

Trust Board Chair Suzanne Sinclair and CEO Rob Warriner Joint AGM Report

October, 2021

What a year...!

It is again a privilege to be able to present this 33rd WALSH Trust AGM Report. In this regard we need to, very sincerely, acknowledge our gratitude in having so many exceptionally talented, committed, and inspirational, very “human” people who have chosen to work for and serve WALSH Trust.

We are blessed with an extraordinary management team comprising Glenda Billings, Sharleen Andrews, Jayne Gray, Junior Tia, Laura Sanchez-Jimenez and Fiona Mackenzie. They collectively model a constant aspiration to our values of courtesy, respect, integrity and kindness.

In spite of the disruptions during the 2020-2021 year, we have still been able to make progress against our Strategic Plan. WALSH Trust received 1,625 referrals during the year. Of the more than 35,000 support hours we delivered, 8,153 (29%) were delivered by people with lived experience, employed in our peer support team. 1,562 people exited services following an average “length of stay” of 143 days (it is pleasing to note that in 2010 this was 267 days).

One of the realities of our work is that it is often so subtle, so broad and diverse in content and location, so much is unseen. Jehan Casinader (New Zealand journalist and author of the book “This is Not How It Ends”) caught our attention when he spoke of his sense that many Kiwis are experiencing what he referred to as “narrative poverty” – the absence of a helpful, hopeful story to build their lives upon. It was a concept we could easily connect with personally; professionally there is a sense that we are moving towards a place where we are better able to bring this to life in our work.

While we have “data” that confirms we are doing what is “required”, it is the stories that we now collect that give the data “a soul”. The stories so often illustrate the rich outcomes of human connection and engagement; of lives being recovered and re-imagined.

Without the skills and commitment of staff and trustees, their compassion, determination and sheer hard work, WALSH Trust would not still be here, 33 years after it was created.

Ngā mihi nui ki a koe.

Responding to the COVID-19 pandemic, 2021 and beyond...

At time of writing, Auckland has been locked down for nearly ten weeks as we continue to try to contain the Delta variant of COVID-19, while vaccination levels inch towards 90%. Today Ashleigh Bloomfield reported a further 51 new infections.

It does feel much longer than ten weeks, that we were once involved in the hub bub of every day busy-ness.

When we do return to work, we will be adjusting to a very different environment - reflecting a very different New Zealand than the one we became used to at Alert Level 1.

Our sense is that in 2022, we will be well into adapting to the reality of COVID-19 and subsequent variants, being very much present in our communities – and for some time to come. This will represent the shift from the Government's current "elimination" strategy, to one where we will be expected to "live with it", and manage our lives, our health and wellbeing accordingly.

Masks and general public health measures may influence life for some years – and in ways we may not yet appreciate. Who, just a few weeks ago would have believed that Auckland would be contained by police checkpoints where you are expected to present "papers that authorise travel..."? Who would have imagined a New Zealand where Hilary Barry is receiving death threats for encouraging people to be vaccinated? Who would have ever imagined a New Zealand where vaccination has been compulsory for many of us, by legislation?

Last year, Michael Gove, a UK Government Minister, in encouraging self-care and awareness declared "COVID-19 doesn't discriminate...".

What we've learnt is that it does!

And this reality needs to shape our work as we move towards 2022, co-habiting with COVID in our communities.

The opportunities will come about through recognition that our health system has in fact been found wanting, and badly – particularly in the area of systemic inequity. The people that have traditionally struggled to have their health care needs met (then conveniently blamed for that outcome) have been made even more visible through the COVID-19 pandemic.

This hasn't been a new learning. The Waitangi Tribunal echoed this: "We accept that institutional racism is a determinant of health and wellbeing." Dr. Ashley Bloomfield confirmed: "We now have some quite good evidence, that racism at a range of levels does determine access, experience and outcomes in the healthcare system".

There is growing optimism however that the planning and funding systems might now be freed up enough to focus on community-based, and technology-supported solutions in a far more committed way.

During these lockdowns, hospitals and even GP clinics emptied and large numbers of people 'saw' their doctors over the phone or internet, and then had their prescriptions applied for and dispatched electronically.

This weekend just past, we saw the remarkable achievement of more than 120,000 people vaccinated through "vaxathon". A serious purpose achieved through community celebrations, fun and enjoyment - and human connection.

The healthcare system seems to be at last touching on its long-promised future!

A caveat from Rob...

In 1973, (the same year I arrived in New Zealand as a sulking teenager), Dr. David Rosenhan published (I think) one of the more important pieces of research conducted in our field. It was called "On being sane in insane places".

In short, Rosenhan and seven other perfectly sane subjects went undercover inside various psychiatric hospitals from 1969-1972 and acted "insane" to see if the doctors there could tell that they were faking. The doctors could not.

The most seminal outcome of this work however was not that the doctors weren't able to recognise "faked" mental illness, but how working in such an environment influenced their thinking, perspectives and behaviours – hence the title of the research.

For example, patients were commonly observed queuing for lunch well before food was served. A psychiatrist described this "behaviour" as demonstrative of the "oral-acquisitive nature of their syndrome" – ignoring the reality that life in a psychiatric hospital was very boring; meal-times were one of the few highlights. On another occasion, one of the "fake" patients was caught writing notes of his experiences; the staff entry into his case notes recorded "Patient engages in writing behaviour...".

Tellingly it was the other patients who "recognised" the "fake patients".

My point in raising this nearly 50 years later is that it does remain so relevant as we contemplate a transformation of how we respond to poor mental health and wellbeing in our communities.

He Ara Oranga resulted from an inquiry team listening to the "voices of the people" up and down the country. A "people first approach", they heard from people wanting what amounted to a "paradigm shift". They heard (again) from many about the need for 1) services that were much easier and convenient to access for people to get assistance when they needed it, and 2) that offered far greater choice in the type of assistance; help that could be relevant and had meaning for the people needing it.

This was not a revelation; the need to improve access to services I first recall from 1994 ("Looking Forward"). It has featured in every national strategy since.

My concern is less that it has remained an issue since 1994, but more about how it is now being conceived and responded to in 2021. Rather than representing the needs expressed by the

“voice of the people”, in Kia Manawanui “access and choice” has now become “a programme” representing more the understandings, structures, skill-sets and priorities of “service providers”.

This is not just disappointing; while well intentioned, it is disrespectful. If we are to transform our services’ responses to be responsive to the needs of people and communities, we need to not just listen, not just understand, but then to check if we actually have!

This in spite of principles such as “people and whānau at the centre”, and “community focus”.

If such principles are to be meaningful, and fulfil their role in challenging us, such principles not only require commitment and determination to apply them, but also eternal vigilance – we are, after all, just human.

Governance

The Trust Board has continued to meet monthly and with rare opportunities to sit around the Board table, we have used zoom. We regrettably accepted the resignation of Robyn Fausett. We welcomed Sonya Russell as a new Board member. A new committee, ‘Investment and Social Housing’ was formed and with the Finance, Risk and Audit Committee, also met monthly. We have continued to work through our work plan and focus on strategic actions. We are grateful to have a Board that is brave, committed to community service, providing significant diversity of thought and leadership so necessary for these challenging times.

The WALSH Trustees are:

- Suzanne Sinclair - Chair
- Gail Tongs - Vice Chair
- Madhavan Raman - Chair, Finance Risk and Audit Committee and Chair, Investment and Social Housing Committee
- Don Anton
- Ian MacClure
- Bram Kukler
- Sonya Russell
- Gayleen Maurice
- David Lui
- Phil Laird
- Kaylene Parr

The Board’s focus this year, as always, was on good governance. We contracted two reports for advice and information, ‘Board Remuneration’ and ‘Knowing our Organisation’. Each resulted in decisions and actions that will inform our work planning and knowledge of our relevant and specific obligations. One of our actions has been a review of our Governance Policies.

The CEO reports to the Board and the Measures that Matter have provided a context, guide and focus for discussion. The work of our secretary, Fiona Mackenzie has kept the Board up to speed and on track. Our vision and values have grounded us and our role, to make the choices that create the future for the community we serve has been our work.

...and finally, thank you

We have all chosen the profession we undertake; our work and service can bring us joy, human delight and personal satisfaction. It can also be personally challenging. This latter part of the work can be the only experience our family/whānau and loved ones become very aware of. It would be remiss if we didn't also acknowledge and thank our families, whānau and loved ones for their ongoing love and support.

Without it, for many of us, the work would be that much harder.

Aroha tētahi ki tētahi.

October, 2021



Suzanne Sinclair
WALSH Trust Board Chair



Rob Warriner
Chief Executive