be helpful to consider addressing the systemic recommendations specifically to the agency responsible for them and providing further scope to these recommendations. In this case, I recommend that the systemic recommendations are directed to Te Whatu Ora as they are responsible for the delivery of services.

In relation to the structure of the report, to achieve clear navigation, it may be constructive to link the recommendations outlined in the initial section of the report to subsequent sections where their detail and scope can be explored appropriately. Once the report has been finalised, I will request that local district inspectors (DI) and the Director of Area Mental Health Services (DAMHS) provide my office with updates on how the service is addressing your recommendations.

### **Use of seclusion and restraint**

I agree with your comments in regard to the use of seclusion and restraint in Ngā Kākano. It is positive to see that the service is taking a least restrictive approach and adhering to standards and guidelines. It is unfortunate that there was higher use of seclusion from September to October 2023,

although I note the explanation that the admission of young people with highly acute mental distress and escalating violent and risky behaviours impacted upon seclusion use during this time.

I will continue to monitor rates of seclusion with the DIs. I expect services to ensure that staff have a good understanding of the Mental Health Act and the rights of tāngata whaiora. I have encouraged services to complete the new *Te Pou* training modules for the Mental Health Act guidelines. Along with this, the *Guidelines for reducing and eliminating seclusion and restraint under the Mental Health (Compulsory Assessment and Treatment) Act 1992* came into effect 1 July 2023 compliance with this and other Mental Health Act guidelines is closely monitored by my office.

### **Relationship with Police**

I note Mana Mokopuna's concerns about inappropriate drop-offs and admissions by Police due to not using the established admission process for mokopuna entering the facility. The relationship between Police and Ngā Kāhano is managed on a local level. I would like to draw your attention to the [Memorandum of Understanding \(MoU\) between the Ministry of Health and New Zealand Police](#).<sup>1</sup> The purpose of this memorandum is to facilitate collaborative responses to situations involving the Police and health officials. The Police and Services are required to attend regular liaison meetings to monitor compliance with performance indicators at the local level. In this way, staff will be able to identify key issues as they arise and gain support for continuous improvement.

In addition to the national MoU, Te Whatu Ora district health services have local service level agreements with the Police that take into consideration local service provision, population, or geographic variance.

### **Inappropriate admissions**

I note your concern that mokopuna who have 'aged-out' of adolescent inpatient care remain in Ngā Kāhano due to being too vulnerable to go to an adult inpatient facility. Such placements are not necessarily always inappropriate. Those who are over 18 years old, may developmentally present younger than this, may therefore be vulnerable if placed in other facilities and at times, the best place for these tāngata whaiora may be in youth facilities. In these situations, we would expect services to flexibly and proactively manage the range of associated risks to other tāngata whaiora that may be inherent in such arrangements. As noted in the draft report, all instances of age-mixing are reported to my office through DAMHS statutory reporting, and I monitor these closely.

Thank you again for the opportunity to provide comment on the draft report. If you have any questions about the issues discussed in this letter, please contact me or my office at

Yours sincerely



Dr John Crawshaw  
**Director of Mental Health**  
**Ministry of Health | Manatū Hauora**

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<sup>1</sup> Ministry of Health. 2021. *Manatū Hauora Ngā Pirihimina o Aotearoa: Memorandum of Understanding between the Ministry of Health and New Zealand Police*. Wellington: Ministry of Health.