



# *Six Core Strategies Checklist©: NZ adaption*

**Sector consultation feedback**

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Te Pou o te Whakaaro Nui is a national centre of evidence-based workforce development for the mental health, addiction and disability sectors in New Zealand.

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# Background

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*Six Core Strategies for Reducing the Use of Restraint and Seclusion*<sup>©</sup> outlines a whole-of-system approach towards least restrictive practice. This approach has been implemented by mental health services in New Zealand, Australia, Canada, the UK and US.

To support implementation in Aotearoa New Zealand, the *Six Core Strategies*<sup>©</sup> *Checklist: New Zealand adaption* was published in 2013.<sup>1</sup> The checklist was designed to help mental health services meet local needs around least restrictive practice. The checklist was tailored to be relevant to the New Zealand context and included the first steps towards incorporating cultural responsiveness into the *Six Core Strategies*<sup>©</sup> framework.

Since the publication of the checklist, several sector developments have occurred in relation to least restrictive practice in mental health services. This includes the national rollout of the Safe Practice Effective Communication (SPEC) training programme, Health Quality & Safety Commission's (HQSC's) *Zero Seclusion: Towards eliminating seclusion by 2020* project, and the Key Performance Indicator (KPI) programme's benchmarking indicators for seclusion data. Moreover, *He Ara Oranga – the Government Inquiry into Mental Health and Addiction Services* highlights the importance of building a system of health care where people, whānau and communities are at the centre of service delivery.<sup>2</sup> Thus, sector consultation is required to better understand the current New Zealand context around least restrictive practice to ensure the adaption of *Six Core Strategies*<sup>©</sup> continues to meet local needs.

## Aims & objectives

This project aimed to engage with local stakeholders and people working in mental health services to inform the review and update of the *Six Core Strategies*<sup>©</sup> *Checklist* to ensure the resource continues to meet local needs around least restrictive practice.

The four specific objectives are outlined below.

1. Understand the current use of the *Six Core Strategies*<sup>©</sup> *Checklist* amongst district health board (DHB) inpatient mental health services.
2. Identify how the *Six Core Strategies*<sup>©</sup> *Checklist* could be strengthened to better reflect the needs of Māori and Pasifika peoples.
3. Identify what is working well and current local needs based on the experiences of DHB inpatient mental health services around the *Six Core Strategies*<sup>©</sup> *Checklist* and least restrictive practice.
4. Consult with people in community based mental health services to explore the potential utility of the *Six Core Strategies*<sup>©</sup> *Checklist*, and how it can be usefully adapted to these settings.

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<sup>1</sup> Te Pou o te Whakaaro Nui. (2013). *Six Core Strategies*<sup>©</sup> *checklist: New Zealand adaption*. Auckland: Te Pou o te Whakaaro Nui.

<sup>2</sup> Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Department of Internal Affairs.

# Methods

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Sector consultation was undertaken during October and November 2019, consisting of three parts:

1. an online survey of DHB inpatient mental health services
2. focus groups with inpatient mental health services to further explore key themes identified in the online survey
3. workshop with community-based services to understand the experiences, priorities and challenges amongst community-based services in supporting least restrictive practice within the continuum of care.

## Online survey of inpatient mental health services

A total of 59 people responded to the online survey, representing 15 of the 20 DHBs. Respondents included service managers or leaders, nurses, consumer advisors, whānau advisors and psychiatrists.

## Focus groups with inpatient mental health services

A total of 36 people participated in focus group discussions, representing four of the 20 DHBs. Participants included service managers or leaders, nurses, and consumer, cultural and whānau advisors.

## Workshop with community-based services from both DHB and non-governmental organisation (NGO) settings

A total of 16 people participated in the workshop, representing two DHBs within the Auckland region. Participants included service managers, clinical coordinators, team leaders, nurses, support workers, a consumer advisor and cultural advisor.

Key themes were identified and summarised from the online survey, focus groups and workshop.

# Key findings

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This report summarises feedback from the overall consultation process to inform the review of the *Six Core Strategies® Checklist*. Key themes for each objective are outlined below.

## 1. The current use of the *Six Core Strategies® Checklist*

The first objective was to understand the current use of the *Six Core Strategies® Checklist* amongst DHB inpatient mental health services. Overall, the *Six Core Strategies®* framework and checklist were described as helpful in developing processes to guide reduction of seclusion and restraint use for inpatient services. Feedback suggests the resource is useful in its current checklist format.

Love the colours [of the checklist] to aid in finding what you want in a quick manner. The examples are really useful. (Nurse)

This is something that we refer to in the training sector on a regular basis to review what we are doing and what needs to change or adapt. (Nurse)

Aspirational content provides a benchmark of where services want to head. (Whānau advisor)

Factors that influence the use of the *Six Core Strategies*® Checklist were identified as key themes, this includes leadership, recent developments in least restrictive practice, and people-centred language.

## Leadership

*He Ara Oranga* calls for courageous leadership to navigate the need for change and a new direction. Feedback highlights leadership as instrumental in driving change and successful implementation of the *Six Core Strategies*® and can also be a key barrier for services.

Leadership and culture are needed for the other strategies to work. (Role unknown)<sup>3</sup>

Maintaining leaders across each strategy in a small service is a challenge. (Service manager or leader)

Yes, staff turnover at senior level can heavily impact on the focus that is given to implementing [the *Six Core Strategies*®]. (Whānau advisor)

To maintain leadership engagement, practical implementation resources and workforce development strategies are required. Addressing power imbalances and inequity within service delivery and design will require working collaboratively and creatively to enable a co-partner of care approach.

Implementation of least restrictive practice is currently led by service managers or leaders, consumer advisors, cultural advisors, nurses, and directors of mental health nursing. To support implementation, consumer, peer support, lived experience, and whānau roles have been involved in co-design, debriefing and reviewing/auditing processes. However, feedback also highlights a need to improve awareness and understanding of consumer, peer support, lived experience, and whānau roles, as well as a need for more partnership with these roles in services.

## Recent developments in least restrictive practice

Services refer to the *Six Core Strategies*® as foundational to their least restrictive practice activity, but in the context of recent developments, there has been a shift away from use of the framework. In recent years, HQSC's *Zero Seclusion: Towards eliminating seclusion by 2020* project has informed regional and local level work in least restrictive practice, see Figure 1. These recent developments, including the national rollout of SPEC training and the uptake of Safewards in some DHBs, have likely influenced services' use of the *Six Core Strategies*® framework.

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<sup>3</sup> Focus group participants' roles were identified but not linked to their individual comments.

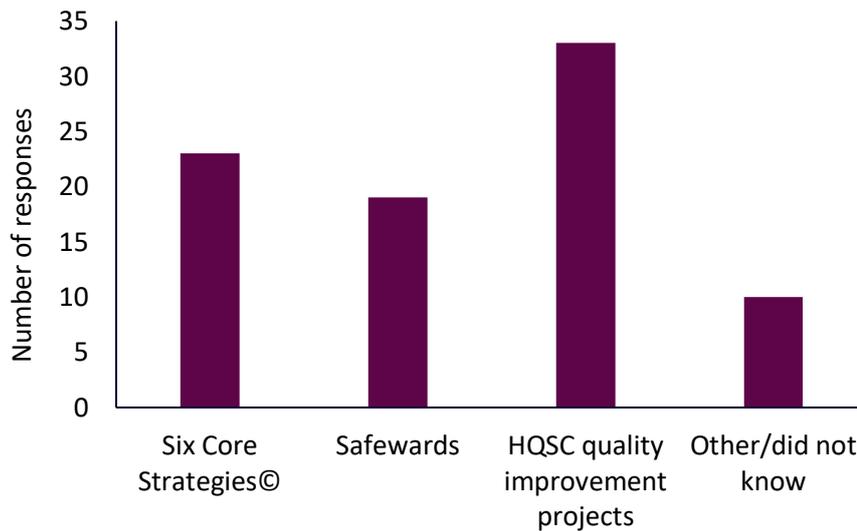


Figure 1. Models or initiatives that guide implementation of least restrictive practice (52 respondents selected all applicable options).

Feedback highlights a need to incorporate and demonstrate the shared goals across least restrictive practice projects and illustrate how they fit within a coordinated approach without compromising services' resource availability.

Our project team remained committed to [the *Six Core Strategies@*] and incorporated this into our HQSC project. (Director of mental health nursing)

Incorporate the HQSC into the [the *Six Core Strategies@*], because we are doing lots of work around this. [The *Six Core Strategies@*] has been left on the backburner, would be useful to connect the two and create the model or template to merge them. (Role unknown)

Think there needs to be targets or measures that are reported on [for example] percentage of staff who have received [SPEC] training or percentage of [people] who receive debriefing from service user [representatives]. (Whānau advisor)

We also use [Safewards], especially for de-escalation and incorporated into SPEC. (Role unknown)

In addition, there is an overall need to increase awareness and understanding of the *Six Core Strategies@* within the current context and workforce development.

Needs refreshing and re-booting in service awareness. (Consumer advisor)

Not everyone has as much of an understanding of [the *Six Core Strategies@*] as those involved in projects, so may not really understand the value and relevance of them to both daily practice and sustainable change. (Nurse)

## People-centred language

Since the original checklist development, the language used in service delivery and planning has reflected an intentional move towards more people-centred approaches and providing mental health services that contribute to positive experiences and outcomes for people and their whānau. Feedback indicates a need to keep up to date with people-centred language to ensure the *Six Core Strategies*® remains relevant for current and future contexts.

Modernise the language. (Director of mental health nursing)

In reading up on the Penn State case study, it spoke of a watershed moment when the director started saying that the use of seclusion and other forms of restraint indicated a "treatment failure". (Whānau advisor)

With anything it is about moving it to the next step. These are really relevant today, what will another 10 years mean? (Service manager or leader)

Modernising the language will ensure the checklist continues to align with strengths-based, people-centred approaches used in New Zealand services and the key messaging in national publications such as *Lets get real* and *He Ara Oranga*.

## 2. Responsiveness to Māori and Pasifika peoples

A second consultation objective was to identify how the *Six Core Strategies*® Checklist could be strengthened to better reflect the needs of Māori, Pasifika, and whānau. This is a priority area as inpatient services disproportionately seclude Māori and Pasifika peoples.

Around two-thirds (64 per cent) of online survey respondents agree the *Six Core Strategies*® Checklist helps guide their service towards increasing responsiveness to different cultural groups. Feedback highlights the importance of raising awareness of, and addressing unconscious biases and structural or systemic racism. Key themes include the need for strengthened involvement of Māori, Pasifika and whānau, as well as development of specific stand-alone strategies to support Māori and Pasifika peoples.

### Strengthen the involvement of Māori, Pasifika and whānau

Services recognise the strengths, expertise and knowledge that people and their whānau bring as part of moving towards a partnership approach. Feedback highlights a need to focus on intentional leadership to support partnership and awareness of unconscious biases. Also, a need for more cultural health workers, workforce development to strengthen cultural competencies, and use of culturally responsive whānau-centred approaches and engagement practices. All of which can be usefully woven throughout the updated checklist.

Whānau are pivotal to wellbeing within Māori and Pasifika centred approaches. Feedback highlights whānau engagement as a key area for improvement.

Prioritise and revise the lived experience and whānau input and ensure that culturally responsive solutions are included. (Consumer advisor)

Many whānau and family want their loved ones to be safe. To locate this aspect of work in a safety context would be useful. Not in a control context but safety. (Director of mental health nursing)

Services understand importance of family engagement, but it is not executed right. (Role unknown)

Understanding what a Pacific family looks like. (Role unknown)

## Develop stand-alone strategies for Māori and Pasifika

Findings indicate services will benefit from having specific stand-alone strategies to support service responsiveness to the needs of Māori and Pasifika peoples.

Maybe having a distinct protocol to be used with Māori to make sure their cultural needs are being met end-to-end, as opposed to a consideration of cultural needs within a generic protocol. This is especially important, I think, because sometimes it can get hectic and intense and these considerations can be overlooked in the heat of the moment. (Whānau advisor)

Requires a seventh strategy that is focussed on improving the experience and having the ability to change deeply embedded racist structures, unconscious/conscious bias and lacking cultural understandings and competence. These improvements/changes must be developed, implemented, monitored and evaluated by Māori for sustainable improvements in the delivery of services for Māori, whānau, hapu and iwi. (Role unknown)

Co-design on this area with Māori consumer leaders from around the country, then a strategy to get the Māori services involved. (Consumer advisor)

It is important to ensure the development of stand-alone strategies is done through intentional co-design and partnership with other workforce centres, Māori advisory and consumer groups. It is also important to note that Māori and Pasifika collectivise a group of nationalities which need to be considered during development processes.

## 3. Current local needs

The third objective was to identify what is currently working well and current local needs based on the experiences of DHB inpatient mental health services around the *Six Core Strategies® Checklist* and least restrictive practice. Feedback highlights complex local needs around engagement practices; consumer, peer support and lived experience workforce development; acute presentations related to substance intoxication or withdrawal; low-medication approaches; and debriefing processes. Some of these areas will require the development of additional supporting resources and guidance from the workforce centres and professional bodies.

## Engagement and organisational culture

There is an increasing awareness of the need to strengthen engagement and workforce values and attitudes towards working with people accessing services and their whānau. Feedback highlights a need to have time to build relationships and trust with people accessing services, as well as building trust amongst staff working in inpatient services.

Missing from the strategy is time for relationships and building trust. (Role unknown)

Services/staff need time to be with people – this is hard to measure, but valuable. (Role unknown)

Identified values and attitudes training led by people with lived experience [...] including stigma and discrimination. (Role unknown)

Local research has shown the majority of seclusion events tend to occur within the first 48 hours of admission.<sup>4</sup> In line with this research, the importance of culturally responsive engagement and welcoming approaches were also part of the consultation feedback.

For Māori, [...] cultural welcome with karakia and greeted by Māori etc. Not just for Māori, a proper welcome is important for everyone. Start with a human perspective and make people feel welcome before the clinical aspects begin. (Role unknown)

First time admission – would need a [Pasifika] matua to help take the edge off and helps with the family. (Role unknown)

## Consumer, peer support and lived experience workforce development

*He Ara Oranga* highlights the consumer, peer support and lived experience workforce as crucial in developing immediate response services within the community as well as developing capacity within primary and inpatient settings. Focus group feedback highlights local variances in the capacity of the consumer, peer support and lived experience workforce.

Overly reliant on consumer advisor. No peer support workforce. (Director of mental health nursing)

Working alone often is not good or ideal for Māori workers. There is a need for a critical mass of key roles (peer, whānau, cultural) then clinical roles as additional. (Role unknown)

Consumer advisors are used at all levels of decision making in our service. More activity is needed at a ward level. (Nurse)

It would be timely to review resources that support the development of consumer, peer support and lived experience workforce capacity and capability across secondary, community and primary care settings.

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<sup>4</sup> Jury, A., Lai, J., Tuason, C., Koning, A., Smith, M., Boyd, L., Swanson, C., Fergusson, D., Gruar, A. (2019). People who experience seclusion in adult mental health inpatient services: An examination of health of the nation outcome scales scores. *International Journal of Mental Health Nursing*, 28(1), 199-208.

## Acute presentations related to substance intoxication or withdrawal

While consultation feedback is not representative of all DHBs, concerns around admissions that include substance intoxication or withdrawal and variances in practice were raised.

Depends on the officer on duty – best practice is not clear. (Role unknown)

There is no national guidance on how to manage these types of acute presentations. (Role unknown)

Checklist to ask questions about whether the service have clear guidelines about how they respond to people presenting affected by substances. (Role unknown)

There is a need to strengthen national guidance to promote consistent approaches in responding to admissions that include substance intoxication or withdrawal across care settings. Feedback also highlights a need to address workforce attitudes towards people who experience problematic substance use.

## The role of medication and its use across care settings

The perceived role and use of medication across all care settings was a theme through the feedback.

How can we offer trauma-informed care, when medication is still the main treatment? — drugs rather than listening. (Role unknown)

Need for clarification around chemical restraints. Ensure reducing seclusion is not shifting to other forms of restraint. (Role unknown)

There is a need to explore a shared definition of chemical restraint and use of medication, and guidance around monitoring and consistency across all settings.

## Consistent practice in debriefing

Debriefing is used in both DHB and NGO services, however, there are inconsistencies in the approaches used.

Seclusion review panels are still not done well, no discussion around staff involvement in debriefing, and not consistent if consumer debriefing occurred. (Role unknown)

For assaults or incidents, there is meant to be a debrief after shift, but often doesn't happen (Role unknown)

Not sure what is being done across the country. (Role unknown)

Feedback highlights the benefits of involving peer, cultural and/or whānau roles in debriefing processes, reflecting on things that could have been done differently, and ensuring the process is trauma-informed and addresses the needs of people involved.

Looking to include cultural advisors as part of team debriefs and to offer as an option for service user debriefs. (Quality coordinator)

Including family voice in debriefing. Family may be able to contribute ideas and aid understanding of what happened and how similar situations could be avoided. (Quality coordinator)

There is a need for the development of best practice guidelines informing debriefing models, types of debriefing and approaches, including healing processes that are informed by cultural knowledge.

## 4. *Six Core Strategies*® in community-based services

*He Ara Oranga* indicates a need to strengthen people-centred and community-based approaches. Community-based mental health services have policies and procedures based on *not* using restrictive practices such as restraint, however these still occur from time to time. Thus, one of the project objectives was to consult with people in community-based mental health services to explore the potential utility of the *Six Core Strategies*® Checklist, and how it could be usefully adapted to these settings as part of the continuum of care.

Key discussion points indicated the whole-of-system approach reflected in the *Six Core Strategies*® will be useful to support people-centred practice in community-based services. For example, feedback highlights the critical role of leadership in establishing service models that enable early responses to distress and a safe environment for everyone. However, the potential utility of adapting the specific objectives of the *Six Core Strategies*® Checklist for community-based services is still unclear and requires further exploration.

In the US, the use of trauma-informed resources developed by the Substance Abuse and Mental Health Services Administration (SAMSHA) has been the key approach to supporting least restrictive practice amongst community-based services.<sup>5</sup> Similarly, when discussing the *Six Core Strategies*® Checklist, comments highlighted the utility of trauma-informed approaches such as sensory modulation, peer support, inclusion of people and their whānau, and debriefing for both inpatient and community settings. The development of resources for trauma-informed approaches will need to draw on Māori and Pasifika expertise.

In addition to the *Six Core Strategies*®, community-based services want to see stronger collaboration and integration across services.

Working groups to include community and inpatient. (Community DHB, role unknown)

Consumer advisors that sit in the community. (Community DHB, role unknown)

Would like to see integrated acute addiction and mental health treatment. (Community DHB, role unknown)

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<sup>5</sup> Personal phone conversation with Kevin Huckshorn, as part of the review process.

Other approaches that are useful for community settings include:

- whānau-centred approaches
- co-designed and peer-led services
- use of health navigators
- use of cultural healing models
- use of local data and technology
- health literacy for communities.

## Conclusion

The *Six Core Strategies*© is a key evidence-based systems approach to reducing the use of restrictive practices within inpatient services in Aotearoa New Zealand. This report summarises feedback from the consultation process to inform the review and update of the *Six Core Strategies*© *Checklist* which aims to ensure the resource continues to meet local needs around least restrictive practice.

Key findings suggest the *Six Core Strategies*© *Checklist* is useful in its current format in guiding least restrictive practice and identified potential ways to strengthen the checklist. Whilst much of the consultation findings can be incorporated into an updated checklist, feedback highlights a need to develop additional resources that help address complex local needs. This includes the potential development of stand-alone strategies to support service responsiveness to the needs of Māori and Pasifika peoples, and national guidance to respond effectively and consistently to acute presentations related to substance intoxication or withdrawal.

Strengthening the involvement of Māori, Pasifika and whānau in co-design of resources was identified as important in supporting relevancy of the *Six Core Strategies*© within New Zealand. Findings suggest that inequity of health outcomes, shifts in best practice, and workforce composition need to be considered as part of a wider approach in supporting least restrictive practice. The need to strengthen and diversify consumer, peer support and lived experience roles across all services, as well as collaborative care models integrating primary, community and secondary services also need to be considered.

Lastly, while there is evidence to suggest the whole-of-system approach reflected in the *Six Core Strategies*© *Checklist* may be useful in community-based settings, further targeted approaches are needed to determine how the checklist objectives can be adapted to be useful and relevant to these settings.

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