

Name of Match: Family/Whanau

Location of Match: Virtual Meeting 17 & 18 October

1. Describe the **purpose** of the match: (Maximum 500 words)

The (virtual) matches comprised at 2 half days that brought together presentations from across Australasia to ignite conversations to support family/whanau mental health and wellbeing

2. Describe the **leaders** who participated in the match (for example, were some of them peers, youth, family/caregivers, practitioners, policy makers, clinicians? Were they from community settings, government, NGOs, clinical settings?): (Maximum 500 words)

The number of people within the match varied between 16 and 18 participants for each session. This smaller group turned out to be ideal for in-depth knowledge exchange and relationship building. Participants represented a variety of roles: managers, clinical leaders, policy makers, peer workers from across the Government and the non for profit sector in New Zealand and Australia.

3. What do you see as the **game changer** for this match topic? (Game changer is defined as: a newly introduced element or factor that changes an existing situation or activity in a significant way.) (Max 500 words)

There is an increased recognition of family/whanau-focused practice looking upon the family as the unit of attention, as opposed to only working with the identified patient/client/taiohi.

In Australia, the Royal Commission into Victoria's Mental Health System stated that "the work of families and carers is crucial, not only for the people they look after but also for the functioning and sustainability of the mental health system as a whole." (p.76 Vol 3)

'The Commission makes a number of recommendations to elevate the experiences, expertise and perspectives of consumers, families, carers and supporters, so that together, they are at the centre of the mental health and wellbeing system's governance and leadership structures.' 19.8 p.94 and 'Consumers, family, carer and supporter inclusion will also be a routine aspect of the commissioning of mental health and wellbeing services, and of workforce development and training.' P.4. In perhaps a world first Recommendations 30, 31 and 32 of the Commission's report specifically address the needs identified for family, friends and supporters.

However, despite an increasing interest and potential benefits, there are recognized barriers in facilitating family/whanau-focused practice, including; lack of an authorizing environment for this to be 'core business' for services; addressed by the Royal Commission previously mentioned, confidence in clinicians ability to deliver such an approach, lack of training, lack of support and resources within services, as well as a lack of policy direction. While family whanau-focused interventions have been shown to be valuable, the effectiveness of any family/whanau-focused recovery interventions needs to be monitored using validated tools that enable us to measure change for better.

While many mental health services may subscribe to a philosophy of family/whanau first, it has not been widely translated into practice. The culture and language of the mental health system is entrenched in the patient orientated model. Reorienting services to a non-medical model of family/whanau focused recovery is possible, but it needs increased advocacy.

4. How will the match **support inclusion, resilience and growth** for this match topic and for the leaders who attended: (Maximum 500 words)

From match participants there was a great sense that this was the beginning of things and that significant future collaborations could grow from this initial workshop, for example the establishment of a family/carer peek body in New Zealand sharing learning from the Australian context and supporting colleagues in New Zealand. The shared collaboration was also demonstrated through the sharing of ideas between the

presenters and the participants. The content supported inclusion with an interesting debate noting the challenges and benefits of growing the carer/family peer workforce.

Please submit no later than 15 November to: [erin@iimhl.com](mailto:erin@iimhl.com)

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