TE POU

# Equally Well evaluation report

August 2021

Equally Well

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# Acknowledgements

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To all of you, your generosity sharing your thoughts and ideas has supported our learning and helped to shape the future of Equally Well.

Tuku mihi ki a koutou katoa.

# Executive summary

## Background

Equally Well is a networked, collaborative movement involving people and organisations pursuing a "*common goal of achieving physical health equity for people who experience mental health and addiction issues*"[1]. Since 2014 Equally Well has operated through a collective impact approach. A backbone team (BBT) hosted by Te Pou and Platform, facilitates and supports regional, national, and international activity. People involved in Equally Well come from a range of organisations within mental health and addiction services and across the broader health sector, particularly primary care. Champions cover a range of perspectives, for example lived experience, whānau, academic, policy, general practice, nursing, psychiatry, support work, public health, pharmacy, and cardiology. Endorsing organisations include government (primary health organisations, district health boards) and non-government organisations (NGOs), general practices, and health professional bodies, like RNZCGP[2], RANZCP[3] and RACP[4], Te Ao Māramatanga, and the Council of Medical Colleges.

An evaluation to understand more about the work of the Equally Well collaborative was carried out by Alicia Crocket and team between October 2020 and May 2021. This evaluation provides insight into how Equally Well champions have taken action to shift practice and policy, and what may help them continue to do so. The evaluation focuses on three areas:

1. Exploring in what ways the BBT and champions are enabling change in practice and policy to improve physical health equity.
2. How Māori and Pasifika worldviews are integrated into Equally Well.
3. Exploring how the BBT and champions are learning about their work, what is needed to support physical health equity, what is working, and then how this learning is used to adapt their action to support future success.

## Data collection and analysis methods

Data included in the evaluation comes from thematic analysis of:

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[1] https://www.tepou.co.nz/initiatives/equally-well-physical-health/37.

[2] Royal New College of General Practitioners

[3] Royal Australian and New Zealand College of Psychiatrists

[4] Royal Australasian College of Physicians

- workshops/interviews with the BBT (four workshops) and the interim strategic leadership group (SLG) (three interviews)
- document review including Equally Well surveys, action plans, e-news, award applications, government enquiry documents into mental health and addiction, and the Equally Well framework documentation
- case study interviews (16 interviews, 20 people).

Workshops and interviews with the BBT and the interim SLG explored learning and adaptation (evaluation focus area 1). The document review summarised Equally Well action that had taken place since 2014, focusing on what the action was and who was taking action. Finally, interviews with BBT members and Equally Well champions made up seven case studies. These explored what action is taking place within the collaborative, what enabling factors support success, and what inhibited action. These interviews also explored integration of Māori and Pasifika perspectives, and how workforce development enables Equally Well action.

# Key findings

Equally Well is a well-established collaborative, operating consistently with a collective impact approach. champions are passionate, motivated, and open about the work they are doing to promote physical health equity. The BBT was identified by champions as providing vital coordination, connection and motivation for champions, particularly at times when action was at a low ebb. champions also are becoming active in enabling change by mirroring at a local level the enablers that the BBT are contributing to nationally.

## Enablers of change

Case study interviews identified a series of factors that enable change. Most of these practices are part of the BBT. However, some are also enablers facilitated by champions and the SLG as well.

**Creating and maintaining connections, networks, and relationships** locally and across the country has been enabled by the BBT through connecting people and facilitating opportunities to share stories and resources. More recently as the collaborative has developed, some champions have been taking responsibility for doing this within their own locality. These connections, networks, and relationships enable change by widening the reach of Equally Well and creating a sense of community. This community provides inspiration, motivation, affirmation, and validity to champions.

**Mobilising and inspiring people to coordinate and drive action** is another enabler of change. People involved in Equally Well are motivated and passionate due to their experience

witnessing the unfairness of physical health inequities for people experiencing mental health and addiction issues. Depending on the action, the person driving change may come from the BBT (eg recruiting new partners, initiating action for policy change) or be someone local (eg development of a physical health assessment tool). The BBT is mobilising and inspiring people through the creation of a network that provides motivation and encouragement. In addition, encouraging allies to carry on the work in their own sphere(s) of influence has also been an important function of the BBT. champions reported that Equally Well action plans have been helpful to move them from discussion to tangible action.

**Creating capacity for Equally Well action** is a crucial enabler of change. All people coordinating and driving Equally Well action needed dedicated resource, such as funding and time to focus on this work. This was made easier for champions by having supportive management. There are a range of ways that capacity has been created locally, from dedicated Equally Well roles, to temporarily releasing time for specific project work.

The BBT has enabled change through helping champions to **be agile and ready to take advantage of opportunities** as they arise. There are three main ways they have done this. Firstly, facilitating collaborative members to share ideas, resources and stories. Secondly, identifying relevant research and translating it into clear, sharable messages. This helps make the research accessible and relevant. Thirdly, continually scanning for opportunities outside of the mental health and addiction sector where Equally Well champions might positively influence change.

Having **lived experience perspectives and voices lead and shape actions** is fundamental to the Equally Well collaborative and has a key role in enabling change. Lived experience leadership is apparent in some action within Equally Well, for example the development of Ngā Waka o Matariki (the Māori Equally Well Strategy). Having champions with lived experience actively advocating for change is integral to sustaining action within organisations. Action is also shaped by lived experience perspectives and voices, for example, people with lived experience informing resource design for the collaborative. Finally, lived experience perspectives and voices bring real meaning to the statistics and research, communicating the real and felt impact that physical health inequity has on people. This can create a greater impetus for action and greater ownership of the goals of Equally Well.

Both BBT members and champions believe **that targeted and intentional workforce development strategies** are important. It was felt that more needs to be done to integrate Equally Well messages in health workforce education and training programmes. Building the capability of the mental health and addiction workforce to effectively and confidently support physical health is another area where workforce development could focus. Beyond specific strategies to support the integration of physical health with mental health and addictions,

workforce development to build evaluation capacity and capability may help champions to better understand their impact. Finally, templates for policy submissions were also identified as enablers of advocacy action. Workforce development may require **targeted and intentional contracting strategies** to help create change.

## Inhibitors of action

Limited workforce capacity to focus on Equally Well actions was identified as a key inhibitor. This was the case for champions, BBT members, and leadership. Another inhibitor was the entrenched nature of health silos. These silos have created challenges for ownership of the issue and limited the ability of champions to access ongoing funding for Equally Well work. Additionally, some champions mentioned feeling uncertainty about the impact of their Equally Well action. This was identified as an inhibitor because a lack of tangible evidence of impact may also contribute to challenges in accessing ongoing funding. Finally, the variable skills and confidence of the mental health and addiction workforce to deliver and advise on physical health was also an inhibitor of action.

## Integration of Māori and Pasifika perspectives

Consideration and integration of Māori and Pasifika perspectives in Equally Well is at an early stage. To date, there are few examples of targeted action for Māori, and none recorded for Pasifika. Champions detailed ways in which they considered and integrated the needs of Māori and Pasifika into their work. However, they acknowledged that their actions were mainly carried out in mainstream ways. Equally Well champions, supported by the BBT, are developing a Māori strategy which will be a vital contribution to this area. Those creating the strategy highlighted the need to produce specific opportunities for Māori to come together to explore ways that Equally Well action can support their physical health equity 'as Māori'. Integration of Pasifika perspectives in Equally Well is a recognised gap that requires work.

## Reflection on learning and adaptation

Rigorous and intentional learning within a collective impact approach is essential. A reflection on findings about learning and adaptation practices within the Equally Well collaborative identified many ways that both the BBT and champions are learning about their work and sharing it with others. This process is enabling ongoing adaptations of actions by encouraging people/champions to reflect on their own practices and how they can be improved. The BBT are firmly grounded in a learning approach and have formal and informal processes in place for

critical reflection. Loomio[5], e-newsletters, and research were key tools identified by champions for learning and adaptation, as were face to face events. Suggested areas for improvement were:

- more sharing of practical strategies with workers on the ground for supporting physical health of people experiencing mental health and addiction issues
- the SLG more actively sharing their learning and perspectives with the collaborative
- focused exploration of ways to highlight Māori and Pasifika ways of knowing and learning.

# Recommendations

The Equally Well collaborative needs to understand how to mobilise themselves and their action to achieve better reach and impact in their contribution to achieving physical health equity for people experiencing mental health and addiction issues. Recommendations emerging from evaluation findings identify at a strategic level and at collaborative level how to enable Equally Well action with greater reach and impact in the future.

## Infrastructure recommendations

- Continue to resource a strategic leadership group to guide the direction of the collaborative and a BBT that focuses on coordination and connection.
- Strengthen targeted and intentional workforce development.
- Develop a framework for ongoing evaluation of the impact of Equally Well actions.

## Equally Well collaborative (BBT, champions and collaborative members) recommendations

- Continue to support connection, networking and sharing across the collaborative to bring passionate people together, to maintain momentum and act as a catalyst for action.
- Continue to engage new cross-sector allies who can bring Equally Well to new audiences.
- Resource and honour lived experience voices and perspectives to lead and drive change. This could be done by further encouraging more lived experience involvement in action,

[5] Loomio (www.loomio.org) is an online "forum with tools that help you facilitate conversations and decisions, helping you start and hold conversations that move to clear outcomes."

or by igniting a lived experience led Equally Well movement that complements the health workforce focused Equally Well work.

- Strengthen action aligned with Te Tiriti o Waitangi and the integration of Māori and Pasifika worldviews into Equally Well.

# Introduction

Equally Well is a networked, collaborative movement involving people and organisations pursuing a "common goal of achieving physical health equity for people who experience mental health and addiction issues"[6]. Since 2014 Equally Well has operated through a collective impact approach targeting systems change. Collective impact approaches require multiple players at different levels of the system advocating and bringing about change within their own sphere(s) of influence. Therefore, within Equally Well there is an expectation that the networked people and organisations in different regions and sectors will work together on solutions tailored to meet the needs of their contexts and the people affected. Within this approach there is also space for nationwide action, whereby members might collaborate on a national concern or opportunity for action.

To enable this collective impact approach, a backbone team (BBT) currently hosted by Te Pou and Platform, facilitates and supports regional, national, and international activity. People involved in Equally Well come from a range of organisations within mental health and addiction services and across the broader health sector, particularly primary care. Champions cover a range of perspectives, for example lived experience, whānau, academic, policy, general practice, nursing, psychiatry, support work, public health, pharmacy, and cardiology. Endorsing organisations include government (primary health organisations, district health boards) and non-government organisations (NGOs), general practices, and health professional bodies, like RNZCGP[7], RANZCP[8] and RACP[9], Te Ao Māramatanga, Council of Medical Colleges.

In September 2020 Te Pou commissioned Alicia Crocket to carry out an evaluation of Equally Well. This follows on from work done by Alicia Crocket in 2019 to scope an evaluation plan, which was developed in consultation with Equally Well BBT members and nine key stakeholders. The 2019 scoping formed the base for the development of this evaluation.

This evaluation provides insight into how the BBT and Equally Well champions have taken action to shift practice and policy to support physical health equity for people experiencing mental health and addiction issues, and what may help them continue to do so. It explores what mechanisms enable the BBT and champions to change practice and policy to improve physical health equity. The evaluation also explores how Māori and Pasifika worldviews are

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[6] https://www.tepou.co.nz/initiatives/equally-well-physical-health/37.

[7] Royal New College of General Practitioners

[8] Royal Australian and New Zealand College of Psychiatrists

[9] Royal Australasian College of Physicians

integrated into Equally Well. Finally, it reflects on how the BBT and champions are learning about their work and then how they are using this learning to adapt their action. The key evaluation questions reflecting these aspects described above were:

1. What are we learning about how Equally Well can enable change in the targeted system(s), particularly in relation to Māori and Pasifika worldviews?

2. How do the Equally Well backbone team and collaborative partners support learning, and to what extent are they using this learning to inform implementation and adaptations, particularly in relation to Māori and Pasifika worldviews?

This report is the final report discussing findings from the entire evaluation. After a brief discussion about data collection methods, it explores the enablers of change identified in the evaluation. It then goes on to summarise the ways in which Māori and Pasifika worldviews are integrated into Equally Well before moving on to the learning and adaption that BBT and champions are doing. This report finishes with a conclusion and recommendations focusing on what Equally Well can continue to do to strengthen their collaborative, and new things to consider.

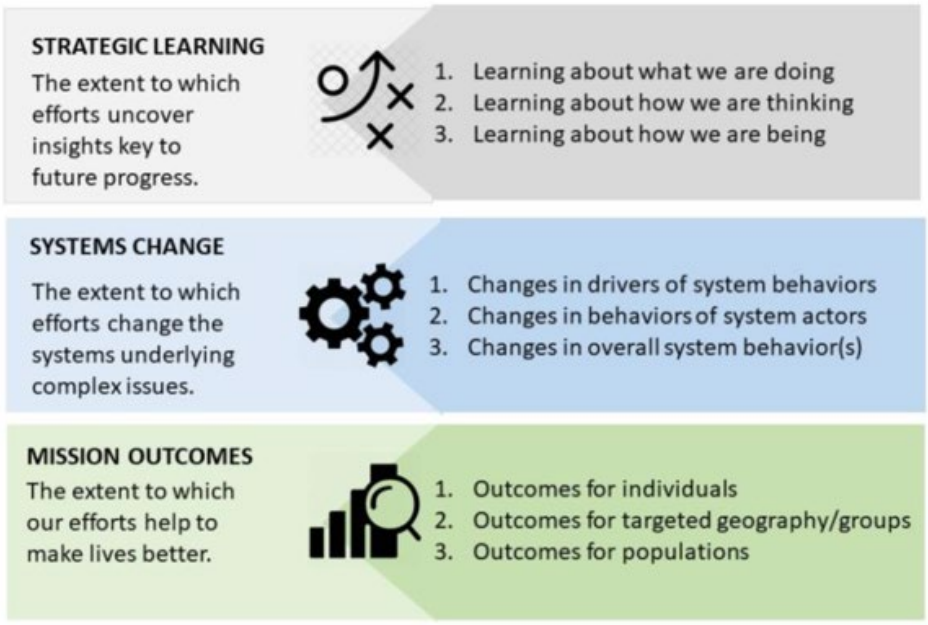
# Evaluation methods

Initial planning for the scope of this evaluation was completed in 2019 as part of a separate piece of work. The 2019 scoping process involved consultation with the BBT and nine key stakeholders to identify the focus of the evaluation. On commencement of the evaluation in 2020 the evaluation scope was reviewed and revised by the BBT in consultation with the evaluation team.

## Evaluation approach

The evaluation approach used is based on the framework developed by Mark Cabaj[10] to evaluate systems change. This framework (depicted in Figure 1 below) suggests focusing on three components: 1) strategic learning, 2) systems change and 3) mission outcomes. Only the first two components have been integrated into this evaluation plan because whilst Equally Well has been operating for seven years, it is still too early to have clear evidence of outcomes for the physical health equity of people with mental health and addiction issues.

Figure 1. Evaluating systems change inquiry framework[11]




[10] Cabaj, M. (2018). *Evaluating systems change results: An inquiry framework.*

[11] Ibid

# Data collection methods

Data for this evaluation were collected through workshops, a document review, and case study interviews. Figure 2 below presents a timeline of the evaluation.

Figure 2. Timeline of the evaluation

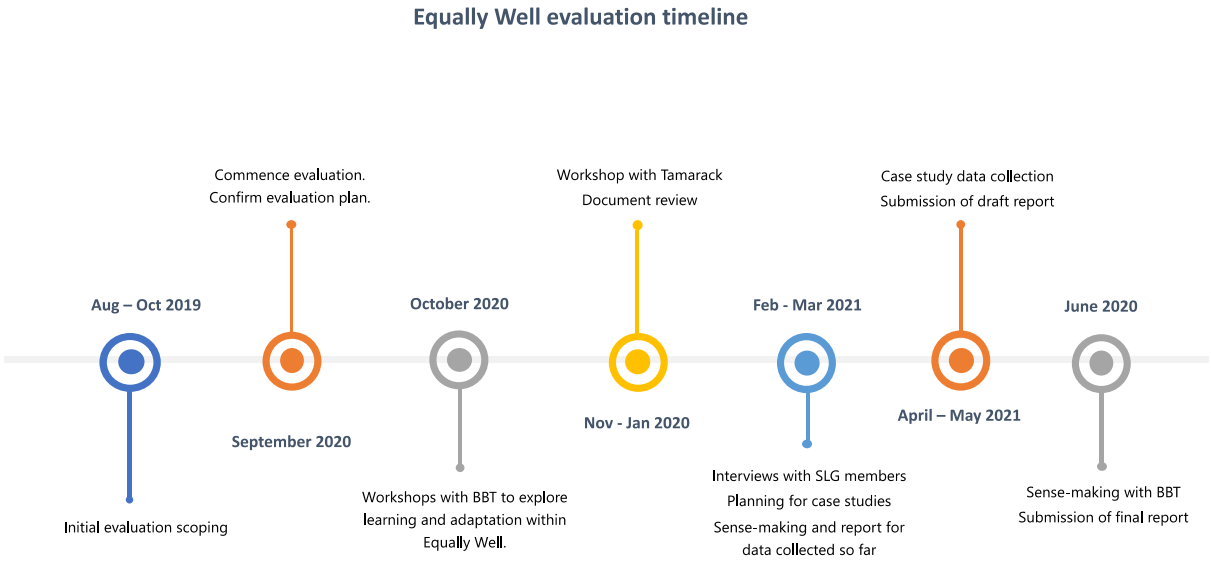



Table 1 below summarises the data collected for this evaluation. Further information can be found in Appendix A.

Table 1: Data collection methods

| Data collection | Description | Analysis |
|---|---|---|
| Workshops and interviews with backbone team and Strategic Leadership Group members | Workshops and one-on-one interviews focused on identifying effective learning and adaptation practices as well as perspectives on enablers of change.<br>• Four workshops with the BBT (two facilitated by The Tamarack Institute).<br>• Three interviews with SLG members. | Thematic analysis aligned with the focus of key evaluation questions. |
| Document review | Summary of BBT records about actions that have occurred as part of the Equally Well collaborative since its beginnings in 2014. It identifies what actions are taking place, who is taking action, and also highlighted any suggestions from the documentation for how Equally Well might be improved. | Thematic analysis against Equally Well's three main areas for action. |
| Case study interviews | Sixteen interviews with 20 champions spanning seven case studies.<br>Interviews focused on what being part of Equally Well meant to them, what enabled action and considerations for the future. | Thematic analysis aligned with focus of key evaluation questions. |

In 2020, champions were asked to put forward suggestions for examples of collective action. From this the evaluation team, with the BTT, were able to identify seven case studies for further examination. The case studies included in this report are:

- AOD collaborative – the development of the My Health: Self-assessment form and accompanying training modules
- Canterbury Regional Equally Well - the reinvigoration of self-sustaining and well-connected regional groups and how momentum is generated and maintained within a local area
- Ember Korowai Takitini – the integration of practical strategies to support physical health
- Nelson Marlborough DHB – the development and implementation of a cardiometabolic screening tool which encourages intervention for people on Clozapine
- Ngā Waka o Matariki – the whakapapa of the new Māori strategy for Equally Well and what might enable it to flourish
- policy change – the process of influencing national health policy to formally prioritise the physical health needs of people experiencing mental health and addiction issues
- Whitireia – Integration of Equally Well messages into health workforce training programmes.

# Key findings

This section starts by summarising how Equally Well is operating as a collective impact initiative drawing on the document review and the case study interviews. It then goes on to describe the specific enablers and inhibitors of Equally Well action emerging from the case studies.

## Equally Well as a collective impact initiative

A collective impact approach requires distributed leadership across a collaborative, with partners taking action within their own sphere of influence12. The ability of the collaborative to take action and create change is strengthened by having a central BBT that coordinates in the background and enables change13. Evaluation evidence demonstrates that Equally Well operates in a way congruent with a collective impact approach.

The document review identified that Equally Well is a well-established collaborative. Actions are happening nationwide and span the breadth of the healthcare sector, from the work of people out in the community, to policy research, and advocacy. Improving the quality of physical healthcare is the most apparent action area. There appear to be some increasingly well-established practices to improve the quality of physical healthcare through research, education, policy, and advocacy. Actions to reduce exposure to risk factors were also present through several initiatives supporting access to smoking cessation, dental care, and regular comprehensive screening, as well as the development of a recovery focused prescribing toolkit. Promoting prevention and early intervention had the least number of documented actions. However, action is still occurring through changed cardiovascular screening guidelines and advocacy for cancer screening. Finally, capacity building has seen some DHBs integrate Equally Well actions into their high-level planning and policy. It has also supported people to share and engage in the Equally Well kaupapa through champions giving presentations and receiving awards.

The case studies demonstrated the passion and commitment of champions who are involved in Equally Well. Champions were dedicated in their work to achieve physical health equity for people experiencing mental health and addiction issues. They are taking ownership of this issue

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[12] Cabaj, M., and Weaver, L. (2016). *Collective Impact 3.0: An evolving framework for community change.* Retrieved from: https://www.tamarackcommunity.ca/collectiveimpact

[13] Kania, J. and Kramer, M. (2011). *Collective Impact. Stanford Social Innovation Review.* Retrieved from: http://ssir.org/articles/entry/collective_impact

- advocating for and creating change within their own spheres of influences. Champions spoke openly about what they had done and what had enabled and inhibited change. Each of these champions identified ways in which the BBT had helped them maintain their enthusiasm for this work and enabled their action. Some champions were themselves taking on roles locally to enable others to also make changes, which is vital for successful collective impact. Yet champions still identified the importance of the BBT to enable nationwide connection and be a source of momentum and inspiration in times where action and motivation were at a low ebb.

# Enablers of change

Equally Well, as a collective impact approach seeks to enable context specific action that improves the physical health equity of people experiencing mental health and addiction issues. The BBT is enabling others to make change within their spheres of influence; they are not responsible for dictating or mandating action. Case study interviews identified a set of common enablers that have enabled change to happen. Most of these enablers fall within the remit of the BBT. However, some are practices of the local champions.

> *The way that Equally Well is engaged, the way it is structured, is more likely to get people on board because it's not imposing a different view or lens or culture onto an existing culture. Itsletting it seep, and that it just becomes by osmosis, more gradual. And perhaps therefore people will come on board. And if they do, they are more likely to implement. (SLG Member)*

## Creating and maintaining connections, networks, and relationships

Each of the case studies demonstrated the benefit of the networks and connections within Equally Well that are enabled by the BBT. Initially, momentum was created through BBT work making connections and 'new friends' inside and outside of mental health and addiction to help build networks and share resources that furthered the reach of Equally Well. This has been said to take significant time, effort, and confidence.

> *We were scanning, connecting, looking differently at wider sectors, not just the mental health and addiction sector. Particularly if we didn't have any existing champions in that space. (BBT member)*

This connection work has also been important for enabling action across health disciplines to improve physical health equity for people experiencing mental health and addiction issues. For example, the ability of the BBT to mobilise a group of diverse and skilled champions was vital to

achieving policy change. Diverse teams tailored for specific action supported alignment with the needs of multiple perspectives, shared the workload over time and provided additional credibility in new spaces. An added benefit is that diverse teams further the reach of Equally Well messages into other sectors and help to create new champions.

> *This is not a problem about mental health and addiction, this is a problem about health services and the way we deliver physical health services. And so having the voices who already have credibility in physical health space, be it cancer or cardiovascular disease, is really important, because it has to be a part of their problem that they're interested in too. (Equally Well champion)*

One of the ways the BBT maintains these connections is through facilitating opportunities to share stories and resources. Champions identified resources or ideas they heard about through Equally Well events, or connections they had made as foundational to their action. Similarly, many champions identified that sharing stories and ideas through Loomio and e-newsletters provided a safe, shared forum for feedback. This affirmed the validity of champions' work and also acted as a motivator to continue. Finally, the BBT developing and making freely available presentations, information sheets and templates has supported champions to share their work and Equally Well messages widely. Champions report this sharing has given them a measure of credibility and legitimacy to their work.

> *I think it actually gave us legitimacy, presenting it at various conferences as well. And realising that actually, no one else was doing it in such a formal structured way. I think that made people feel really good. (Equally Well champion)*

Champions identified that while digital forms of engagement were helpful, face-to-face was seen as more effective and meaningful. In person events provide an opportunity to express and explain ideas to people and ensure they receive the correct messages. They also provide better networking opportunities.

> *I do find that standing up in front of people and walking them through how you interpret what this actually means, telling the story of the results of your work is much, much, much more powerful. (Equally Well champion)*

For champions, being connected with passionate people who also endorse Equally Well was identified as a critical support mechanism for maintaining momentum. These connections help to sustain and inspire people to keep going. It was common for people to have felt quite isolated in their work before their involvement with the Equally Well collaborative. As Equally Well has grown and networks are brokered by the BBT nationally and locally, feelings of isolation have reduced as a result of the Equally Well community providing connections to like-minded others who share the mission.

> *It does feel like you're a bit of a lone voice sometimes, so having a network to link in with, to hear other people's passion and interest in the area, you know it gives you ongoing motivation. (Equally Well champion)*

More recently, several champions outside of the BBT have been brokering connections both inside and outside of their own organisation. This shows that champions are connecting through workplace relationships as well as within the Equally Well community to share information and resources and take action. Drawing on collective strengths has helped keep action moving, particularly over longer periods of time. For example, Canterbury Regional Equally Well have strong connections across their three regional working groups and also within different levels of the organisations involved. This creates opportunities to draw on different skill sets and strengths to take action that meets local needs. The continued involvement of key people allows scaffolding of actions to grow the movement further in the region.

## Mobilising and inspiring people to coordinate and drive action

Every champion, ally, BBT, and SLG member we spoke with identified their passion and drive for Equally Well and improving physical health equity for people experiencing mental health and addiction issues. They are all motivated by addressing health disparities and shorter life expectancy of people experiencing mental health and addiction issues. Their experiences as practitioners within the health sector often inspired their drive to create change. Champions and allies knew there was an issue, they had witnessed the negative impact of the physical health disparity, but until coming across Equally Well they had not seen any tangible changes take place. For some, a catalyst for action was realising the reality shown by the statistics and local data was worse than any previously held assumptions.

> *For the first time, I heard people, I met people with research and evidence and data confirming what we had always known to be true. (Equally Well champion)*

The BBT has coordinated and driven change in some cases, but this is not necessarily their role. Rather the intent of the BBT role is typically to inspire and enable others to take action. Ways that champions identified that the BBT had enabled and inspired them to take action were through:

- providing a network of committed and passionate people to motivate them
- encouraging people and organisations to share the actions they are taking through the development of Equally Well action plans

- encouraging allies outside of the mental health and addiction sector to carry on the work in their own sphere of influence.

Mobilising and inspiring people to drive and coordinate action is seen by champions, BBT and SLG members as important for maintaining momentum. Depending on the action, the person driving change may come from the BBT (eg, recruiting new partners, initiating action for policy change) or be an Equally Well champion (eg, development of an assessment tool). The person driving change takes a key role deciding what action to take, leading and coordinating development and implementation, and mobilising support by recruiting new partners. Some champions and members of the BBT are also supporting the building and maintenance of networks within Equally Well and across the healthcare sector as a whole.

There is a sense of ownership amongst those who are spreading the Equally Well message and enabling action. This starts with people 'walking the talk' by first looking to initiate change in their own roles. Each champion was firmly focused on implementing changes that support physical health equity within their own context. For some this meant working on special projects to create a new system or process, whereas for others it was more about integrating Equally Well thinking and action into everything they do.

> *It's a very difficult thing not to be made into practice [supporting physical health equity] once you're made aware of the research. And we are an organisation that's full of people like me, that's why I'm here, who are quite passionate, and at times quite angry about the unfairness and inequities in the system. (Equally Well champion)*

Several champions believed that mobilising people with experience of mental health and addiction issues to engage in a movement would be beneficial for Equally Well. This movement would enable people with lived experience to advocate across the health sector for their own needs. One SLG member believed there had been a shift to a greater shared language between people with lived experience and healthcare workers because of Equally Well. However, four champions indicated that future sustainability of the collaborative might be enabled by igniting a consumer-based movement that aligns with the healthcare worker focus of Equally Well.

> *No change ever happens without people at the centre of the issue demanding change. (Equally Well champion)*

## Creating capacity for Equally Well actions

Having capacity to lead and coordinate change is crucial. Many champions identified that their Equally Well work was contingent on having dedicated resource, funding, and time available to focus on creating and implementing change. They needed enough capacity within their roles to

do their day-to-day duties as well as their Equally Well work to promote change for physical health equity.

> *When priorities changed it [Equally Well work] gets dropped down. And if you haven't got someone there, kind of keeping it going, driving it forward, it gets dropped off. (Equally Well champion)*

Creating capacity was made easier with support from management, funding for specific roles and/or duties, as well as having buy-in from colleagues. There are a few champions in roles that span primary and secondary care. These champions are in a unique position, able to bring together perspectives of both these aspects of healthcare to help influence change.

> *Until you get support from the executive levels and planning and funding you're not going to get any traction further down the levels really. (Equally Well champion)*

Some champions could prioritise Equally Well work within their existing role, whereas others had specific hours set aside for this work. For example:

- the Canterbury Regional Equally Well Collective has successfully created two dedicated roles for Equally Well work. One within primary care and the other within specialist mental health and addiction services. The creation of these two roles has been a significant achievement and will support self-sustainability of Equally Well work in the region
- the development and implementation of a screening tool by Nelson Marlborough DHB was supported through having designated time for nurses to carry out the screening, and for champions within the DHB to have regular meetings during developmental stages
- actions carried out by the AOD collaborative were supported by funding for a Programme Manager. Part of the Programme Manager's role was to scan outside of the addiction space, looking at where action was needed to improve awareness of the impact addiction, alongside mental health issues, has on physical health,
- Whitireia and Ember spoke of the importance of having colleagues who are also passionate about Equally Well messages. This shared passion enabled the embedding of Equally Well work into their operational duties.

## Being agile and ready to take advantage of opportunities to positively influence physical health equity

Being agile and ready to take advantage of opportunities was a consistent enabling factor mentioned by BBT members and champions. The BBT has a role in creating these conditions in three ways:

- facilitating collaborative members to share ideas, resources, and stories.
- supporting relevant research, translating it into easily communicated messages, and making it easily available.
- scanning for opportunities outside of the mental health and addiction sector where Equally Well might positively influence change and being vocal in these spaces.

Sharing resources ideas and stories was important because sometimes action sprang from the discovery of a resource that could be adapted to champion's needs.

> The idea and content came from a resource. Actually it was an Equally Well event where I met a support worker who was telling me about this tool that they use… so we talked with [the developers] and they gave us permission to use it. (Equally Well champion)

The wide availability of contemporary data specific to New Zealand is crucial for maximising opportunities to carry out Equally Well work. This is particularly the case where such data has been translated into plain English by the BBT. This was most apparent in the policy change case study where the data helps to create a convincing case for the prioritisation of people experiencing mental health and addiction issues in population health screening programmes. Being able to access this data on-demand allowed people to meet the deadlines of the policy window.

> *The thing you are least able to control but probably is the most important is the policy window. The decision that's being made, the document that's being written, the guidelines that are being revised; and being able to be there and have something to contribute at that point. And you don't know when that is going to happen necessarily. (Equally Well champion)*

Other examples include bringing such data to an internal organisation working group tasked with improving physical health equity for people experiencing mental health and addiction issues and using this data to share Equally Well messages at presentations and conferences.

> The ones that we use regularly are the ones that actually tell them, you know, x amount of people have a cardiac disease as well as a mental illness… They are really useful because it reinforces what I'm saying to them. (Equally Well champion)

For policy change action in particular, scanning for opportunities to support physical health equity outside of the mental health and addiction sector by the BBT was considered an important process. BBT team members and some champions identified the importance of being consistently visible and vocal in spaces where change should be occurring. For example, attending meetings and asking questions, writing publications, doing presentations, and being involved in working groups and special interest groups.

> *You have to be a real self-starter with Equally Well, you have to get it going yourself, make your own groups, get yourself in front of people. You have to be relentless… and that's when it's great to have like-minded people around you that share your persistence. (Equally Well champion)*

## Lived experience perspectives and voices lead and shape actions

Lived experience perspectives and voices leading and shaping Equally Well actions is a common enabler that arose from the case study interviews. Centralising the perspectives and choices of lived experience is a founding principle of the Equally Well collaborative. At a strategic level, the membership of the interim SLG provides a tangible example of how lived experience perspectives and voices are providing leadership to Equally Well. Similarly, the development of Ngā Waka o Matariki has been led by lived experience. The desire is for dissemination and implementation of Ngā Waka o Matariki to also be led by those with lived experience.

All champions we spoke with ensured that lived experience perspectives and voices shaped actions in various ways. Most commonly, the voice of lived experience has shaped champions' work through people with lived experience giving presentations and informing the design of resources for the collaborative. Lived experience perspectives and voices bring real meaning to the statistics and research communicating the real and felt impact that physical health inequity has on people. Champions agreed that the sense of connection achieved through sharing real experiences is immensely valuable when communicating Equally Well messages and attempting to inspire action by others. The power of social contact in addressing stigma and discrimination has been well documented[14], and therefore it needed to be an integral part of the Equally Well collaborative:

[14] London, J., and Evans-Lacko, S.E. (2010) Challenging mental health-related stigma through social contact. *European Journal of Public Health*, Volume 20, Issue 2, Pages 130–131. https://doi.org/10.1093/eurpub/ckq014

*We had a very intentional strategy to combine published evidence with lived experience to give a full picture. (BBT member)*

Not only are lived experience perspectives guiding actions across the collaborative to challenge and change policy and practices, people with lived experience also conveyed very early on that 'self-empowerment' was an essential driving goal for the collaborative. Ngā hau E Wha National Service User Group and Matua Raki Consumer Leadership Group informed and shaped the consensus position paper that is one of the founding documents of the collaborative[15]. This document clearly states that people with lived experience need to be "offered support to make the connection to how they are affected physically and guidance on personal goals and changes to enhance their physical wellbeing" alongside formal identification as a priority group and equal access to quality health care and treatment. This was a carefully thought through statement to reflect the voices and perspectives of people with lived experience for self-empowerment and control.

*The strong message [in early scanning work] from people using… services was that actually "we want to be self-empowered, we want to be able to use this information. We do things every day to look after our wellbeing and health and we want to be supported in that." (Equally Well champion)*

For Ember, lived experience is always at the centre of their work because most employees have experience of mental health and addiction issues. Champions commented that being involved in Equally Well action gave them permission to challenge their employer about how the organisation could better support the physical health of its employees as well as the people it serves. This permission was important in getting organisation-wide changes to support physical health equity in place. In Ember's case, these changes are being sustained and integrated into their business-as-usual operations.

*We supported [our employees] to use Equally Well as a thing to bash back at us if they wanted to change things on their teams, in their services, in their individual practice, which happened. It happened quite a lot where people would come and say I want to do this, and from an Equally Well perspective you have to let me do it. (Equally Well champion)*

[15] Equally Well Consensus Position Paper (2014). Retrieved from: https://www.tepou.co.nz/resources/equally-well-consensus-position-paper-1

## Targeted and intentional workforce development strategies

BBT members and champions believe that workforce development plays an important role in enabling Equally Well action. Champions, BBT and SLG members identified the value of integrating Equally Well messages into health workforce education and training programmes (eg, nursing, doctors, support workers). This is an action area where several champions are already active, but they acknowledge more could be done to embed Equally Well messages into healthcare training programmes.

Building capability within the mental health and addiction workforce to effectively and confidently support people's physical health is another way to enable change, for example, developing the health literacy of the existing workforce to understand the value of integrated physical and mental health and addiction approaches. Sharing tangible examples of how mental health and addiction workers can also make the most of their existing interactions with people about their physical health. However, a few champions identified that the ambiguity about who takes responsibility for the physical health of people accessing mental health and addiction services can create challenges and needs to be clarified as well. There were some champions who identified that there were likely to be people in their organisation who straddled physical and mental health and addiction work who were not connected to Equally Well. Connecting these people to Equally Well could be an area to target in workforce development.

One BBT member identified that messages within Equally Well can be "*complex, disturbing and personally affecting".* Three champions emphasised the need for more explicit focus on how the health workforce effectively passes information onto people experiencing mental health and addiction issues about the impact of their medication on physical health. There is an ongoing need to balance the benefits and risks of psychotropic medications on physical and mental health. One champion spoke about the need to have "grown up" conversations about the impacts of psychotropic medication. This meant discussing with someone the likely impacts of the medication on their physical health, but that taking the medication was the best way to manage their distress.

> *She had developed heart failure. And she was sitting beside me, and she said, "you know, I've just read lately that mental illness medication can actually give you cardiac problems"….I think one of our biggest misses is that consumers are still not getting educated, is that they still don't know that they need to go to their GP for the assessments. (Equally Well champion)*

The final areas of workforce development identified in the evaluation were building evaluation capacity and making the policy submission process easier. Building evaluation capacity by providing support for localised evaluation, either through funding grants, resources such as templates, or someone positioned in a key oversight role was also identified as an area for development. Similarly, one BBT member believed that providing templates for policy submissions and advocacy could ease the submissions process and therefore enable greater policy work in the future.

## Targeted and intentional contracting strategies

The BBT highlighted some instances where there was a targeted contractual driver that enabled Equally Well action. For example, Whitireia were asked to include Equally Well in their *Skills Matter* contract and Nelson Marlborough Health asked providers of mental health and addiction services to endorse and take Equally Well action. In addition, the action of the Canterbury Regional Equally Well Collective was enabled by having Equally Well as a DHB system measure[16]. These targeted contractual strategies enable Equally Well action to be strengthened and prioritised because it is a requirement. They also support the creation of targeted Equally Well capacity which also enables action.

# Inhibitors of change

## Lack of capacity to focus on Equally Well actions

Lack of capacity was the main inhibitor identified by champions across all levels of the collaborative. Securing and retaining specific funding to carry out Equally Well actions is an issue leading to peaks and troughs in momentum. In turn this creates uncertainty about the future ability to carry on with the Equally well agenda. Having key people leave roles in which they acted as a champion is also a factor in the loss of momentum. This can happen as a result of promotion, or discontinuation of funding.

> I may not be able to continue this Equally Well work because of a change of role. So I think that's an issue, your role, and how much it allows for that. (Equally Well champion)

[16] Ministry of Health Systems Level Measures provide a foundation for continuous quality improvement and system integration. Whilst the overall measures are nationally defined, each DHB has an opportunity to specify how they wish to target this overall measure within their DHB. In Canterbury DHB Equally Well is named as an improvement area for their amenable mortality measure.

Additionally, networking and engaging allies and new champions from the wider healthcare sector requires a lot of time, which is made difficult by limited capacity. Systems level change is strongly reliant on having allies in decision-making positions or positions of influence or being able to respond quickly and effectively when there are open consultations. For example, the Ministry of Health and the Cancer agency were both actively seeking feedback, which provided a more open door to influence systems level change.

> *You've got to push into spaces that aren't thinking about mental health and addiction… This takes a lot of time, resource, and confidence. (BBT member)*

## Entrenched health silos

Equally Well has a dual focus on mental health and addiction, alongside general health. Champions that we spoke with often straddle these fields in their work. They are never only concerned with one or the other, it is always both. This goes against traditional disciplinary fields within the health sector which can be siloed, and this has created some challenges for action. Firstly, as mentioned earlier, feelings of isolation were raised as an issue that can negatively impact motivation when people feel like they are a 'lone voice'. However, champions noted that connection with like-minded people through Equally Well has helped to minimise these feelings. This is because engaging with people who are passionate about the field motivates and inspires action.

> *It's really great having that collaboration across the sector from a whole lot of different areas. It's a real bonus because you're working in an area where people don't necessarily buy in to the importance of Equally Well. So when you're with other people who are passionate and agree that we need to do something it's inspiring to be around people who care as much as I do. (Equally Well champion)*

Some champions spoke about their action being inhibited because their information and arguments were not considered credible to health clinicians as it came from a mental health and addiction background. This has limited the spread of Equally Well messages into some physical health disciplines. Although there are other disciplines where health clinicians have now become Equally Well allies and champions. Interviews identified that allies are likely to be those who have clinical experience, having seen the challenges that people who experience mental health and addiction issues face in the healthcare system. Alternatively, there have been those who become allies through engaging with the statistics and lived experience stories demonstrating the extent of physical health inequities faced by people experiencing mental health and addiction issues.

*[Key is] developing credible allies, credible outside of the world that takes interest in the world of mental health and addiction. (Equally Well champion)*

Another inhibitor for Equally Well working between mental and physical health disciplines has been accessing secure and ongoing funding and resource in order to take action. Without dedicated resourcing Equally Well work often has to fit in with peoples' existing roles. This means that action is not progressed as quickly as it could be or becomes disjointed or unsustainable as project funding ends. Typically, funding opportunities for research or project work are siloed, and so finding and accessing funding has been challenging. Several champions identified that there are now more opportunities available than previously for funding to do Equally Well work, but it is still a significant inhibitor to action.

## Lack of visibility of the impact of actions

A related inhibitor that may influence access to funding and resource is that champions are sometimes uncertain about the impact their action is having on people's physical health equity without having tangible evidence. Whilst action to support physical health equity is morally the 'right' thing to do, having evidence of the impact of action is one of the things that may help secure further funding and resource to continue their work. Campions acknowledge that their action is only one small part of supporting physical health equity. However, understanding how well their action has been implemented or hearing people's perspectives about the value of the action may help when advocating for further funding and resource.

## Variable level of skills and confidence of the mental health and addiction workforce to deliver and advise on physical health

The variable level of skills and confidence of the mental health and addiction workforce to deliver and advise on physical health was also seen as an inhibitor to action by some champions. Ensuring that mental health and addiction workers were confident and felt safe in their ability to work with people around their physical health was important in minimising this inhibitor. There were several ways champions tackled this issue, for example, setting up clear and robust systems alongside an assessment tool so the workforce was clear about how to support peoples' physical health after they had done an assessment. This was additional to providing training that focused on how to support physical health. Another example was to make the assessment of physical health 'consumer directed'. This led to support from mental health and addiction workers using a motivational interviewing approach, rather than framing the worker as the 'expert' on physical health.

Similarly, there were those that identified that there were people in their organisation who straddled physical and mental health and addiction work who were not connected to Equally Well.

# Integration of Māori and Pasifika perspectives

Equally Well champions acknowledged they need to do things differently to better support physical health equity for Māori and Pasifika people experiencing mental health and addiction issues. There were two main ways this was occurring, and these were context and action specific. Those developing and implementing new processes with people accessing services were mindful of the specific needs of Māori and Pasifika people, then integrated these aspects into their process. These threads were incorporated into training as well as written documentation that went along with the new process. For example:

- ensuring local Māori and Pasifika health services were known so people could be referred if need be
- supporting a relational approach and focusing on a process that helps to create trust
- encouraging the workforce to consider the needs of people within the context of their whānau or community.

Those champions who took action more generally rather than working on a specific project, noted that they seek support from others to continually reflect on two things: firstly, how they work in ways that align with Te Tiriti o Waitangi, and secondly, how they encourage others to practice in ways that uphold Te Tiriti o Waitangi.

To date, the integration of Māori and Pasifika perspectives in Equally Well at a strategic level has been limited. The BBT and SLG are aware of this gap and are currently working to improve this area. Equally Well BBT and the SLG are in the process of finalising and launching a Māori Equally Well strategy called Ngā Waka o Matariki. The strategy is based on a whakatauākī developed by Tui Taurua (Ngāpuhi) a member of the Equally Well interim SLG. The development of Ngā Waka o Matariki represents a significant step in bringing Māori perspectives to Equally Well work. The strategy is designed to propose different ways Equally Well action can take place to support physical health equity of Māori experiencing mental health and addiction issues. It encourages champions and partners to start by focusing on an area of strength or to work on an aspect of the strategy that resonates with them and from there move into other aspects to support action. There were no actions evident at a strategic

level to bring Pasifika perspectives to Equally Well work. However, this may be because the evaluation was unable to speak with Pasifika members of the SLG and no case studies focused on targeted action with Pasifika.

# Reflection on learning and adaptation

Rigorous and intentional learning within a collective impact approach is important because of the complexity of the work and the need to adapt to local context[17]. Not only does learning enhance the understanding of all those working within the collaborative, it also provides critical information for decision making about how to keep Equally Well relevant and targeted towards its shared visions and end goals. The quality of the learning that is occurring will in part determine how well-informed decisions are about strategy and action. Continuous learning and ongoing adaptation are in themselves enablers of change.

The BBT has an important role to play in learning processes, but so do each of the collective members as they learn about their specific context and what will best support change. Therefore, understanding how well both the Equally Well BBT and the collaborative members are using formal and informal learning to inform their decision making is critical to an evaluation of Equally Well.

Early in the evaluation a table describing practices for rigorous and intentional learning for Equally Well was developed in consultation with BBT members. Table 2 below provides a reflection informed by evaluation data about how these practices have been demonstrated in the evaluation to date.

[17] Preskill, H., Parkhurst, M., Splansky Juster, J. (n.d.). *Learning and evaluation in the Collective Impact Context.*

Table 2: Reflection on learning and adaptation rubric for Equally Well

| Criteria focus area | Characteristics of effective practice | Reflections from the evaluation |
|---|---|---|
| Learning about how we are working and what we are doing | We have formal and informal processes in place to continually learn about how we are working to enable Equally Well action.<br><br>We have formal and informal processes in place to continually learn about what action is taking place.<br><br>Equally Well collects information locally and nationally and shares this learning nationally and internationally.<br><br>Equally Well enables cross-collaboration learning | Equally Well partners and the BBT are very open to learning about how they are working and what they are doing. The self-assessment done by the BBT against two leading collective impact assessment tools from two leading global organisations helped to identify their learning journey towards sustainability of the collaborative. The components of success included in these assessments focus on accepted ways in which a BBT can enable collective impact action.<br><br>Both the BBT and champions identified ways in which they are learning about what action is occurring informally (eg, through conversations at Equally Well events, Loomio and e-newsletters) and formally (research and evaluation activities). A key factor enabling success in the actions of several champions was finding a solution through sharing of information. Alternatively, sharing their work with the collaborative was an important step in the process.<br><br>Equally Well BBT has played a key role in sharing learning about action with other members of the collaborative in New Zealand and Equally Well collaboratives overseas. Champions spoke of the high value they place on the online resources, research and easily communicated messages made available to them through Equally Well. Champions noted that there had been less communication and sharing through Loomio and e-newsletters in the past six months as previously.<br><br>Cross-collaboration learning has been enabled by looking outside of the mental health and addiction sector and developing allies in other disciplines. It has also been supported by intentional connections brokered between like-minded people working in similar areas as part of Equally Well. |

| | | |
|---|---|---|
| Adaptation to remain focused and relevant to context | Planning and action are informed by what is being learned.<br><br>Learning is translated into practical strategies that are then shared in ways that enable them to be picked up by the collaborative.<br><br>Mechanisms are in place to enable sharing of learning from the BBT/SLG to the local level and vice versa.<br><br>Learning about becoming self-sustainable is shared with the collaborative partners in ways that enable adaptation towards self-sustainability. | Evaluation findings identified that there is adaptation of Equally Well actions based on what is being learned. Examples of this from the BBT is the evident adaptation of backbone functionality between the 2017 and 2020 self-assessment, and the process for policy change based on what has been learnt from previous work. Champions also identified ways they had adapted their work based on what they were learning about their own work and the work of others. There were several instances where assessment tools had been shared and adapted to meet specific needs. Further, one champion initiated a scanning and scoping activity to learn about what their clients wanted, and integrated findings from this process into the final product.<br><br>champions identified the importance of easily communicated information to help spread Equally Well messages, particularly in the policy change space and when bringing allies into the collaborative. These messages however relate more to the effective dissemination of Equally Well research findings rather than practical strategies. There was evidence of sharing practical strategies through Loomio and e-newsletter as well as during face-to-face events. Two champions thought more could be done to share practical strategies with workers on the ground more broadly.<br><br>Communication tools such as Loomio and e-newsletters, as well as resources shared through the Equally Well website were identified as important vectors by champions for sharing their work, both during development and once completed. Similarly, the BBT actively communicate learning through these tools. However, two members of the strategic leadership group believed there would be additional benefit to sharing their work and learning with the wider collaborative. |
| Prioritising indigenous ways of learning | Indigenous ways of learning and knowing eg, pūrākau and whakapapa are valued and evident in the way we record and share our learning. | Equally Well action explored in this evaluation primarily fits within the dominant Western cultural lens. There is an awareness of the need for action that specifically meets the needs of indigenous populations but there is some uncertainty about how to do this in practice. Embedding of indigenous perspectives in Equally Well is at an early stage with foundational work currently being undertaken. |

| | | |
|---|---|---|
| | Equally Well enables space for 'as Māori' and 'as Pasifika' reflection. | In saying this, evaluation examples identify action that integrates the needs of Māori in development and implementation, although these actions are not necessarily targeted towards Māori per se, for example, including Māori providers that people can access as part of a screening and assessment tool. Case study interviews identified another example of valuing indigenous ways of learning and knowing, whereby a close connection to a colleague who was Māori, enabled integration of Māori ways of knowing and being into that particular action.<br><br>From an 'as Māori' perspective, within the document review there was one example of research action done through a kaupapa Māori lens. Two champions identified a need for targeted opportunities to discuss 'as Māori' and 'as Pasifika' action because they had found limited understanding of the realities for Māori in the collaborative. |

# Discussion

Achieving physical health equity for people with mental health and addiction issues requires the Equally Well collaborative to understand how to mobilise themselves and their action to achieve better reach and impact. The evaluation findings have identified some key mechanisms that both enable and inhibit Equally Well action. Although this evaluation focused on a small number of the active partners in Equally Well, the case studies reflect a wide range of Equally Well action across Aotearoa New Zealand that promotes physical health equity. This section discusses ways in which Equally Well can draw on its existing strengths and some possibilities for areas to explore to achieve better reach and impact.

## A functioning BBT that supports coordination and connection at a nationwide level is crucial

For Equally Well to continue to thrive, evaluation findings indicate the need to have a functioning BBT that supports coordination and connection at a nationwide level. Champions highlighted the important role of the BBT in supporting connection, maintaining momentum, and enabling champions to take action, proactively and when opportunities arose.

There is also need for a leadership group to guide strategic direction of the collaborative and have a role in initiating and driving nationwide action. Having a separate leadership group will allow the BBT to focus on coordination and communication to fulfill the function of a Collective Impact initiative.

As identified earlier, an enabling factor is lived experience leading and driving action, but for Equally Well, this does not only mean people with lived experience of mental health and addiction issues. Equally Well BBT and leadership members should be reflective of all the people the collaborative is seeking to make change for, for example, Māori and Pasifika as well as people with lived experience of mental health and addiction issues. The Ngā Waka o Matariki case study reminds us however that this must be done genuinely and authentically, retaining the mana and tino rangatiratanga of those involved. Exploring how leadership and BBT groups can be structured to do this meaningfully is an important first step.

## Understanding the impact of Equally Well is challenging

At this time understanding the impact of Equally Well is challenging. It is difficult to track changes in physical equity, but there have also been limited opportunities for understanding impact of local actions.  champions all identified the value of the evidence-base generated

through Equally Well. However, champions also want to find ways to see the impact of their actions. Creating infrastructure to support more evaluation around the impact of local Equally Well is likely to be of benefit. Examples of supportive infrastructure in this area are evaluation capacity building seminars for champions, funding grants for local evaluation, provision of templates and resources to do evaluation, developing a framework of shared aspirations, or champions having access to an evaluation advisor role.

## Workforce development is a key enabler of change

One of the ways Equally Well seeks to change the system is through supporting the health workforce to better integrate physical health with mental health and addiction. In this respect, workforce development was highlighted as a key enabler of Equally Well actions. Ensuring that workforce development is targeted and intentional is another recommendation arising from the evaluation. Workforce development to support better integration of physical health with mental health and addiction training and education, and vice versa, is one potential target area. Another is to support the creation of dedicated capacity for Equally Well action – this could be in the form of ring-fenced time or dedicated roles. In addition, highlighting as part of workforce development the potential these roles have for supporting physical health equity could be an area of development in the future. Creating contractual levers to encourage change may also beneficial here. Alternatively contractual levers may support integration of lived experience perspectives into action or provide resource to carry out local evaluation work. Research partners could have a role in understanding the impact of Equally Well.

Scanning the health workforce for roles that naturally fit with Equally Well and making connections is another recommendation for targeted and intentional workforce development. Since Equally Well started there have been significant changes to the health workforce, particularly in primary health, for example the creation of Health Improvement Practitioner roles. Several champions identified that there were likely people in their organisation who straddled both physical and mental health and addiction but were not aware of Equally Well. Scanning partner organisations and the wider health sector to identify key roles may be beneficial. Then, Equally Well can intentionally engage with this group of people to expand the reach of the collaborative.

## Connections and relationships across the collective are valuable

This report highlights the value of connections and relationships developed through being part of a collaborative. Connections and relationships have helped to maintain motivation and momentum, created catalysts for action through sharing of resources and affirming action, and were a source of feedback and peer review. The Equally Well BBT should continue to support the collaborative connecting across the country and create a central hub of information for

sharing of stories and ideas. At a local level, champions can also be doing this within their own spheres of influence.

## Cross-sector allies have the potential to increase the reach of Equally Well

Equally Well BBT members have been effective in bringing new allies that sit outside of mental health and addiction into the collaborative but this is a resource intensive process. Although the BBT should continue to strengthen their work in this area, more people within the collaborative need to be empowered to make connections outside of mental health and addiction. This could be enabled by including questions in the action plans about who else should be recruited, and how this could be done. There may be an opportunity to make this a focus of the new leadership group. Or this may be supported by encouraging champions to look inside their own organisations for people who are interested in the link between physical health and mental health and addiction issues.

## Lived experience voices and perspectives are vital in Equally Well

Champions and BBT members identified the richness lived experience perspectives and voices bring. The voices and perspectives of people with lived experience make the issues personal, powerful and meaningful and are important to lead the design and delivery of publications, presentations, seminars, and training programmes. To uphold the lived experience principle of Equally Well going forward, integration of lived experience voices and perspectives in Equally Well needs to be intentionally resourced and valued by all collaborative members. The BBT may have a role strengthening the capability and capacity of champions to integrate lived experience and whānau perspectives into action. However, encouraging champions to do this within their own networks would also be beneficial. Another option, as suggested by a number of people who participated in the evaluation, would be to consider the creation of a lived experience-led movement that aligns with health workforce focused Equally Well work.

## More should be done to integrate Māori and Pasifika perspectives and Te Tiriti o Waitangi

Champions recognised their responsibility to consider the needs of Māori and Pasifika in their work. Some have been able to do this in small ways but acknowledge that this was not enough and more should be done. Equally Well is in the process of developing and promoting a Māori health equity strategy Ngā Waka o Matariki which will be a vital contribution to strengthen this area. However, there may still be some uncertainty for Equally Well partners about what they can do to align their practice with Te Tiriti o Waitangi and better support physical health equity for Māori and Pasifika people. Greater promotion of existing resources by the BBT, for example

*Let's get real*: Real skills for working with people and whānau or gathering stories of what Equally Well partners are doing may help to motivate and encourage changes in practice.

Equally Well realises the need to have Māori and Pasifika worldviews incorporated into action to enable success. However, this aspiration is yet to be achieved. Incorporation of Māori and Pasifika worldviews would be furthered by intentionally supporting Māori and Pasifika to have culturally grounded conversations about what Equally Well means for them. This process has already begun for Māori with the development of Ngā Waka o Matariki and will continue to develop as implementation progresses. For Pasifika, the first step will be understanding who may have the capacity and capability to take a leadership role in bringing together Pasifika peoples to discuss Equally Well from a Pasifika perspective. Initially, the foundations need to be established for what Equally Well means to Māori and Pasifika, by Māori and Pasifika. Only then will there be space for others within Equally Well to learn more about how they can incorporate Māori and Pasifika worldviews authentically and genuinely into their work.

# Conclusion

Equally Well exists to achieve physical health equity for people who experience mental health and addiction issues. This requires both system-level action across multiple sectors, and local action within mental health and addiction services. This is not an easy task. The Equally Well collaborative brings together many organisations and individuals who come with a range of perspectives and professional roles, including but not limited to, having lived experience of mental health and addiction issues, practitioners across many disciplines, policy makers, researchers and many health sector organisations. For Equally Well to be successful all these people must work to influence their own roles and other roles to change policy and practice.

Although the scope of this evaluation is limited to exploring action in a small number of the 120+ Equally Well partners, it showcases a range of actions occurring as part of Equally Well. This report discusses enablers and inhibitors of change that emerged from exploration of seven case studies about Equally Well action. It also explores possible directions to further strengthen the work of the collaborative in the future. Unfortunately, there was limited action examined in the evaluation about targeted Māori and Pasifika action, so we are unable to report on how Equally Well is enabling change within Māori and Pasifika contexts.

## What are we learning about how Equally Well can enable change in the targeted system(s), particularly in relation to Māori and Pasifika worldviews?

The creation and maintenance of the collaborative and the connections and networks developed through Equally Well have been crucial to success in a number of ways. Similarly, the coordination activities of key people, either nationally or locally, have been extremely valuable. These are activities that Equally Well should continue to support, and they are fundamental to a collective impact approach.

Capacity in the BBT has been necessary to drive and coordinate change, but the capacity of local champions to drive local change is also critical. The advent of two dedicated Equally Well positions in Canterbury is an exciting development that may pave the way for similar positions around the country. Understanding and then communicating the value and impact of these positions is likely to be an important step if there is a desire to create more dedicated Equally Well positions.

Underpinning all action is the passion and enthusiasm of Equally Well champions and the BBT to drive change. The BBT has created the conditions for these motivated champions to take advantage of opportunities to support physical health equity. Continuing to create

opportunities for sharing between collaborative members, building the body of evidence, and supporting people to be visible and vocal in spaces where change needs to occur are all important ways to enable champions to further the work of the collaborative.

Workplace development can have a key role in creating new champions who value integrating physical health alongside mental health and addiction and are capable to support people in both these areas. Workplace development could also support more sustainable Equally Well action through localised evaluation to help champions understand and communicate their achievements.

Lived experience voices and perspectives are central to Equally Well, and there has been a strong lived experience voice on the strategic leadership group. In the future, reflecting on the role of lived experience will be useful, whether that is through lived experience leadership or the creation of a parallel lived experience-led movement demanding change within the health sector.

## How do the Equally Well backbone team and collaborative partners support learning, and to what extent are they using this learning to inform implementation and adaptations, particularly in relation to Māori and Pasifika worldviews?

BBT members and champions value reflecting on their work to learn what is needed, what is working well, and how they might adapt and be flexible about their action to support success. An area of learning the collaborative could focus on more intently is how to integrate Māori and Pasifika worldviews into Equally Well. Ngā Waka o Matariki will have a foundational role here in determining how Māori leadership and involvement in Equally Well could be established and then flourish. However, at this stage there is no defined strategy to bring Pasifika perspectives to Equally Well.

This evaluation has highlighted that Equally Well is a well-established collaborative, operating consistently with a collective impact approach. The BBT was identified by champions as providing vital coordination, connection, and motivation for champions, particularly at times when action was at a low ebb. Champions also are becoming active in enabling change locally in ways that reflected what the BBT was doing nationally. Champions enabling change locally is a crucial part of a collective impact approach but does not negate the need for a central BBT who also enables change.

At this time, the Equally Well collaborative is going through a reset and reinvigoration process. The intentions of this are to re-establish their work as a collaborative and ensure that the backbone and leadership teams are working in ways that support distributed leadership.

Equally Well is poised to take the next step in its' journey. Discussions have been occurring within the BBT and leadership of Equally Well about what those changes might be but were not within the scope of the evaluation so they have not be explored in this report.

This evaluation contributes to decision making about next steps through highlighting enablers of change. It also shares insight about how ongoing learning may help to support adaptation to ensure Equally Well continues to remain relevant to context.

# Recommendations

The recommendations in this section focus on Equally Well infrastructure and how the Equally Well BBT, champions and collaborative members can enable action with greater reach and impact.

## Infrastructure level recommendations

These recommendations reflect infrastructure needs to enable Equally Well to continue as a collective impact initiative.

- Continue to resource a strategic leadership group to guide the direction of the collaborative and a BBT that focuses on coordination and connection.
- Strengthen targeted and intentional workforce development.
- Develop a framework for ongoing evaluation of the impact of Equally Well actions.

## Equally Well collaborative member recommendations

These recommendations are actions that BBT, leadership and all collaborative members can take to help further the reach and impact of Equally Well.

- Continue to support connection, networking and sharing.
- Continue to engage new cross-sector allies.
- Resource and honour lived experience voices and perspectives to lead and drive change.
- Strengthen action aligned with Te Tiriti o Waitangi.
- Do more to incorporate Māori and Pasifika world views.

# Appendix A: Methods

## Workshops and interviews with BBT and SLG

Seven workshops focused on learning and adaptation as well as focus areas for actions and perspectives on enablers of change. These included two with the BBT, two with the Tamarack Institute, and three with members of the SLG. BBT workshops explored what members of the BBT believed were effective learning and adaptation practices for the Equally Well collaborative. They also explored focus areas for action and perspectives on enablers of change.

Two workshops with the Tamarack institute were also included in the analysis. The first of these workshops focused on some of the big challenges facing Equally Well in relation to the governance and functions of the BBT, and a reflection on the first Equally Well ecosystem diagram. The second workshop explored achievements of the collaborative, the Equally Well ecosystem which includes collaborative organisations, key champions, the BBT, and the SLG, and prioritising what to work on in the short and medium term.

Interviews with three SLG members were held to explore two areas: firstly, perspectives on Equally Well successes to date and any areas that could be strengthened and secondly, achievements of the SLG and perspectives on where and how SLG could add value to the collaborative into the future.

## Document review

The document review included a summary of actions recorded as part of the Equally Well collaborative since its beginnings in 2014. It identified what actions are taking place, who is taking action, and also highlighted any suggestions from the documentation for how Equally Well might be improved.

The review included documents from a number of sources including:

- Taking Our Pulse surveys (2015 & 2019)
- Equally Well action plans
- Equally Well e-news
- Equally Well framework for collaborative action
- He ara Oranga: Report of the Inquiry into Mental Health and Addiction 2018
- The Monitoring and Advocacy Report of the Mental Health Commissioner 2020

## Case studies

Seven case studies were selected for the evaluation. There are many examples of action within Equally Well and this evaluation could not include them all. The first step in selecting case studies was seeking volunteers from the collaborative through Loomio. Then the BBT provided further information and put forward some suggestions that were then discussed. Each case study provides insight into a different type or element of action.

Interview guides were co-developed with the BBT and final case studies were reviewed by the interview participants before inclusion in this report. Interviews were completed by videoconference.

# Appendix B: Case studies

## AOD Collaborative

The AOD (alcohol and other drug) Provider Collaborative was formed in 2009 to ensure providers within the Counties Manukau District Health Board catchment were working together to maximise positive outcomes for AOD clients. Odyssey was funded to manage the work of the Collaborative, and a Programme Manager has led several projects. Some of these projects focused on supporting the physical health equity of people who access AOD and mental health services.

One of these projects was the development of several resources, including *My Health: Self-assessment tool* – a health and wellness checklist for people who access AOD and mental health services, and *Finding Health Services* – a brochure that identifies key accessible health and social services in the community. These tools are *"an easy way for the workforce to start talking with people about physical health issues when they're not physical health experts".*

The first step was a scanning and scoping exercise to understand what the community was feeling about what was needed. Then they did some research interviews, focus groups and a survey with different stakeholders to explore what was currently happening and what could be done differently. That process made it clear that people using their services wanted a self-empowering approach because they were already doing things to support their physical health and they wanted to discuss information and ideas about how they might do things differently.

> *[They wanted us to] focus on what they consider to be important. And that was the value of the self-assessment tool, it gave a format to explore that with people.*

Along with the development of the checklist, the Collaborative created training modules, so their providers were equipped to help people complete their self-assessment and have empowering conversations afterwards. They developed a facilitator guide and were planning on completing training workshops, but because of COVID-19 they instead developed a series of training videos which have been posted on the AOD collaborative website (http://www.aodcollaborative.org.nz/equally-well-health-resources). Inclusion of lived experience voice was identified as important in the early research. A key component of the training videos was including someone with lived experience in the co-design and co-delivery because of her ability to offer a different take on the post assessment conversations and bring home to people the importance of this work. The Collaborative is hopeful that the self-assessment tool is being used by services. There have been over 4250 brochures listing local services circulated, and the first video module has been viewed 55 times.

A key turning point in the formation of the self-assessment tool was meeting someone from another organisation (ComCare, Christchurch) at an Equally Well meeting, who had adapted and used a similar tool from Neami National in Australia. Connecting and engaging with other passionate people in person, and virtually through Loomio, has been a big support to the Collaborative's Programme Manager in her work. This has been both generally to help maintain momentum, and specifically when seeking feedback in relation to the development of the tool.

> *It does feel like you're a bit of a lone voice sometimes, so having a network to link in with, to hear other's people passion and interest in the area, you know it gives you ongoing motivation.*

Equally Well has also "*provided a central hub for sharing information, and keeping the issue raised".* The Programme Manager appreciates the work done by the Equally Well BBT to include addiction specific issues in its initiatives and literature reviews. These have increased understanding of addiction related physical health issues and encouraged its inclusion in Equally Well work.

## Canterbury Regional Equally Well Collective

For the past three years a group of committed and passionate champions have worked tirelessly to reinvigorate the focus on Equally Well across the Canterbury region. Their work has supported a shift from a loose regional network that had "lost its way a bit" to a highly connected collective that integrates the work of three key groups: a primary health network, a specialist mental health network and a regional network encompassing the community and NGO sector.

> *The way we collaborate has worked really well, particularly between primary and secondary care and improving this further is really important. It's all happened organically. We've all met through our passion for Equally Well.*

The reinvigoration started when several champions asked why more was not being done to support Equally Well. This created a catalyst for several people to take on responsibility and ownership of setting up the new working groups within their own area. The development of these groups was supported by the relationships and connections that existed between these champions. They have also been supported by people taking responsibility for coordination activities such as setting agendas, booking rooms and writing and circulating minutes. These tasks are important in ensuring ongoing communication and connection. Similarly, having someone who sits on all three groups is crucial for maintaining connection and cohesion across the region.

> *Incredibly valuable for someone to coordinate that [minutes, agendas etc] and it's really evident that if that person is not there a lot of that fell over.*

The Canterbury Regional Equally Well Collective has been supported by the wider Equally Well collaborative in several ways. In the early stages of the collective Helen Lockett from the backbone team co-chaired the regional network. This was important to maintain a link to the wider collaborative and draw on others' experiences and ideas as the working groups were reforming. One champion appreciated the work of the backbone team in providing information and support during advocacy work she was participating in. The Equally Well action planning process was pivotal to the reforming of the working groups and creating cohesion for their Equally Well work.

> *It did take a while when we were meeting for everyone to be on the same page. There did come a time when we started to speak the same language more and I think developing an action plan was really useful. It made us stop talking around in circles and actually focus on what we can do.*

Key champions within the collective cover a breadth of professional roles and perspectives which has contributed to the success of the collective. Spanning both the primary and secondary healthcare sectors, professional roles range from senior management positions within the DHB to GPs and mental health and addiction nurses. Just as importantly, people with lived experience are involved in the local collective. These diverse perspectives provide support and inspiration for champions as well as enabling conversations to leverage off wider professional connections to move beyond the collective and reach decision makers.

> *It's really great having that collaboration across the sector from a whole lot of different areas. It's a real bonus because you're working in an area where people don't necessarily buy in to the importance of Equally Well. So when you're with other people who are passionate and agree that we need to do something it's inspiring to be around people who care as much as I do.*

Creating dedicated Equally Well roles, one in primary health and one in specialist mental health services, is a significant achievement of the reinvigorated collective. The development and implementation of these roles each took two years, and required tenacity, flexibility, and thinking outside of the box to get them over the line. Tenacity kept the conversation going and the need for these roles fresh in the minds of decision makers. Flexibility and thinking outside of the box helped to identify the purpose of the roles, as well as finding ways to integrate them into current infrastructure. The development of the primary healthcare Equally Well role started with a significant data collection exercise. This involving speaking with some of the

many people who have a 'stake' in the role and examining data on current service use to identify gaps and opportunities.

> *Taking the time to think about who's in the mix and meeting and having discussions, trying to get deeper down into where is the issue.*

Reinstating Equally Well as one of the DHB system level measures was another significant achievement of the collective. Having Equally Well as a DHB system level measure has acted as a lever for supporting action at both the primary and DHB levels. At the DHB level, Equally Well being a systems measures provides opportunities for working with the data analysis team at the DHB for collection and analysis of related indicators. At the primary health level, PHOs typically want to align their work with DHB strategy, so having Equally Well as a DHB measure creates opportunities for support and action at the primary level as well. For example, planning/project support was given for the development of the dedicated Equally Well role because Equally Well was a DHB systems level measure.

The Canterbury Regional Equally Well Collective is in a strong position. The region is well networked, connected and working together to take action to support the physical health equity of people experiencing mental health and addiction issues. They have successfully advocated for the development of dedicated Equally Well roles which will support the continuation of Equally Well work in the region.

> *People on the ground are already doing this work and we want to acknowledge, support and resource them to do it well.*

## Ember - Korowai Takitini

Ember - Korowai Takitini provides mental health, alcohol and other drug and intellectual disability support services throughout New Zealand's North Island. They are the largest employer of peer support workers in the country and have been on an Equally Well journey since 2016.

> *We're an organisation of people who are passionate and often quite angry at the unfairness and inequities in the system… …If you work here, and want to work here, you buy into that [our vision] and Equally Well is part of that.*

Ember Group CEO Darryl Bishop has always been passionate about the physical health equity of people experiencing mental health and addiction issues. But coming into contact with Equally Well was the *"first time I'd heard about a social movement to address an issue which we all knew deep down has been a problem forever".* He appreciated that here were a group of people, like him, who wanted to do something about it.

The Ember Equally Well journey began by bringing the Equally Well messages to the governance table and integrating Equally Well priorities into their policies. Governance have been supportive and encouraging of action to support physical equity, which has been vital to the success of their Equally Well work. Governance approved the use of a fund to support this work and to this day they are still holding senior management to account to ensure Equally Well action continues.

As well as integrating Equally Well into governance and policy, Ember have tried to have a very *"practical edge"* to Equally Well work within their organisation. They mobilised their staff and implemented a comprehensive approach to exploring, planning, and implementing action to support people's physical health.

> *We didn't want money to be a barrier to small changes that people can make. We tried to be very practical to support people to get bikes, join gyms, get trainers etc and that has continued.*

Removing barriers to physical wellness has now continued for 5 years and has become an integral part of the service that Ember provides for people. But it is not just their clients benefitting from Ember's Equally Well journey. A key factor supporting the ongoing action around physical equity was an intentional approach to give Ember employees ownership of this issue and permission to do something about it for themselves as well as their clients.

> *We supported people to use Equally Well as a thing to bash back at us if they wanted to change things in their teams, in their services, in their individual practice, which happened. It happened quite a lot where people would come and say I want to do this, and from an Equally Well perspective you have to let me do it.*

Ember continues to fight for the physical equity of their staff and the people they support. They are invested in this as an issue and are supported by senior management and governance to make it part of the fabric of their organisation.

> *We did it, for many reasons, I mean I'm passionate about it, but that wasn't the only reason. We did it also because our staff and our people, our clients, tāngata whaiora demanded that we did.*

## Nelson Marlborough DHB

*"Don't just screen, intervene"* is a central tenant of the new cardiometabolic screening and intervention process to support the physical health equity of people on Clozapine in Nelson Marlborough DHB. The presentation of a screening tool at an international conference and adaption of this tool to the New Zealand context was the catalyst that started this action.

A team of champions from the DHB incorporating expertise from primary and secondary health, pharmacy, quality and case management (nursing) have developed and implemented the screening tool. However, the tool is set up so that it does more than just screen, it also encourages clinicians to consider and implement interventions that might assist people across a range of domains.

> *For each parameter you had to consider what intervention and that's not just medication and traditional medical interventions, it was social.*

In Marlborough the General Practice (GP) clinics are funded to do the screening so the tool was adapted to make it quick and streamlined for a GP to complete. They also aligned the tool with what the hospital was already doing. The development and implementation process focused on creating an end-to-end approach, so they also developed systems and information behind the tool to make it easy and provide a sense of safety for the clinicians. For example, setting up quick referral systems, ensuring all the equipment is available and identifying what interventions might be warranted and who can support these interventions.

> *Making people feel safe that if they do a measurement and don't know what to do with it they've got an escalation pathway, or some guidelines for it.*

This comprehensive implementation process was helped by one team member who worked across primary and secondary health. Having experience working in both these tiers enabled the tool to be implemented with an understanding of the practices and systems within each tier of healthcare and how to overcome any barriers.

> *I know the systems, what the computer screens look like, what the barriers are, and how easy it is to go in and see if something is going to be done, cos if something takes 5 minutes there is no way you're going to do it in a 15 minute consult. It has to be easy.*

But as with any implementation process it has not always been smooth sailing. Getting people to own the monitoring has been an ongoing discussion and this has been helped by having up to date data available through Equally Well about the cardiovascular health of people experiencing mental health and addiction issues. Another issue was finding resource to do the screening within the current primary health funding models. Finally, there have also been times where momentum has slowed because people have changed roles or it has been challenging to find time to do the work in amongst busy schedules. The DHB champions having regular meetings rather than working separately has helped to regain momentum.

Being part of Equally Well and a collective has provided supportive networks and connections over time that has helped the development of this work.

*Just doing one thing, and meeting up, and then it expands. Equally Well was good at linking me up with other doctors in the field in similar roles.*

Similarly, being involved in Equally Well helped to create credibility and validity of work to promote physical equity for people experiencing mental health and addiction issues. Winning a DHB innovation award for the tool and realising through conference presentations that no one else was doing this screening in such a "formal and structured way" also affirmed the team's work. Equally Well content is always part of presentations talking about the project and physical health equity more generally as a way of raising awareness of the issue and engendering ownership of the issue.

Things are changing for the better with the new screening and intervention processes in place. Psychiatry letters now mention cardiometabolic monitoring, which is a shift from previous practice. Planning is happening to move the tool to the joint primary and secondary medication management software to enhance usefulness. They are also looking at ways to expand the programme into Nelson and/or to medications other than Clozapine.

# Ngā Waka o Matariki

*It starts off with a raindrop. The raindrop is about an idea. From the rain, from the drop, streams would begin, and water would flow. From that, they would break into different courses… and different strands started coming together. And then the streams started joining, so our voices started merging. When you merge, of course things start growing. And that's when your momentum really starts surging. Then the river started surging and going down. As you know, our rivers go out and flow into the great ocean, it's about us going into the great ocean.*

## Te Kore – Potential

### Whakaaro – the driving thoughts

In the beginning, there was a need to honour He Whakaputanga o Te Rangatiratanga o Nu Tireni[18] and Te Tiriti o Waitangi. It was not enough just to talk about disparities in health outcomes, Māori needed explicit mention in Equally Well to recognise the intentions and obligations of these national founding documents.

[18] He Whakaputanga o Te Rangatiritanga Nu Tireni – The Declaration of Independence of the United Tribes of New Zealand https://nzhistory.govt.nz/culture/declaration-of-independence-taming-the-frontier

> *So we also need to switch that up and say "whaiora Māori die even younger than that. They have multiple existing morbidities, and they also suffer from the adverse reactions to medication more than Tāngata Tauiwi do".*

The original intentions were for the rōpū to create a Māori health strategy based on a suitable whakataukī that would fit into the Equally Well strategy. However, recognising the significance of this work, Tui Taurua offered to create the metaphor to guide Equally Well, seeking guidance from Ngāpuhi Kaumatua. Bringing te ao Māori into a core Equally Well strategy is seen as holding huge potential to bring the authentic Māori voice to the forefront.

Ngā Waka o Matariki is spiritual and visual. It comes from a place of honesty and integrity and within it are embedded the connections we have to Papatūānuku, the Earth Mother, and to the natural environment.

## Te whānau ō Ngā Waka o Matariki- those involved

The Equally Well Backbone team realised there was a synergy of tāngata resource happening and in 2020 created the space for Ngā Waka o Matariki to happen. Ngā Waka o Matariki is for providers and practitioners of healthcare, offering multiple ways to draw Mātauranga into their practice. It demands a Whaiora Māori and whānau centred understanding of negative health determinants such as financial, food, and housing insecurities. The whānau of Ngā Waka o Matariki were drawn together by the same kaupapa, their passion, knowledge and experience in the sector, and the potential to amplify te ao Māori. Being mana whenua is foundational to the expertise they bring to Ngā Waka o Matariki, but they also draw on their strengths of lived experience, clinical practice, strategists and educationalists.

## Nā te kore te po – from the void the night

### Recognising intersectionality

> *When we work in the field of mental health and addiction and disability there is this thing called intersectionality. So it's really becoming quite specific of the groups of people involved, who are pushed out into the margins. And women are one of those groups. And so having a women's Whakatauākī which is Tui's, to start this whole journey off has been really important, really crucial to where it sits.*

There can be many layers of oppression for people who are accessing mental health and addiction, and health services, such as the overlapping of privilege, race, gender, sexual orientation, age, socioeconomic status, ethnicity, disabilities and migrant status. Members of the rōpū have stressed the importance of keeping close to what is happening out in communities and being aware of the diversity of circumstances and needs within Māori communities.

*When I came to Equally Well, there was nothing really Māori there. So I felt like I sometimes had to make them understand the reality of Māori.*

## Tino Rangatiratanga – Māori ownership and self-determination

For transformation to be made, Māori need to be making the decisions across all levels. The framework of Ngā Waka o Matariki offers guidance derived from mātauranga Māori and the opportunity to work outside of the medical model which does not reflect or respond to Māori, as Māori.

*In terms of ngā waka, we envisage waka and envisage navigating or charting the waters and the tides and the things that come to influence, what those journeys would be, like the winds and the temperature and who is on your waka. Who needs to be on your waka actually is something I would always ask. Tāngata Whaiora and whānau always need to be on your waka, as well as Māori leadership and practitioners.*

Equally Well leadership is primarily Tāngata Tauiwi. In terms of the journey for Ngā Waka o Matariki, the positive of this is in having allies who can support them in the early stages to create an enabling environment for the influence of Māori leadership and momentum of kaupapa Māori.

*We need allies, we need other people to help because we can't do it alone… people who are prepared to listen to us, people like that are very valuable. In some ways, the strategic leadership group is a very valuable tool for us.*

Yet, Ngā Waka o Matariki needs to be implemented with Māori in mind. The whakatauākī is focused on helping Māori achieve tino rangatiratanga and so transformation relies on development of Māori leadership in Equally Well.

*Māori leadership needs to be up there as well, it needs to be Māori up there saying those things alongside our Tauiwi colleagues saying them.*

## Te taiao me Tāngata Whenua – the natural environment and the people of the land

Of the utmost importance in connecting with Ngā Waka o Matariki is its essence as a karanga out to Papatūānuku.

*The karanga came as the waka o Matariki is on top of the ocean. And we are coming into New Zealand, coming into Aotearoa. And knowing that there's the clouds and we're knowing that the whenua is out there. We are knowing we are not far; the birds are coming*

> *and so we know. And that's when we are doing the karanga to Papatūānuku, we know you there, you know, we are coming to you, and how happy we are to be there with you.*

Central to the themes of Ngā Waka o Matariki is the bond between tāngata and whenua and recognising that as tāngata whenua, "we are not separated from our natural environment. We are an aspect of our natural world. We are one point in that". This was a focal point in the creation of the whakatauākī.

While Equally Well focuses on holistic wellbeing in bringing mental health and addiction issues to the attention of those working in the area of physical health, for Māori, having access to the natural environment is seen as equally important for assisting healing and maintaining wellbeing. This is a reciprocal relationship where the health of the natural environment is also understood as an indicator of the wellbeing of its people. Connections to the environment are not only seen as beneficial for Māori, but also as an area of un-tapped potential for Tāngata Tauiwi.

## Ki te whai ao ki te ao mārama – to the glimmer of dawn to the world of light

> *I like the term movement because [it] means there is a going with something … things change and focus changes. Strategies come and go, there is a use by date with a strategy. It responds to a time and a place, but they are going to be over. However, a movement becomes a life of its own.*

Ngā Waka o Matariki has gathered momentum from the hopes and dreams of the whānau involved in its conception.

> *A dream to get it out there and influencing all areas of the health and wellbeing sector. In reality; cardio, respiratory, renal, and those sectors from this having relationships with mental health and addiction. Hopefully before that though it would be influential in primary care.*

Reflecting on the mahi that has been done and seeking how to move forward in ways that nurture the journey of Ngā Waka o Matariki is important. Before the next phase begins, conversations about possible opportunities and challenges to implementation are critical. For example, how will it respond to the needs of different groups, how will it respond to practitioners and policy makers, and organisations who can see the benefit for their practice?

> *Currently its waiting… its waiting … to get on its journey and to be navigating itself out on the water there.*

## Toka Tū Moana – exploring the next waypoints

Ngā Waka o Matariki is thought of as the beginning of a movement that can be used across the healthcare workforce in its entirety, and ultimately by Tāngata Whaiora and whānau.

> *Ngā Waka o Matariki could be used as a self-assessment tool for workforce or consumers. A strength of this is for people to be able to find their place within the framework, 'find the star that resonates with you'.*

The most popular idea for dissemination of Ngā Waka o Matariki is that the kaupapa is picked up and carried forward by Tāngata and whānau Whaiora through wānanga.

> *I envisage this as the beginnings of a movement that strengthens over time, but also has its own infrastructure so it has a strength in terms of sustainability. So that it does things like have an annual wānanga or hui or conference where it makes plans for the next year or so. This is a place where people with lived expertise and policymakers and practitioners come together as one, to hear and to see what the transformations are, and to hear and see what the challenges are for the next year or so.*

In order to build capacity for this to happen, there have been suggestions around engaging with iwi and building champions who can then take Ngā Waka o Matariki into the mainstream with the intent carried from its creation.

> *It gives us a language, but also an anchor that this is Māori, and we understand this, and it's got our ambitions, but also our kind of philosophy in our way of being within it. So no longer will our kōrero or our thinking get subsumed in this larger and more dominant colonial discourse.*
>
> *And that comes down to things like who is hosting, and funding, where do you pull your waka up when you need to put the anchor down, and you know, who are your connectors to this.*

Hosts and connectors need to be grounded in mātauranga Māori to ensure that the essence of the whakatauākī is not lost. Having Māori ownership of the movement would ensure that it wouldn't "get subsumed by this dominant colonial discourse, and it somehow became a non-Māori thing where the meaning was lost". These are the themes for some of the conversations that will ensure that Ngā Waka o Matariki does not lose its wairua along its journey.

## Policy change

Ensuring that people experiencing mental health and addiction issues are formally identified as a priority group within population health screening programmes was an early priority area for action within Equally Well. Since 2015 Equally Well has successfully advocated to get people experiencing mental health and addiction issues prioritised in two key areas. The first was the Cardiovascular Disease (CVD) risk assessment and management guidelines and risk prediction calculators and the second was in the Cancer Action Plan. More recently, Equally Well has been advocating for people experiencing mental health and addiction issues to be prioritised for COVID-19 vaccination, and also within the population groups for funded influenza vaccination.

Equally Well champions have been important knowledge brokers in policy change processes. They have created a body of evidence through supporting research and regular evidence reviews. Furthermore, they have translated this research into easily communicated messages and made it freely available on the Equally Well website, and through presentations and discussion forums. Having up to date research, data and communicable messages were seen as crucial by champions to being able to effect policy change. The policy window can sometimes be short when going out for comment and having existing research and data to draw on to build a strong argument is essential. This all means that when a policy opportunity arises Equally Well can mobilise the necessary data and champions to help inform policy change.

Action for policy change has started with Equally Well backbone team members looking outside of the mental health and addiction sector for possible ways they could take action to support physical health equity.

> *Going out to make connections outside of mental health and addiction makes you look at new things. We went out in search of new ideas. (Equally Well champion)*

This process of looking beyond the silos of the mental health and addiction sector led to gathering people together with different skills, knowledge and expertise that could be drawn on when advocating for policy change. These people have become allies and champions within their own areas, bringing the messages of Equally Well to other groups.

> *This is not a problem about mental health or addiction, this is a problem about health services and the way we deliver physical health services. And so having the voices who already have credibility in physical health space, be it cancer or cardiovascular disease, is really important - because it has to be a part of their problem that they're interested in too. (Equally Well champion)*

So the value of this action is not just getting a written change to policy, it also widens the reach of the collective as new people in different sectors become more likely to consider the needs of

people experiencing mental health and addiction issues as part of their work. As one interviewee said of someone they had recently introduced to the collaborative who works in general medicine:

> *Now it's just something that they just know they have to think about and include, because it's obvious now. (Equally Well champion)*

Bringing new champions into Equally Well who inherently consider the needs of people experiencing mental health and addiction issues is enabled through Equally Well champions confidently and concisely maintaining visibility of the issue over potentially a long period of time. Having an awareness of the issue and personal or clinical experience to draw on about the impact of the physical health disparity can also influence how readily someone becomes an Equally Well champion and takes ownership of the issue in their own discipline. Finding and recruiting these champions to Equally Well has played an important role in the success of policy change actions.

Similarly, how receptive decision makers are to considering the needs of people experiencing mental health and addiction issues has influenced the policy change process. The process to change the Cancer Action plan was relatively short (approximately six months), led by one person in the Equally Well BBT who mobilised existing data, and called on champions with specific knowledge and expertise. However, changing the CVD risk assessment and management guidelines took about three years. In this instance, a much wider group (initiated by the BBT) engaged in this process with different people taking leadership and driving roles at different times. In both these examples the policies were being formally reviewed, and Equally Well champions took the opportunity to respond to an 'open policy door'.

In other areas however, the approach needs to be more proactive, for example raising the health equity issues within an existing policy which is not currently under review. In these situations, a much more intentional, planned influencing process is needed. This has included working alongside international colleagues from Equally Well UK and Australia, to draw on ideas, policy changes in other countries, and international data.

The work of the Equally Well BBT and champions in the past six years has enabled the prioritisation of physical health equity for people experiencing mental health and addiction issues in two notable areas of population health policy and guidelines. Evaluating this process of change shows the importance of utilising existing allies and findings new ones, and the value of being able to draw on New Zealand research and data, which is translated into easy communicated messages. Whilst each policy change opportunity is unique, Equally Well backbone team members and champions are now much more familiar with the process and feel

more confident that they can draw on the skills and expertise needed to affect change at a policy level.

## Whitireia

Integration of physical health alongside mental health underpins all nursing and support worker education at Whitireia, from certificate level courses through to post graduate qualifications. Consideration of a person's physical health as well as their mental health and/or addiction issues is present in theory, practical activities and assignments. Nursing courses are taught by comprehensively trained nurse educators.

> *Everyone here is Comprehensive Nurse trained, even when they have a background working in mental health and addiction. We're not a mental health programme, but we have a very strong mental health thread that goes through the programme. (Nurse tutor)*

The Bachelor of Nursing programme has an integrated curriculum where the physical and mental health aspects are always considered together. Other courses may use co-teaching, with one nurse educator coming from physical health nursing experience, and the other coming from a mental health and addiction nursing experience to ensure that clients physical, mental and psychological wellbeing is considered equally.

Equally Well has become a key component of Whitireia courses through embedding its key messages and principles into curriculum. It is used as a vehicle to bring addressing equity to the fore of all training. Students explore the determinants of physical health inequity through the lens of structural and systemic issues as well as nurses' attitudes, value and beliefs. They also explore systemic/structural and individual solutions to help achieve physical health equity.

Resources and research available through Equally Well forums, newsletters, and the website are used extensively in their teaching. For example, Loomio[19] has been a source of information and inspiration for assessment tools and staying relevant to what is happening in the sector. In addition, having access to Equally Well discussions help educators to look outside their own practice and reduce the chance of them slipping into siloed practice. Connection to Equally Well helps to reinforce the importance of integrated practice for educators and students.

[19] Loomio (www.loomio.org) is an online "forum with tools that help you facilitate conversations and decisions, helping you start and hold conversations that move to clear outcomes."

*I think that the collaborative network is really important, I think that the research that underpins practice is really important. (Nursing Tutor)*

For the educators at Whitireia, this way of teaching is valuable because it helps students to quickly connect with the needs of their client in a more holistic way. This is particularly helped by using simulated scenarios where the focus is on using nursing skills and knowledge in both physical, and mental health and addiction to unpack what is happening for the client. These practical scenarios are utilised in classroom teaching and within the simulation suite.

*When I started [nursing training] I learnt about something, but it was compartmentalised, and it took me a while to bring it all together. But with them [the nurses who are being trained via the integrated curriculum] I can see that the stars are aligning for them and they can understand, and it makes sense to them. (Nursing Tutor)*

The passion of these educators drives the continuation of this approach at Whitireia. The entire teaching team is committed and enthusiastic about mental health and addiction and the integration of physical health into their curriculum and practice. They have worked in environments where physical health was separate from mental health and addiction and seen the negative impact of this approach on clients. Postgraduate nurse educators want to support their graduates, particularly as they move into leadership roles, to create clinical environments where physical health is the responsibility of mental health and addiction clinicians.

*Getting nurses to reflect on the bigger clinical picture and how they might effect change. They may not be able to do that in the first year or so of their practice, but as they progress through their careers and create connections and relationships and move into leadership positions they are more likely to be able to do this. (Nursing Tutor)*

To support this desire to effect change, courses are developed in ways that enable students to become 'champions' for the integration of physical, and mental health and addiction in their workplace. Several courses cater to people who are working in these areas as they are studying. For these courses in particular, students are encouraged to bring their real-life work challenges and use the time in class to debrief and discuss solutions. In another example, students were involved in working groups within their respective organisations to explore how they can effectively integrate physical health into their mental health and addiction work. These students were able to bring current research and experience to the discussion, which supported changes in practice and challenged the common discourse. Integrating practical scenarios in the simulation suite further reinforces the classroom learning and discussions highlighting the need for physical health and mental/psychological health to be considered equally.

# Glossary

**Collective impact** – the collaboration of organisations and individuals from across different sectors to solve complex problems.

**DHB system level measures** - the System Level Measures (SLMs) Framework provides a nationally set series of outcomes that support continuous quality improvement and system integration within DHBs. They aim to improve health outcomes for people by supporting DHBs to work in collaboration with health system partners (primary, community and hospital) using specific quality improvement measures.

**Equally Well champion** – a member of the Equally Well collaborative who is contributing and/or leading change within their own sphere of influence. Champions are passionate and motivated to achieve physical health equity for people experiencing mental health and addiction issues.

**He Whakaputanga o Te Rangatiratanga o Nu Tireni** – the 1835 Declaration of Independence of the United Tribes of New Zealand. This document represents New Zealand as a sovereign nation under the Confederation of the United Tribes of New Zealand.

**Kaupapa** – topic or programme theme.

**Lived experience** – people who have personal experience of mental health and addiction issues.

**Mahi** – work

**Mana whenua** – those with territorial rights, authority over the land or territory associated with possession and occupation of tribal land.

**Mātauranga** – knowledge/ wisdom that has grown and evolved over thousands of years.

**Pasifika** - people who identify as being from, or descendants of people from the Pacific Islands, eg Tonga, Samoa, Cook Islands, Fiji, Niue, Tokelau.

**Physical health equity** – everyone having the same opportunities to be physically well.

**Pūrākau** – story/stories

**Rōpū** - group

**Tāngata** - people

**Tauiwi** – non-Māori who were born outside of New Zealand, foreigners.

**Te ao Māori** – the Māori world, a Māori worldview.

**Te Tiriti o Waitangi** – the agreement signed in 1840 by representatives of the British Crown and Māori chiefs from the North Island of New Zealand. It is considered as a founding document of New Zealand.

**Whakataukī** – Māori proverb of unknown authorship.

**Whakatauākī** – Māori proverb with a known author.

**Whānau** – family. This can be inclusive of extended family and sometimes close friends.

**Tāngata whaiora** – person or people seeking health and wellbeing.

**Wānanga** – a place or event where thoughts, ideas, and knowledge is shared.