Therapeutic and Clinical Services

Piki: Empowering and supporting rangatahi towards better health and wellbeing

Kate Charles

Tū Ora Compass Health
Piki: Empowering and supporting rangatahi towards better health and wellbeing

Additional Information about Entry

The Piki programme is an innovative youth primary mental health service currently being piloted in the Greater Wellington region of New Zealand. It is designed to increase the access of young people aged 18-25 years with mild to moderate mental and/or substance misuse challenges to psychological therapies, integrated with other mental wellbeing supports, within a stepped care model.

Established in February 2019, Piki continues to be in high demand with over 5300 young people accessing a range of Piki services in the first 2 years of the pilot.

Piki provides easy access to a range of free integrated supports via website self-referral (Piki.org.nz) or referral by a general practitioner. Piki supports include CBT informed counselling, one-to-one and group peer support, and a wellbeing app, all of which aim to equip young adults with age-appropriate tools to help them overcome adversity and strengthen their wellbeing.

One of the key innovations of Piki is the introduction of peer support as an alternative, or adjunct, to traditional talking therapies. For young adults experiencing mental distress or substance abuse challenges, talking to a peer who has been through similar issues can be an incredibly powerful step in their recovery journey. Peer support happens when people with similar experiences work through their life challenges in a mutual way. A peer support relationship makes it easy to build trust, to share experiences and to understand there is a way through mental distress. Our peer supporters are trained, youth-friendly and have experienced mental distress themselves.

Another key innovation is the integration of Melon Health, an emotional wellbeing app, with the delivery of counselling and peer support services. Young people signed-up for Piki can talk to their Piki counsellor through the app, track their sleep, activity, and mood, and share this with their counsellor. Through the Melon app, rangatahi can also get support from an online community of peers, access a range of resources and tools, including videos, podcasts, and articles on mindfulness, emotional wellbeing, creating habits, relationships and more.

The Piki pilot is provided by a collaboration of nine providers – Tū Ora Compass Health, Victoria University of Wellington, Massey University, Melon Health, Puāwaitanga, PeerZone, Explore, Te Awakairangi Health Network, and Ora Toa PHO – with service developments guided by a youth co-design group.
Criteria

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

The 2018 the NZ national mental health inquiry identified that children and young people are exhibiting high levels of distress leading to deliberate self-harm, risk-taking, and anxiety disorders. It identified extensive unmet need, delayed and inappropriate interventions, and high rates of youth suicide. Feeling isolated from others is strongly associated with symptoms of depression, anxiety and other forms of mental distress, and with lower levels of life satisfaction. 15 to 24-year-olds report high levels of isolation and mental distress.

The review also found that some sectors of society face disproportionately high levels of mental distress, with Māori, Pasifika and Rainbow youth all experiencing higher levels of depression than Pākehā. Māori youth also experience higher rates of suicide. Access to health services also varies, with Pasifika youth seeking support from a health professional at lower rates than other ethnicities for.

In response to the review findings, a Request for Proposals (RFP) to provide support to 18-25 year old’s experiencing mild to moderate mental health and substance misuse challenges was issued by the NZ Ministry of Health. The Piki programme was developed in response to this and was awarded a contract to pilot a new approach to addressing youth wellbeing that could be tested and evaluated with a view to developing a nationally scaleable, evidence-based model.

Requirements for the initiative in the Ministry of Health’s RFP were drawn in part from the Improving Access to Psychological Therapies (IAPT) model introduced in England in 2008. In adapting IAPT to the New Zealand/Aotearoa context, three key innovations were proposed and adopted for the Piki pilot service:

1. it would be co-designed and co-evaluated by mental health service users, including representation from priority population groups
2. it would include free peer support alongside free psychological therapy
3. it would include a central digital hub for mental health resources and support services, and for collecting outcome measures from service users.

An evaluation of the Piki pilot was designed to test the effectiveness of a fully scaleable model of psychological therapy based on an adapted IAPT model and thereby add to the NZ body of knowlede on effective interventions for young adults that could potentiall be rolled out nationally.

2. Evidence of innovation and/or recognised best practice.

The requirements in the Ministry’s Request for Proposals were drawn in part from the UK Child and Youth Improving Access to Psychological Therapies (IAPT) model utilising CBT – an evidence-based approach to mental health counselling. The design of the pilot programme and the evaluation framework submitted by Tū Ora
Compass Health (Tū Ora) and the University of Otago incorporated several additional key features and innovations. These were intended to improve equity of access for young people from underserved groups (including Māori, Pacific, LBGTQIA), and to create a service tailored to the New Zealand context.

Additionally, innovations not found in the UK model were also included, namely co-design with youth (rangatahi), including young service users, and integration of psychological therapy with intentional peer support services and digital and telehealth services, along with improved access across the primary and community health care sector.

Another innovative aspect of the pilot was inclusion of an integrated evaluation workstream to facilitate evidence-based review, refinements and ‘course corrections’ at multiple time points throughout the pilot programme timeframe.

3. Evidence of participation of mental health consumers in the planning, implementation and evaluation of mental health service delivery. Evidence of prioritising increased level of engagement and influence of consumers and where higher level participation such as authentic co-design is highly favoured.

The evaluation of the Piki pilot was conducted by the University of Otago as a co-production by a diverse team of ten researchers of whom four identified as service user academics. A Service User Reference Group (SURG) was also involved in the evaluation, having input to the question schedule for interviews with service users, the client survey and to the analysis of the service user interviews. This kind of co-production within an evaluation team – involving service user academics as equal partners with non-service user academics and clinicians, supported by a youth service user reference group as co-evaluators, is in itself an innovative and ground-breaking aspect of the pilot.

Co-design with young people is also an important innovation that is embedded within the Piki programme. A youth reference group, many of whom identify as mental health service users, meet regularly to provide input into the design and ongoing development of Piki. Members of this group are also represented on the Piki Steering Group and Practitioners Advisory Group.

PeerZone, Piki’s peer support partner, is represented on all Piki governance and operational groups, including the programme steering group, practitioner advisory group, and operational management group. PeerZone is a consumer led organisation and was recently acquired by Mind and Body consultants (MBC). MBC is a well-established and respected peer led organisation that has been serving communities for the past 22 years delivering peer support and advocacy. MBC is an entity of the Emerge Aotearoa group in New Zealand.

Finally, Melon Health, Piki’s digital partner, provided a peer community through their digital wellbeing App where consumers can chat online and support each other.

4. Evidence of partnerships and linkages with all key stakeholders (collaboration for continuity between organisations).
The Piki programme is provided by a consortium of organisations including:

- **Clinical providers (therapy):**
  - Tū Ora Compass Health
  - Te Awakairangi Health Network
  - Victoria University of Wellington Student Health Services
  - Massey University (Wellington) Student Health Services
  - Explore (clinical psychology)
  - Ora Toa Health Services

- **Intentional Peer Support:**
  - PeerZone

- **Digital and telehealth services:**
  - Melon Health
  - HomeCare Medical:
    - Website development
    - Puāwaitanga (telephone counselling by referral)
    - Social media campaign development
    - 1737 National Telehealth Service

- **Evaluation**
  - University of Otago

The following diagram illustrates how the Piki partners work together to provide integrated mental health support to rangatahi:
All consortium members all signed up to a Charter agreement setting out the objectives of the partnership and relationship principles governing the way in which the parties will each conduct themselves in relation to implementing the programme objectives.

All partners are represented on Piki governance and advisory groups (steering group, practitioner advisory group, and operational management group) and are involved in continuous improvement, ongoing service development, and shared decision making.

Partnerships were also developed with some local Māori-focused organisations included Kahungunu Whānau Services and Maraeroa Marae Health Clinic.

5. Verification of effectiveness (quality improvement activity, data collection and its use, including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates etc).

Evaluation of the pilot was conducted by the University of Otago within a modified action research framework informed by principles of co-design, combined with tools from complexity and implementation science. This approach was underpinned by a philosophy of ‘appreciative inquiry’ which sought to identify opportunities, strengths and the positive and aspirational features of innovation, whilst commenting constructively on emerging challenges and problems as the pilot developed.

The University of Otago evaluation is currently being finalised. An excerpt from the draft report is provided here as a summary of the overall findings on effectiveness of the program.

**Excerpt from draft Otago University Evaluation report**

The original aim of Piki was to supply a pilot primary mental health service, free to all youth (aged 18-25) with mild to moderate mental health problems. Key innovations were intended to include co-design with youth including young service users, and to provide an integrated service of psychological therapies with peer support services and digital wellbeing support. An important focus was to improve equity of access for young people from underserved groups (including Māori, Pacific, LBGTQIA).

There was also a recognition that the pilot would involve a transition from existing platforms of primary mental health activity within the Wellington region to the new integrated service delivery model with multiple possible entry points, where “any door is the right door”.

a. Summary of findings - Overall successes and challenges

As described in detail elsewhere we feel that overall, the Piki pilot represents an ongoing success of a complex and innovative mental health programme. After 24 months of operation, we observe Piki continues to enable multiple partners to work together to deliver comprehensive and integrated support, to young adults in the Wellington, Porirua, Hutt, Kapiti and Wairarapa regions. Over this period (which
included the COVID-19 lockdown period) Piki has delivered approximately 21,015 therapy or peer support sessions to 5307 clients.

The utilisation data we collected indicates clients accessed a range of services and while one-to-one therapy has predominated, there has been good uptake of peer support and telephone counselling, and substantial registration with the Melon app. Clients interviewed or surveyed have been very positive about the support they received through Piki overall, and about the ease of access through the referral process. They affirm the value of the original intention of Piki as a free easily accessible service.

**Service utilisation**

There were 5307 individuals (excluding Melon only enrollees) who accessed the Piki service for the two years up until the end of December 2020 (2090 in 2019 and 3217 in 2020).

**Piki Enrolments from start of service to Dec 2020**

The majority of Piki service users were female (65.3%) and European (69.9%). Priority populations for Piki (i.e. Māori 13.7% of service users; and Pacific 3.5% of service users) made up a share of the serviced groups at levels below the population share of these ethnicities (17.4% and 8.0% respectively based on Wellington region census 2018 data for this age group). The deprivation levels (based on NZ Deprivation quintiles) of service users show a fairly even spread across levels 1-4 with deprivation level 5 (the most deprived), being seen the least, although this is consistent with population levels.
Therapy

The table below describes how many individual service users accessed therapy through each of the Piki therapy providers (excluding the dedicated telephone counselling services). The vast majority of Piki clients accessed the therapy component of the service.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Number of service users</th>
<th>% of total service users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tū Ora Compass Health</td>
<td>2400</td>
<td>45.2%</td>
</tr>
<tr>
<td>Victoria University</td>
<td>1561</td>
<td>29.4%</td>
</tr>
<tr>
<td>Massey University</td>
<td>760</td>
<td>14.3%</td>
</tr>
<tr>
<td>Te Awakairangi</td>
<td>548</td>
<td>10.3%</td>
</tr>
<tr>
<td>Ora Toa</td>
<td>38</td>
<td>0.7%</td>
</tr>
<tr>
<td>Explore (clinical psychology)</td>
<td>172</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Note: Some people accessed more than one therapy provider

The majority of Piki service users had between one and three therapy sessions, with 33% having only one session. A substantial minority of service users (4.6%) had 13 or more sessions.

Peer Support

Peer to peer support services, delivered by PeerZone, were introduced into Piki in July 2019. A total of 155 out of 5,307 individual service users accessed peer support services, or 2.9% of total Piki users. The total number of sessions delivered by PeerZone was 1,252 out of a total 21,015 sessions, or 5.6% of total Piki sessions. The mean number of peer support sessions per Piki client was 8.1 sessions, with PeerZone reporting the lowest DNA rate (3%; 40/1292 sessions) of all the Piki services.

Interaction between peer support and therapy

Clients who engaged in both peer support and therapy spoke about the fact that these two interventions were quite different in nature, but very complementary. They appreciated the expertise and resources given to them by therapists and were much more familiar with the therapeutic relationship and the process. However, clients also enjoyed the more casual nature of peer support, preferring to have some conversations within this more relaxed setting. Overall, the experience of those receiving both services was that it provided a wraparound approach where the client felt supported throughout their time with Piki.

Melon Health

In 2019 around 50% of all Piki clients enrolled with Melon Health. By the end of 2020 cumulative enrolments had declined to 30% of all Piki clients.
Contrary to what may be assumed, digital support does not appeal to all young people. The quantitative data and qualitative feedback from the evaluation both indicate that while some young people value having access to a range of digital options to support their mental health and wellbeing, a significant proportion have little or no interest in this kind of support.

Nevertheless, the Melon platform has successfully provided a range of useful inputs to a subset of Piki clients and providers, and has progressively expanded its range of resources, activities, and operational features over the duration of the pilot.

As such, Melon has also been a useful testbed for the utility and acceptability of various possible components of digital platforms and resources, and for how these can most usefully be integrated into a youth-oriented service.

Puawaitanga (telephone counselling)

A small percentage of Piki clients used the telephone counselling service of Puawaitanga: 185 individuals out of a total of 5307 unique Piki clients (3.5%) over the period to 31 December 2020.

Piki website

The table below details a monthly breakdown by users, average pages per session and average session duration from October 2019 when reporting commenced. New users have been steadily increasing by month with a marked increase in February 2020. This coincides with community promotion to Māori and Pacific and students arriving back at University, so both these factors may have increased the number of people going to the website.

Average pages viewed per session range from 1.3 to 2.2. The average time spent on the website per session ranges from one minute to just over two minutes.
Outcomes

Issues with collecting an adequate set of outcome data mean that it is not possible to comment directly on the effectiveness of the psychological therapies offered through Piki in terms of psychological measures. However, the majority of Piki clients accessed in-person therapy and the feedback collected from service user interviews and survey responses indicates that therapy was seen as hugely beneficial overall.

The Otago University client survey provided feedback on therapy from 582 service users (out of the 730 who completed the survey) and the majority were positive about their experience, with 64% indicating that it had helped them a lot or quite a bit, as shown below:

Responses to the question: Please tell us how well face to face counselling/therapy (incl video or phone during or after Lockdown) helped you with the issue that you were struggling with? Indicated that, as shown below:

![Bar chart showing responses to the question about how helpful the therapy was.](image)

Figure 20: Client survey responses “How helpful was the counselling/therapy?”

Integration of Service Components

Development of a service built on the concept of ‘integrated psychological therapies’ was the core objective of Piki. Utilisation data indicates that clients have indeed accessed a range of services, although the predominant service delivered has been one-to-one therapy. Nevertheless, there has been good uptake of less traditional services such as peer support, telephone counselling and digital support via the Melon app, and clients who accessed more than one service reported largely positive experiences.
Conclusion

Overall, Piki represents a successful development of a complex and innovative mental health pilot programme that will add to the national body of knowledge on effective interventions for young adults. The pilot has shown that it is feasible to transition from an existing platform of primary mental health service delivery, and to introduce and sustain a number of innovations.

The engagement of multiple partners and the incorporation of an embedded evaluation stream has enabled the programme to deliver an integrated suite of services, and to adapt and evolve in response to feedback and external challenges.

The initial pilot was funded until 30 June 2021. Funding has now been secured from the Ministry of Health to extend the pilot for a further 18 months in order to provide time to more comprehensively test the Piki model through the inclusion of service enhancements informed by the final evaluation.

We are excited to enter the next phase of the Piki pilot and welcome the opportunity to further improve and evolve the model, with a particular focus on improving access for Māori, Pasifika and other priority population groups.

Referees

Fionnagh Dougan
Āpiha Whakahaere Mātāmua | Chief Executive
Ūpoko ki te uru Hauora | Capital & Coast and Hutt Valley District Health Boards

Tania Wilson
General Manager
ProCare Fresh Minds
Appendix of Support Material

1. Winner of the Capital and Coats District Health Board 2019 CEO award and runner up for Champions of Collaboration and Innovation award.

CCDHB Quality Awards | New Zealand Doctor (nzdoctor.co.nz)

2. Winner of Best Youth or Senior Health Service Award at the 2020 NZ Primary Health Care Awards

Piki supporting rangatahi in mental wellness journeys | New Zealand Doctor (nzdoctor.co.nz)

BEST YOUTH OR SENIOR HEALTH SERVICE AWARD

This award recognises the outstanding achievement of a health service designed and delivered either for youth or for people over 65 years of age. The health service will be appropriate, engaging, effective and have a positive impact on the lives of people in these groups.

WINNER
CONSORTIUM LED BY TŪ ORA COMPASS HEALTH

Piki Chief Executive Martin Hefford, Programme Manager Kate Charles, Pharmacy Guild chief executive Andrew Gaudin, Jocelyn Malcolm, Tania Wilson and Tony Dowell
Judges’ comments

This is a truly exciting and innovative approach to youth mental health services. The programme description demonstrates how co-design can result in creative models of care to address a significant health problem in New Zealand.

It addresses health equity issues and LGBT community needs directly. The electronic and telephonic care innovations and self-referral really create a very accessible service for youth mental health promotion.

3. Scoop health article

Piki on track to help thousands of young people | Scoop News

Monday, 26 August 2019, 11:01 am
Press Release: Piki

Piki on track to help thousands of young people across the region ahead of Hutt Valley launch

The Government’s free youth mental health pilot, Piki, is on track to help an estimated 10,000 young people with mild to moderate mental health and substance use challenges across the Wellington, Hutt and Wairarapa areas over the next two years. Piki is now available in the Hutt Valley, with a celebration happening on Monday 26th August in Taita.

Piki supports young people (18 to 25-year olds) with mild to moderate mental health and addiction needs. Te Awakairangi Health Network is delivering the Piki initiative in the Hutt Valley in partnership with Tū Ora Compass Health PHO and key stakeholders (see background information below.)

“We are delighted to be offering free and innovative mental health solutions through the Piki initiative to a base of over 13,500 young people in the Hutt Valley. It’s encouraging that many young people in our wider region have received help so far,” says Bridget Allan, CEO of Te Awakairangi Health Network.

“We’re especially pleased to be removing access barriers for those young people needing support who can now refer themselves directly through the Piki website (www.piki.org.nz) as well as through their GP or practice nurse. Young people can access strengthened support services online, by phone, peer support navigators, and by talking face-to-face with therapists,” she says.

Piki has been co-designed with help from a youth reference group and is complemented by comprehensive independent evaluation by Otago University to ensure this initiative is guided by strong evidence.
Background:
Piki was launched in Porirua in February 2019. A rollout to Wellington and tertiary providers was launched in May 2019. The final staged rollout, to Hutt Valley and Wairarapa, will be launched on 23rd and 26th August respectively.
Piki removes barriers to access help by offering self-referral via the Piki website (https://www.piki.org.nz/), online and phone services as well peer support because not everyone finds it easy to talk to their GP or a counselor about their mental health and wellbeing.

4. NZ Doctor Article (29 August 2019)
Social media smiles hide darker truth says mental health youth advocate | New Zealand Doctor (nzdoctor.co.nz)

Social media smiles hide darker truth says mental health youth advocate

Virginia McMillan

Isolation affects the mental health of young people in rural Wairarapa.

Wairarapa youth MP Belle Willemstein contrasts the pain seen in young people’s suicide rates with the happy lives young people share on social media.

Ms Willemstein says these are masks people hide behind.

She says young people have been failed.

A youth team were among co-designers of the Piki youth mental health programme, which Ms Willemstein calls a 21st century innovation, with tools to help young people overcome adversity.

Not good enough
Wairarapa youth MP Belle Willemstein spoke at the Piki launch.

She referred to New Zealand’s youth suicide trends. The Coroner today released provisional data indicating there were 164 deaths by suicide in people aged 15 to 24 between July 2018 and June 2019.

Halving the Wairarapa’s suicide rate, or reducing it to the country’s lowest, would be good, but not good enough, Ms Willemstein said at the Wairarapa launch of Piki, in the Carterton Events Centre on Friday.

When future generations do not have to experience the pain of the ones before them, “only then will it be good enough”, she said.

Rural isolation is a factor in local young people’s mental health, and distance is no excuse for leaving people out, she told the gathering of Wairarapa DHB, Tū Ora Compass Health and local health representatives.

**Hutt launch**

Hutt City mayor Ray Wallace, Te Awakairangi Health Network chief executive Bridget Allan, Green MP Chloe Swarbrick, Labour MP Ginny Anderson, associate health minister Julie Anne Genter and network chair Joe Asghar at today’s Hutt Valley launch of Piki

Piki provides online and phone options as well as face-to-face counselling and peer support. A programme that began in February in Porirua, then extended to Wellington, it was also launched today in Hutt Valley.

The support is available for 18 to 25-year-olds with mild-to-moderate mental health needs and/or substance use challenges.

Hutt PHO Te Awakairangi Health Network is adding 4.6 full-time equivalent therapists to its wellbeing team that handles primary mental health.

The aim is for any of the district’s 13,000 young people to access a Piki service if they need it, chief executive Bridget Allan says.
Ms Allan is already hearing of young people who have been supported to address their issues and get their lives on track.

**Technology at hand**

Wairarapa primary care mental health nurse Jenny Fleury says clinics in general practice are generally booked up.

A member of the DHB’s consumer council and a community health worker at provider Whaiora in Masterton, Marlene Whaanga-Dean, says Whaiora will welcome the Piki tools. Most young people use Facebook, so should be able to access Piki, Ms Whaanga-Dean says. However, she notes some young people in her community lack internet access.

Wairarapa primary care mental health nurse Jenny Fleury says the Piki app will be particularly helpful. Ms Fleury is one of three nurses who hold clinics in general practices and in the Youth Connect facility in Masterton. She says most days are booked up.

Tū Ora Compass Health chair and Whitby GP Larry Jordan welcomes the additional options and practitioners to take some of the load from GPs and the primary mental health service.

**Self-referral option**

Tū Ora Compass Health general manager, clinical services Bronwen Warren says as soon as the Piki website went live in Wairarapa, young people began to self-refer via the website.

Friends, GPs and other health professionals can also refer people.

Piki provides support 24 hours a day; Homecare Medical provides a phone line.

An “intake process” identifies the kind of support needed, Ms Warren says. A talk therapist is the first port of call; this person may be a mental health practitioner, nurse, occupational therapist or social worker, who has also undertaken Piki training. A higher-need patient has access to a psychologist, and some cases may be shifted to secondary services.

“The next step in terms of addressing the need will be getting closer connections with other services, for example, secondary and community [NGOs].”

She says Piki delivered more than 1000 individual consults in its first six months. “We aim to deliver between 8000 and 10,000 sessions over [the trial period of] two years.”
Louder and more powerful

Associate health minister Julie Anne Genter, at the Carterton launch, said older people have louder and more powerful voices to get what they need.

“We need young people’s voices to be heard,” Ms Genter says.

Piki was funded with $9 million in Budget 2019. This included evaluation.

5. Example of Piki Collateral: Poster
6. **Piki website screenshot**

People can self-refer through this website (Piki.org.nz) and find links to wellbeing tools and resources.

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**Piki empowers and supports Rangatahi towards better health and wellbeing.**

Through specifically selected peers, professionals and technology, Piki aims to equip you with tools to help overcome adversity and strengthen your wellbeing.