The Therapeutic Village

Proposal to The Government Inquiry into Mental Health and Addiction 2018

Oranga Tāngata, Oranga Whānau

Walter Logeman Registered Psychotherapist
and Colleagues.

Tuesday, 5 June, 2018

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https://www.mentalhealth.inquiry.govt.nz/

Introduction

This proposal is initiated by Walter Logeman, registered psychotherapist. Many colleagues were consulted.

This submission has letters appended that contribute to the concept, provide details for possible implementation and evidence for the need for this development. There is a Summary of Letters at the end of the proposal. The proposal plus the contributing letters constitute the submission as a whole. It is a collaborative effort.

While it is widely agreed mental health is an holistic matter, it is primarily treated through segmented specialist services. This proposal is designed to complement existing services and make them more effective and efficient.

On an almost daily basis we hear of cases like this composite example:

> *A young mother and baby were treated by an expert in the field. The bonding was successful, but there was something unsatisfactory. There were still two other children in care with the possibility of returning to the mother. The couple are in conflict and living apart, but both wish to sort out their relationship. The couple's extended family are not helpful. The couple have employment, housing and financial problems. He is a recovering addict. All concerned share a sense of despair.*

A group of trained couple therapists discussed this hypothetical case and agreed this family could have benefit from couple therapy and that there was a good chance that the relationship could be restored. A better relationship would provide safety for the children.

But who would pay? What about the family relationships that were dragging them down? Could they live together safely? Where would they live? What about the baby? What about the addiction? Would he attend the men's group? Who would assist with child care? Is suicide a risk?

We need a therapeutic village where such a fragmented family can grow together, safely.

The Proposal

The proposal is that Government develops a framework for the establishment of a series of therapeutic villages.

Such villages will support families and individuals who are already receiving a variety of care. The villages complement but do not replace existing services. They can also perform a preventative function.

The therapeutic village concept envisaged in this submission refers to a group of people living in connection with each other (nearby, though not necessarily all in the same housing) with the purpose of mutual well being. This is not the familiar institutional model of residential care, nor the existing 'wrap-around' model, which provides services but no community. The village concept is flexible, built around specific patient/client needs, and puts relationships at the heart of therapeutic work. Villages are guided by a professional team with leadership and coordinating functions, that will facilitate village cohesion. The staff will build and maintain relationships with existing services such as medical centres, schools, daycare, regular therapy group providers and many other services. Continuity of relationships will enable ongoing assessment of needs and coordination of services.

Maori Partnership

Crown and Māori partnership will be critical to the success of therapeutic villages, from beginning principles, through to design and implementation, and Māori-led/owned villages. The concepts and principles in this proposal are well understood and implemented by Māori.

Research Evidence

There is considerable evidence that relationships are vital for human well-being. The letters of support document relevant research.

The Shape of a Therapeutic Village

In essence the therapeutic village is group of people with strong bonds developed through shared significant experiences. Village cohesion comes through clearly defined village membership, village traditions of group work, village sports and cultural events and the organic development of relationships between new and older members. On admission members will commit to attend regular meetings of the whole village.

Not all, and in some cases only a few members need live in housing provided by the village. While the village will use buildings and have a physical centre, the structure of the village is the network of relationships. Formal relationships will foster the informal.

Village buildings do not need to be purpose built, a group of houses and/or a motel and a community centre could serve the purpose. It is important that there is some physical centre to be the heart of the village community. Residential village members could pay rent. The village proposal can work in with affordable housing initiatives.

Each village has its own character, based on its location, formation and the strengths of the leadership team. Each village will have its own name. The form these villages take will be quite diverse. With respect to pragmatic details there are many decisions to be made by the village initiators and the staff. 'What is the optimum size of the village membership?' 'How are people chosen to be members?' Answers to these questions are dependent on the purpose of the village at its initial conception and how the village evolves in practice.

The the character and physical shape of a village can vary, for example:

- An Iwi could use the legal structure of a therapeutic village to consolidate and extend some of their their activities.
- A decommissioned central city school could be used and shared with other community projects to cater for people in the location. A nearby motel could serve as accommodation for some members.
- An established NGO could apply for funding to purpose build facilities to use in conjunction with other leased or rented facilities.
- A marae may already function as a village in the way proposed here, and consolidate part of their work as a therapeutic village.
- A rehabilitation centre could extend their work by adding a village suitable for families and people transitioning into and from the programme.
- A medical centre with the support of a neighbourhood committee could form a board to create a village.
- An art therapist and a social worker may wish to form the basis of a leadership team for a village and request community members to form a

board. If the village was approved they will still need to apply for the jobs they hoped to get.
● A DHB could initiate the formation of a therapeutic villages to meet specific needs that come to their attention.

In the discussions about this proposal, reference was consistently made to the now closed Queen Mary Hospital at Hanmer Springs. The work there over the years is valued by many who re-gained a family member from alcoholism. The old site could be re-developed for people who might be well served by being away from problematic environments. The concept of a village in this proposal is distinct however from a hospital. It is worth mentioning Dr. Robert Crawford's book, "Too Good to Last, The Death of a Caring Culture." as it describes the implementation of many of the principles noted in this proposal.

Principles

- It takes a village to raise a child.
- For isolated people to integrate into society, the society needs to develop the means to include them.
- Under the right conditions relationships heal - the relationship with the therapist, and even more so the relationship with significant others.
- A well-supported couple or single parent can create a space in which children can develop.
- Violence, addiction and general dysfunction are learned behaviours that, when addressed, enable communicative, constructive and loving relationships to emerge and develop.
- Validation and celebration of positive life events is a human need.
- Successful therapy is reinforced by community recognition.
- Community grows over time and has its own life.

Village Members

The size of a village is flexible but large enough to generate a workable village meeting. It will generate several regular therapy groups of about 10 members. A therapeutic village will take some time to evolve, and initial membership may be lower than the optimum for the village.

Guidelines for the establishment of a therapeutic village will require that applications include a an estimation of the initial and optimum size of the village.

The typical village members will be part of a young family struggling with relationship problems and child care. Couples are at the heart of the family unit and the work of healing

relationships is given high priority. The village could have a mix of residential and non-residential members.

Other possible members could include people who are:

- rehabilitating from prison
- on a suspended sentence
- single parents
- recovering from mental health issues
- recovering addicts
- struggling with education
- suffering from employment problems
- suffering from financial problems
- young and struggling to leave home

Members will be selected for their need and also for their strengths so that the community as a whole can function. For example village members may have some expertise in fields such as:

- cooking
- music
- art
- sport
- craft
- cultural skills
- writing
- mechanics
- tramping
- child care
- gardening
- drama

Potential members will need to be interviewed and have the support and commitment of a referee. Members will need to sign an agreement that guides their commitment to the village process.

There will be no restriction on length of membership. It is expected that people will move on, many with the blessing and support of the community, however recovery is not a reason to be excluded from the life of the village. Continuity that would be difficult to provide in many other health settings could be provided here. Some of the advanced members will not be a drain on the resources of the village, rather they will provide stability and be a role model for new members.

Staff

At the heart of the village there is a small professional team and a team leader.

A qualified staff member will be on call at all times. The occupations of the staff team may vary and their interests and skills will influence the development of the village. They will have in common best practice in the field.

Staff qualifications and experience in occupations may include:

- social work
- counselling and psychotherapy
- occupational therapy
- nursing
- art therapy
- psychology

The team leader and leadership team functions:

- provide leadership and coordination
- facilitate village cohesion
- contribute their professional expertise to the village
- accept and make referrals
- form therapeutic relationships with village members
- be on hand for emergencies
- have authority to dismiss members when this is needed

Services not provided by staff will be provided by external agencies. Essential services include:

- group therapy
- couple therapy
- social work
- services for the welfare of children

In addition, depending on the character of the village the following may be available:

- parenting support
- occupational therapy
- child care facilities
- sport, gym, yoga guidance

- drama, art and cultural guidance
- religious support
- writing coaching
- counselling
- psychotherapy
- educational guidance
- couple and family therapy
- family planning and sexual health services
- addiction services
- library services

It is the staff team's job to foster good relationships with nearby agencies that provide these services.

All services provided, by staff or outside agencies, will require qualified and well supervised staff. Staff working with children, groups or couples will need to be qualified beyond generic training in those specialties.

Group Work

Group work is at the heart of the village. The people who will conduct these groups will be trained specifically in group therapy. Regular personal development groups will be available for:

- women
- men
- couples
- parents
- individuals

Cultural Change

It is envisaged that the village concept will facilitate a cultural shift in what it means to work holistically. While there is wide agreement that holistic practices are required, the means and skills to do so will take time to evolve. Hence it is important that the initial implementations are well thought through and have qualified, enthusiastic and well paid staff.

The goal of the therapeutic village concept is not so much to integrate people into the community as to create a community that is capable of absorbing people with difficulties.

Once a few villages are working well it will be easier to develop new ones and to train staff specifically for this task. Villages will network and could develop collaborative training

events. Villages could refer members from their village to a another village with a different character or location if needed.

Governance and Legal Structure

From the outset the project will need to be in partnership with Māori.

It is proposed that a government body or working party be formed to create guidelines for the formation and governance of villages. Applications following the guidelines will be considered by such a body.

Guidelines for the establishment of a therapeutic village will require that applications include a proposed governing structure.

Villages could be standalone with their own boards of governance, or be under the auspices of existing legal entities such as a school or a primary health service.

Funding

It is important that the therapeutic villages are supported by state funds in a similar way to state schools and that there is no implementation of competitive funding.

Guidelines for the establishment of a therapeutic village will require that applications include a budget.

Adequate funding will be required for the pilot project(s) to ensure quality professional staffing and thorough planning.

Many of the services will come from existing providers who are already funded. Applications for the establishment of a therapeutic village will be required to show evidence of support from existing services.

It is likely that village members who normally require the most intensive care from existing services will be more effective recipients of those services. Village programmes will free up existing services for the majority of people who do not need village care.

Some therapeutic villages may be partially self funding, using a social enterprise model. It is possible for a village to be formed around a community garden or craft project, for example. Villages will always be not-for-profit.

It is expected that therapeutic villages will mean increased effectiveness of services not only in mental health and addictions but in ACC, general health, education, housing and corrections.

Celebration and Meetings

Envisage this:

> *A couple, who were required to live apart, now have the legal, village and staff blessing to live together. The man attends a men's group and the woman is in a women's group. They have couple therapy. Together they attend parenting classes. They learned about birth control. After a period of dating, their request to live together was supported. Their success is celebrated in the village like a small wedding. The community vow to support their new life.*

The village will celebrate Christmas, Matariki and other holidays.

Meetings of the whole village will be created as needed and be planned as celebratory events.

Implementation

The first step we ask in this submission is that the government create a working party to:

- establish guidelines for applications for the creation of therapeutic villages
- approve the formation of villages

These two process are interrelated in the early stages as learning about what is needed will go hand in hand with seeing what people offer.

It is recommended that there will be a few pilot projects with the guarantee of funding for about three years.

A key to the development of villages is flexibility and variety. The guidelines to be developed for the development of villages will allow for a wide range of options with respect to size, physical attributes, staffing and governance. The mix of residential and non-residential members will vary according to the character of the village. The villages will not be created in their final form, rather they will be enabled to grow organically, adding members, staff and facilities over time.

Evaluation and Ongoing Research

Guidelines for the establishment of a therapeutic village will require that applications include a plan for building research into the service. Staff and some residents could be expected, by way of qualitative research, to write about the progress as well as the struggles of the village and personal stories. The effectiveness of a village and its continuance could be based on personal contact and interviews with other health professionals connected to the village. It would be beneficial if pilot projects had a plan for academic research.

Exchange programmes could be arranged between villages and with similar projects overseas to provide better knowledge of the work required.

About Walter Logeman

This proposal was initiated by Walter Logeman, a registered psychotherapist in private practice in Christchurch. Walter is a qualified teacher and social worker and practiced in a psychiatric unit at Princess Margaret Hospital in Christchurch for three years in the early 1980s. Walter was one of the founders and instrumental in the creation of:

- Heartwood (Chippenham) Community, an urban commune in Christchurch. Formed in 1970 that is active to this day.
- Four Avenues, an experimental secondary state school. It functioned for about 25 years after it began in 1974.
- Christchurch Institute for Training in Psychodrama, now in its 30th year of operation.

He was also involved in the early days of the Salisbury Street Foundation for prisoner rehabilitation.
http://www.stuff.co.nz/the-press/news/8023259/Merivale-offers-a-new-way-for-violent-criminals

This proposal has benefited from understanding the success and limitations of these organisations.

Walter Logeman currently practices as a psychotherapist, couple therapist, supervisor, and psychodrama and relationship therapy trainer.

Letters of Contribution and Support

This proposal was distributed to people with experience in the field and letters of support are appended below, they form a vital part of the proposal. The proposal was also online for a short period as a petition and the list of petitioners is added as the last letter of support.

Summary of the letters

Summaries follow. In the digital version of this proposal the name of the contributor is a link to their letter.

Sarah Tait-Jamieson
MNZAP, PBANZ, MNZAC
Cert. Hakomi Therapist & Teacher
"I have great regrets that there are not more opportunity for community residential support when it is needed here in the Hawkes Bay."

Dr Charmaine McVea
PhD. MAPS, Psychologist
"Factors associated with group cohesion, such as a sense of belonging and positive and engaging behavioural exchanges between members, have been linked to symptom improvement. (Bernard et.al., 2008)." Has research evidence.

Marian L Hobbs
Chair the Otago Mental Health Support Trust
Trustee Trust Board for Koputai, a home for those in mental distress who cannot live alone.

"Communities do not just happen. And in today's ever more transient lives, communities struggle to develop. And yet it is communities that people long for. They long for the acceptance and support that comes from an effective community."

Yvonne Pauling
Social Worker, Imago Relationship Therapist
"Individuals exist within relationships and society benefits when those relationships are beneficial, positive and contribute to the wellbeing not just of the individual but also the wider community. Families, who are the core of all societies, and are particularly important for the mental and physical development of the child, especially benefit from wider relational support. "

Guy Tapley

"I agree that the Therapeutic Village Proposal provides a holistic model which offers the opportunity to improve mental health for suffers by providing:

- *access to a range of coordinated support services within a "village community" setting but with connections to the wider community*
- *good quality accommodation and facilities to support group activities and provide safety*
- *an environment where personal relationships and connections can be more easily formed."*

Paul Baakman
Registered Psychotherapist, Trainer and Supervisor

"I was a therapist at the (ex-) Queen Mary Hospital in Hanmer Springs and was involved with providing individual sessions and group work with the addicted residents (who, at that time, lived in for an 8-week period). I witnessed first-hand the enormous power of group-work taking place within a residential community."

Judy Dawson
B. Counselling, MNZCCA Counsellor (ACC Approved)

"I passionately support the idea of the 'therapeutic village' concept proposed by Walter because if we could create a 'village' with wrap around services for vulnerable families it would provide accessing services a much easier task for clients than what is available currently. As counsellors we could encourage they access services but also monitor the process collaboratively if we are all in the same 'village' which would prevent people falling 'through the cracks' as it were."

Dr Kevin Franklin
Clinical Psychologist.

"What this research did show was that mental illness or emotional dis-regulation was not associated with sexuality or sexual preference. It instead demonstrated that psychological disorder (ie, not genetic or similar disorder) was not caused by some psyche factor but rather by some socius factor (from Latin meaning companion or lack thereof). " Research evidence.

Dr. Nicole Pray, PhD
Registered Clinical Psychologist

"The linkages proposed by Mr. Logeman are a missing component in the healthcare system. I have had several clients whose family systems continue to be severed and their children's needs neglected unnecessarily, due to the lack of properly coordinated services for care, shelter, school, legal, and mental health/addiction support. "

Dr Robyn Hewland
Q.S.M. (for Public Services)
MB.ChB. DPM. FRCPsych. FRANZCP. MNZAP.
Member (retired) RANZCP Faculties, of Child & Adolescent, & of Forensic Psychiatry , of Psychotherapy.

"Wellbeing is correlated with place locations and meaningful activities in people's social worlds. They have important implications for person-centred recovery approaches, through providing a broader understanding of individual's lives and resources" (BJPsych. May 2018, Vol 212, No 5, p308).

Deirdre Tollestrup
MNZAC
Counselling. Supervision

"The proposal is an innovative expansion on what existing support services can provide, and opens the possibility of an integrated approach to helping families and individuals in need."

Claire Guy
Registered Psychotherapist, Counsellor, Psychodramatist, Supervisor, Trainer

"This holistic approach is a workable response to the multiple complex factors that contribute to the disturbing statistics of mental ill health in NZ."

Matthew Harward
Registered Psychotherapist PBANZ 491

"*As our team, working with under-resourced CYF/Oranga Tamariki and Ministry of Education staff, frequently struggled to help families and their children with complex*

presentations, usually with all family members experiencing multiple challenges, I often thought that the best way to help the child would be to help the whole family in a setting such as that proposed by the therapeutic village concept."

Rebecca Gebbie
Peer Support Youth Counsellor at 198 Youth Health Centre, Christchurch from 1995 - 1997.

"It was our role to provide stewardship for them through a number of health services until they got the treatment they needed or the required result. This was all well and good, but we never had the required resources in one place to actually heal the problem from its root. We were always providing a stop gap solution for youth, suffice to say we would see many of the same clients again and again because they hadn't shown up to their meetings, or they were in trouble in another area of their life, or they didn't have the support to be able to get to where they needed to be. The drain on our services and funding due to these issues was immense."

K. Henning-Hansen
Background in architecture. Post-graduate research into cohousing.

"What he proposes is neither the old institutional model of residential care, nor the existing 'community care' model, which provides no community. It is something for this century, which is flexible, built around specific patient/client needs, and puts relationships at the heart of therapeutic work. I feel the 'village' concept is potent, and particularly valuable when envisaged being realised as a range of possibilities along a spectrum between residential and 'out-patient': some villages may be a form of cohousing-with-care; some may have a residential component, with a number of other members participating on a part-time basis, coming in for particular events/appointments; others may be more virtual village whose members get together for specific events and meetings, and maintain close supportive communications."

Diana Jones

Leadership coach and advisor, author, speaker and director of the Executive Presence programme

"In my work with homeless women in Wellington 2014 – 2017, we found women made significant healthy progress in their three months with the Wellington Homeless Women's Trust, which provides accommodation and assists access to health, counselling, budgeting, work, and addiction services. Unless homes could be found within supportive communities, where the women would continue to develop positive relationships, they were back on the street or had returned to violent relationships. "

Dr Edward Coughlan
Clinical Director
Christchurch Sexual Health

"I have read this proposal and would support this approach."

Petition

https://our.actionstation.org.nz/petitions/create-a-framework-for-therapeutic-villages/

Letters

Sarah Tait-Jamieson

Kia ora Walter:
This will be very brief because I am preparing to go to Brazil on Friday, but therapeutic communities/villages are dear to me and we lost a highly-functioning community in Hawkes Bay when Serenity Home was closed.
Serenity was run by the DHB, designated for Borderline Personality Disorder clients (75% of those diagnosed have been sexually abused if I remember the stats correctly. I worked there as a support worker when training to be a psychotherapist, doing the overnight shift— a real life training in trauma work—encouraging those who woke shaking from a dream that the shaking was healthy, the body's way of shaking off the trauma (fact learned earlier in class). Later, once I'd finished my generic psychotherapy training and had done a Hakomi training, I returned & taught mindful somatic awareness to the residents, which they found challenging, but came to love—one of them even went on to do a Hakomi training. As well as my offering there was a varied programme including life skills—cooking was tricky as some had eating disorders,but was these were well-managed, work experience, yoga,crafts, to name a few.

Out of the five residents who were there when Simon Shaw, CEO of Mental Health Services in Hawkes Bay closed the Serenity down because he believed research indicated you could achieve the same outcomes with weekly DBTgroups, four of the residents who had spent 6-12 months at Serenity went on to productive lives—2 to university, 1 to her job nursing, another resuming life as a mother and massage therapist. This closure was a great loss to Hawkes Bay and it was only the beginning—other day programmes that some of my clients really enjoyed were also contracted out by the DHB by other organisations and without the help of key workers to stimulate interest and encouragement,they have mostly ceased.

The only bright light in Hawkes Bay's mental health scene & community is the NGO, WIT (Whatever it Takes)—keyworkers, many of whom have been consumers, helping in any way, WIT building a residential community Kahukura for 8-10 residents with various needs, a medication run, a drop in centre.

As someone with a family member who suffers from mental health challenges, as well as a psychotherapist, I have great regrets that there are not more opportunity for community residential support when it is needed here in the Hawkes Bay.

Yours truly,
Sarah Tait-Jamieson

MNZAP, PBANZ, MNZAC
Cert. Hakomi Therapist & Teacher — 021877104

Dr Charmaine McVea

Dr Charmaine McVea
PhD MAPS
Psychologist

ABN: 25 758 119 399
Provider No. 2819551X

28th May 201

Government Inquiry into Mental Health and Addiction 2018

https://www.mentalhealth.inquiry.govt.nz/

Dear Sir or Madam,

I am writing to support Walter Logeman's submission to your enquiry, recommending the development of therapeutic communities as an effective response to mental ill-health and addiction.

My support for this submission is based on over 30 years experience as a registered psychologist in Australia, including experience as a family therapist, running group work programs with people who have experienced childhood trauma, and running an intensive psychiatric outpatient group therapy program for people with a history of self-harm, difficulties in maintaining interpersonal relationships and addictive behaviours. I will refer to research and to best practice guidelines adopted by the American Psychological Association, that support group therapy as an effective and efficient approach to treatment of many mental health problems, particularly those where deficiencies in psychosocial development are a contributing factor.

A significant benefit of therapeutic communities is that they provide an intensive group intervention where people can develop new ways of relating in the world. The British Psychological Society (BPA; 2005) notes the 'relational context of (mental health) problems and the undeniable social causation of many such problems' and that 'psychosocial factors such as poverty, unemployment and trauma are the most strongly-evidenced causal factors (of mental distress).' (pp. 1-2).

Group therapy offers an opportunity to address psychosocial issues beyond the scope of individual therapy. There is evidence that group therapy can be an effective intervention. Burlinghame, et.al., (2005) analysed 111 studies of the effectiveness of group therapy for a range of presenting issues, and McDermut, et.al (2006) analysed 48 studies looking at the effectiveness of groups for people with depression. Both of these meta-analyses concluded that group therapy was as effective as individual therapy and more effective than no intervention. Going beyond the raw outcome data, research into the therapeutic change processes operating in group therapy highlight the specific contribution this type of

intervention can offer for mental health problems that are based in psychosocial issues. Therapeutic factors that are unique to group therapy (compared to individual therapy) include vicarious learning from observing group members, developing role flexibility, altruism, and interpersonal learning. (Bernard et.al., 2008). Factors associated with group cohesion, such as a sense of belonging and positive and engaging behavioural exchanges between members, have been linked to symptom improvement. (Bernard et.al., 2008).

In my opinion, therapeutic communities can offer a client-focussed, culturally sensitive structure that promotes psychosocial development. I commend Walter Logeman's proposal to you.

Yours sincerely,

Charmaine McVea.

References

Bernard, H., Burlingame, G., Flores, P., Greene, L., Joyce, A., Kobos, J. C., . . . Feirman, D. (2008). Clinical practice guidelines for group psychotherapy. *International Journal of Group Psychotherapy, 58*(4), 455-542.

British Psychological Society. 2011. Response to the American Psychiatric Association: Development of the DSMV.

Burlingame, G.M., Fuhriman, A, & Mosier, J. 2003. The differential effectiveness of group psychotherapy: a meta-analytic perspective. *Group Dynamics, Theory, Research and Practice.* 7 (1), 3-12.

McDermut, W., Miller, I.W., & Brown, R.A. 2006. The efficacy of group psychotherapy for depression: A meta‐analysis and review of the empirical research. *Clinical Psychology: Science and Practice.* 8. 98 - 116.

Marian L Hobbs

In support of the Therapeutic Village.

In my retirement I Chair the Otago Mental Health Support Trust and serve on the Trust Board for Koputai, a home for those in mental distress who cannot live alone.

I love this concept of the therapeutic village. In my dreams I would see such a village supporting any number of different individuals, couples, families who would welcome the support of a community.

Communities do not just happen. And in today's ever more transient lives, communities struggle to develop. And yet it is communities that people long for. They long for the acceptance and support that comes from an effective community.

I live near Port Chalmers (Koputai) in Dunedin. Innumerable times when I have been having difficulty either backing a trailer, or pushing a car or struggling with something of a mechanical nature, a neighbour whom I do not know well will come up and offer to help, conveying that they know who I am. This help has markedly increased since my partner died eighteen months ago. Such help always warms me, always makes me feel loved and appreciated. But the Port is a tight community and is rare compared with many neighbourhoods which are much more transient , so those like me are left alone. And when those troubles are severe, such as addiction, mental distress, then the loneliness becomes even more of a burden and when a crisis such as medical, income, housing arises there is no one to ask for help.

So I see a need for such communities. I strongly support that such communities be supported by the state, rather than left to charitable trusts or private providers. The state should give stability with both staff and premises.

I also strongly support the notion of mixed membership, which I define as people with a range of different needs. It might well be a recently bereaved person with young children, someone working through post-addiction issues, someone with a disability needing occasional support, students needing supportive accommodation in a new environment and young people no longer able to live at home with their families (I saw several of such students as Principal of Avonside Girls' High School).

Central to this is a dedicated support team and suitable accommodation. Maybe a street of empty state houses that could be repaired and a new central meeting place built. We need imagination as well as state support.

I know that we at Koputai Annex have discussed the need for next stage accommodation as our residents grow more independent but who still need a community. Apparently there are good examples in the Netherlands of such mixed supportive communities.

Please let us trial this concept….either in a Maori community or a mixed community.

Marian L Hobbs, Marian.hobbs@gmail.com

Yvonne Pauling

To whom it may concern

I write in support of Walter Logeman's submission to the Mental Health and Addiction inquiry.

I have had over thirty years experience as a relationship counsellor and couples therapist. During that time I have witnessed the impact that extended (family, whanau, hapu, neighbours, community) relationships can have, for better or worse, on primary relationships.

Thus I believe that Logeman's concept of the *Therapeutic Village* makes a great deal of sense. Individuals exist within relationships and society benefits when those relationships are beneficial, positive and contribute to the wellbeing not just of the individual but also the wider community. Families, who are the core of all societies, and are particularly important for the mental and physical development of the child, especially benefit from wider relational support. This is particularly so at times of stress. I have witnessed many, many time in my practice the positive impact such support has on couples going through difficult times.

The strength of Logeman's concept is that the supports necessary for wellbeing are available not by chance or good fortune but built into the framework of a well-functioning mental health service. This ensures that all and not just the privileged few receive the benefits. Further, embedded in the proposal is the availability of a wide range of professional resources to support relational development. Good relationships do not just happen. Ask anyone who has experienced the joys of happy long term relationships. They require hard work, knowledge and understanding. These are gained by learning and the *Therapeutic Village* provides the teachers and mentors necessary to impart the knowledge and assist with the work.

On first reading the proposal for the therapeutic village may appear utopian. This is not the case. Indeed, to my mind it makes both rational and economic sense. Evidence of this can be seen in the UK Department of Health's recent document 'A Framework for Mental Health Research'.[1]

It is also clear that many of the ideas behind the *Therapeutic Village* fit with both traditional and contemporary ideas within Maori society.

This inquiry Aotearoa/New Zealand has a rare opportunity to make significant changes to the currently failed model of mental health care. Giving serious consideration to Logeman's *Therapeutic Village* concept deserves serious consideration.

Yvonne Pauling, yvonne@pauling.net.nz

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1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665576/A_framework_for_mental_health_research.pdf

Guy Tapley

Hi Walter - this is a very worthwhile proposal and I am writing in support of it, noting the following points:

- From first hand personal and family member experience I observe that current mental health services in New Zealand are both fragmented and lacking in capacity. Both of these factors tend to make gaining access to services very difficult. This often has tragic consequences and leaves the individual, their family and friends bearing a disproportionate burden of care and stress.
- The fact that the police are being called upon with increasing frequency to provide front line mental health engagement for those suffering acute mental health episodes is a symptom of declining capacity. I understand that increasingly, mentally ill people are turning up at accident and emergency departments of public hospitals because they have been unable to access services any other way.
- The causes of very high per capita levels of youth suicide and imprisonment in New Zealand are a cause for extreme concern and will be multifaceted. However I believe a combination of stresses generated by economic hardship and job uncertainty, the disintegration of traditional support networks including family and community and the psychological and social isolation of individuals within society are critically linked to poor mental health.
- I agree that the Therapeutic Village Proposal provides a holistic model which offers the opportunity to improve mental health for suffers by providing:
    - access to a range of coordinated support services within a "village community" setting but with connections to the wider community
    - good quality accommodation and facilities to support group activities and provide safety
    - an environment where personal relationships and connections can be more easily formed.
- The proposal could be improved by ensuring that health workers such as general practitioners, psychologists and psychiatrists are connected with the Therapeutic Village in their area. This is important for three reasons:
    - These professional providers need to develop a good understanding of the model and its value
    - They need to be in a position to refer mental health sufferers where appropriate to the therapeutic villages
    - They need to be contributing their expertise and experience as part of a holistic model

- The therapeutic village model in itself would offer a valuable addition to the range of support services available for mental health. it would require additional funding as part of a larger budget for mental health.

Kind regards - Guy

Paul Baakman

17/5/18
To whom it may concern,

RE: submission to the Government Inquiry into Mental Health and Addiction 2018

Walter Logeman is putting forward a proposal that a framework is developed for the establishment of a series of therapeutic villages. This letter is in firm support of the proposal. I was a therapist at the (ex-) Queen Mary Hospital in Hanmer Springs and was involved with providing individual sessions and group work with the addicted residents (who, at that time, lived in for an 8-week period). I witnessed first-hand the enormous power of group-work taking place within a residential community.

In the last few decades we have seen a shift from intensive residential programmes to a band-aid approach. The quick-fix approach (6 sessions of CBT) will work for some, yet there is a significant group of people for whom this just scratches the surface. A community approach will serve those people who are in need of a new experience, involving their whanau and loved ones.

I offer my input as a group-therapist, should this proposal go ahead. Considering all the above, I think this proposal is timely and I hope you will give it thorough consideration.

Paul Baakman
Registered Psychotherapist, Trainer and Supervisor
Urban Eden Psychotherapy
PO Box 4337
Christchurch

Judy Dawson

I am a qualified Couples Therapist and a group facilitator for The Parenting Place. I facilitate Toolbox parenting courses including Building Awesome Whanau to inspire, encourage and build confidence into the parents of NZ.

I firmly believe our country needs to support our children and families. So many couples struggle to stay together these days. Those who can afford counselling learn skills to strengthen their relationship which impacts the whole family unit, however many cannot afford the counselling they so desperately require. Couples often have other issues requiring intervention. Violent behaviour and/or drug/alcohol issues, parenting skills, depression and financial problems.

I passionately support the idea of the 'therapeutic village' concept proposed by Walter because if we could create a 'village' with wrap around services for vulnerable families it would provide accessing services a much easier task for clients than what is available currently. As counsellors we could encourage they access services but also monitor the process collaboratively if we are all in the same 'village' which would prevent people falling 'through the cracks' as it were.

JUDY DAWSON
B. Counselling, MNZCCA Counsellor (ACC Approved)

Dr Kevin Franklin

The Art of Science
Counselling & Psychotherapy
Individual – Couples - Group
Dr Kevin Franklin
Clinical Psychologist
Clinical Psychologist.

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93 Second Avenue
Mount Lawley 6050 Australia
Email: kevfrank@westnet.com.au

2nd June 2018

Reference: Support for Walter Logeman's vision of a therapeutic village.
To whom it concerns:

I support this mental health proposal by Walter Logeman. Here in Western Australia, very much as in Australia generally, the mental health system is generally agreed by non-politicians (and some politicians) to be in a "mess". In Australia, as probably in New Zealand, there is a history of trial and error, still with little agreement as to what works. Unfortunately, there is no recognised aetiology and therefore no universal treatment paradigm for mental illness.

In the late 1980s I did a clinical and empirical research PhD that sought to understand the origin and nature of sexual preference. Historically homosexuality had been viewed as a psychological disorder and this hypothesis was therefore relevant and tested in this research. The paradigmatic results of that sexuality research are relevant to this therapeutic project.

What this research did show was that mental illness or emotional dis-regulation was not associated with sexuality or sexual preference. It instead demonstrated that psychological disorder (ie, not genetic or similar disorder) was not caused by some psyche factor but rather by some socius factor (from Latin meaning companion or lack thereof). In other words dis-order – the mentally disordered and criminally disorderly – was shown associated with lack of social skills. In this research homosexual men with a well-developed gay-man identity were psychologically sound compared with closeted (ie, "not out") homosexuals.

In discriminant analysis the main factor was anxiety. In simple terms, and to not complicate, this means anxiety is associated with an absence of companion-ability and hence a lack of social skills. And those results specifically (in a posteriori analysis) were homophobia (self-loathing or internalized form of social phobia), phobic anxiety (social phobia) and psychoticism (notably related to isolation such as homosexuals rejected by parents, family and others). This male group of homosexuals was empirically compared with matching groups of male heterosexuals and with female heterosexuals. As there was no discernable

empirical difference (except homophobia in the wrong direction) these groups were quite comparable. In other words, there is the same paradigm operating in both control groups creating dys-regulation. This could not be measured because there is no heterosexual equivalent to "homosexual identity formation", a scale developed by Vivienne Cass (1979, 1984).

Psychology generally and this research uses a psychosocial paradigm. This research showed that human personality has two foci; the psyche as well as the socius and that disorder is predicted by dis-order in social learning (eg, impoverished and dis-regulated psychosocial identity formation). I have since noticed how this research conclusion is similar to an impressive body of alcohol-abuse research done by the Drs Linda and Mark Sobell team who concluded (circa 1980) that alcoholics "lack social skills".

In the history of modern psychology as well as psychiatry there has been an "obsession" or distraction by our collective attention been given to the psyche. The socius in the human personality has been and largely remains Cinderella's "ugly sister". In is the turn of our human socius to become a new and companion-able Cinderella.

I first saw such a project (though very limited) when I was a PhD student and had a placement at the New Norfolk hospital some distance out from Hobart in Tasmania. A psychiatrist there was doing what she called milieu therapy, something like a "small village" for schizophrenic patients within the hospital grounds. Apart from drug therapy also used as an adjunct therapy there was "very little" available for those patients who tended to move between this "village" in and out of the wider community. This placement was the most hopeful and yet also one of the most dis-spiriting placements (schizophrenia having poor prognosis) that I was fortunate to have during my student years.

For a whole range of reasons, some briefly explained here, I very much support Walter's "village" proposition.

Yours sincerely

Dr Kevin Franklin
Clinical Psychologist.

Dr. Nicole Pray, PhD

Dr. Nicole Pray, PhD
Registered Clinical Psychologist

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Nicole Pray Consulting Ltd

Saturday, 2 June, 2018

To Whom It May Concern:

I am writing in support of the proposal for Therapeutic Villages by Mr. Walter Logeman. As a clinical psychologist who relocated to New Zealand from the United States seven years ago, I have been challenged to find suitable services in many cases for individuals and their family systems, who are significantly impacted by addiction and mental health conditions.

The linkages proposed by Mr. Logeman are a missing component in the healthcare system. I have had several clients whose family systems continue to be severed and their children's needs neglected unnecessarily, due to the lack of properly coordinated services for care, shelter, school, legal, and mental health/addiction support. Longer term problems result from the attachment disruption to a child who cannot be seen by their addicted parent while they participate in intensive treatment, often at a geographic distance. Maintaining strong alliances between providers of schooling, mental health services, and legal/forensic teams can offer the larger family system better access to and involvement in the rehabilitation process.

Addictions and mental health conditions are not just perpetuated by disconnection, they are the embodied disconnection of family and community systems which are not operating efficiently together. The proposed Therapeutic Villages offer a way to enhance service coordination and reduce isolation for participants/community members.

I wholeheartedly support the proposal to create such linkages through funded staff that ensure continuity and wraparound care.

Yours Sincerely

Dr. Nicole Pray, PhD,
Consultant Clinical Psychologist, 90-04693

Dr Robyn Hewland

I support the submission by Walter Logeman to the NZ Mental Health Inquiry re Therapeutic Villages.

Mental health and wellbeing requires a focus on early interventions, with supportive therapeutic relationships, to give all a sense of belonging and of purpose, and to reduce overwhelming anxieties, before they otherwise predispose, precipitate and perpetuate negative sad, scared and angry reactions and illness.

"Everyone does the best they know how at the time" (patients, families, staff, admin, budgets, policy, Laws, employers, community). All need to be non-judgemental, and avoid a "winners and losers" approach, stop all bullying, and reduce suicides. Genetic and early trauma risks, diagnosis and therapy are missed. "Silos" need replacement with family-whanau helpful connections, experiences, and new information.

"Wellbeing is correlated with place locations and meaningful activities in people's social worlds. They have important implications for person-centred recovery approaches, through providing a broader understanding of individual's lives and resources" (BJPsych. May 2018, Vol 212, No 5, p308).

Dr Robyn Hewland Q.S.M. (for Public Services)
MB.ChB. DPM. FRCPsych. FRANZCP. MNZAP.
Member (retired) RANZCP Faculties, of Child & Adolescent, & of Forensic Psychiatry , of Psychotherapy.

Deirdre Tollestrup

Kia ora Walter
I just want to take the opportunity to register my support for your proposed plan to establish a Therapeutic Village model in Christchurch for families grappling with issues of family breakdown, mental health, addiction, poverty, and other problems.

The proposal is an innovative expansion on what existing support services can provide, and opens the possibility of an integrated approach to helping families and individuals in need. I fully agree that the concept has great potential, and villages could become the ideal base where families can begin to establish their own preferred sense of 'normal life' with the help of skilled mentors to help build family and social relationships, while developing personal strengths and skills for emotional, mental, physical and spiritual recovery.

In partnership with local iwi, the concept will be strengthened immeasurably, opening important connections for Maori participants, while continuing their personal and relational therapies in a safe and supportive living context.

I've worked for over 17 years in social services (including FamilyWorks Northern, Family Court Counselling, Waitakere Family Violence Network, and Tertiary Social Work education at Unitec) and more recently in private practice counselling- its very clear to me and others in social services that the current services aren't able to offer the type of support needed by some families. This "wrap around" approach gives a greater chance of success for those wanting to face the challenges and establish change in their lives, and has also shown to be most effective in various overseas examples and studies.

Please feel free to include my comments with your letters of support.
All the very best with the project ; I'll look forward to news of progress.
Regards,

Deirdre

Deirdre Tollestrup MNZAC
Counselling. Supervision
Ph: 0212323863
http://dtollestrup.com/

Claire Guy

Tena Kautau

I am writing in support of Walter Logeman's proposal the creation of therapeutic villages. This holistic approach is a workable response to the multiple complex factors that contribute to the disturbing statistics of mental ill health in NZ. Suicides, domestic violence, addictions, children being removed from families, child abuse, children being medicated in order to cope and depression are all intertwining elements in a complex system. Poverty, alienation, no sense of belonging, poor health, lack of adequate affordable housing and lack of meaningful work are also key elements in the situations. The therapeutic village approach proposed by Walter Logeman has my whole-hearted support.

Sincerely
Claire Guy

Registered Psychotherapist, Counsellor, Psychodramatist, Supervisor, Trainer
175 Tasman Street
Nelson 7010
021 119 2533
www.nelsoncounselling.nz

Matthew Harward

Dear Walter,

I wish to endorse the proposal of Walter Logeman for the establishment of "Therapeutic Villages" in New Zealand as a means of providing psychosocial treatment for individuals and families/whanau experiencing a range of difficulties including mental health difficulties.

Such environments as a means of helping people suffering a range of difficulties have a long tradition, especially in Britain and Europe, and also in New Zealand e.g Ashburn Hall still open in Dunedin, and previously Barnadoes family homes now closed. Many facilities across the world closed during the 1990's and early 2000's, however, caught up in the philosophical shift from institutional care to so called care in the community. With inadequate resourcing of community mental health teams many patients/clients were then neglected in the community while the closed therapeutic communities had been part of a tradition to treat within a community environment that sought not to institutionalise residents. Psychosocial treatment was part of the original meaning of the asylum, when the Quakers, in Georgian times, sought to help people through providing a healthy living environment. The Victorians shifted the emphasis to incarcerating the insane in huge hospitals to be treated, if at all, as individuals with an illness, by a doctor and their staff. When early psychiatrists started treating soldiers in the first and then second world wars, suffering what we now call combat stress and PTSD, they did so using evolving ideas of group and individual psychotherapy and found it beneficial to regard the residential setting, and what took place there, as part of helping the servicemen patients gain insight to their distress. Two of these hospitals, notably the Cassell and the Henderson, continued as NHS therapeutic community hospitals for some time. The Henderson remained open into the 2000's as a national resource treating people experiencing severe personality disorders in an inpatient residential setting. It closed as a consequence of NHS cuts but served as a model for other residential and day programme therapeutic communities. Evaluation of such programmes showed they were cost effective in helping residents/patients/participants in such prgrammes, particularly for those experiencing personality disorders, through reducing rates of acute inpatient hospital stays and involvement of Emergency Department resources e.g. for incidents of self harm and suicide attempts. The Cassell Hospital remains open for adult patients but sadly no longer serves, as it once did, as the treatment of last resort for families at risk of having children removed because of neglect.

I am a New Zealander, and a New Zealand registered psychotherapist. I trained as a psychotherapist in London in the 1990's with an organisation called the Arbours Association that was a member of the then British and Dutch Association of Therapeutic Communities. The Netherlands considers treating people experiencing mental illness and emotional

disturbance is best done in an environment that considers the patient/client/resident as embedded in a social system and not just as an individual experiencing illness as if they had a virus or a cancer. Many of their psychiatric settings have a psychosocial emphasis.The Arbours Association, a charitable organisation, developed from the 1970's, with others, to complement the work done in NHS therapeutic communities, treating people experiencing severe mental health problems including psychosis and gained a reputation nationally and internationally for its work.

British therapeutic communities, both NGO or NHS hospitals based, day programme and residential, continue to provide cost effective psychosocial treatment to many different client groups. The approach has been employed to assist adults, as well as children, adolescents, families and at risk mothers with new infants.

The Cassell family programme found they quickly helped about a third of admitted families, one third required considerable input through group, family, couple and individual sessions, and about a third could not be helped and the children were removed for fostering and adoption.

Subsequent to returning to New Zealand in 2008 I worked as a psychotherapist in a child and adolescent mental health service for nine years. As our team, working with under-resourced CYF/Oranga Tamariki and Ministry of Education staff, frequently struggled to help families and their children with complex presentations, usually with all family members experiencing multiple challenges, I often thought that the best way to help the child would be to help the whole family in a setting such as that proposed by the therapeutic village concept. As part of my work I continue to facilitate a weekly staff group for nurses in a regional acute inpatient hospital setting for adolescents. The programme of this group, and others, introducing psychosocial thinking to the staff of the ward, has lead to the tangible outcome of a marked reduction in restraints and seclusions. After more than two years the group is enthusiastically supported by nursing staff in the service.

It is my belief that Therapeutic Villages, as proposed to be established in New Zealand, would make an important contribution to treating New Zealanders, across the age range, with complex presentations, often with multiple difficulties. Although such facilities require considerable resourcing, they have been shown in other jurisdictions to be cost effective in reducing use of other services both in the short and long term as well as the reduction of harm and suffering by patients/residents and those close to them.

Yours faithfully,

Matthew Harward

Registered Psychotherapist PBANZ 491

Rebecca Gebbie

Dear Sir/Madam,

I would like to submit my views in support of the Therapeutic Village as proposed by Walter Logeman.

I worked as a Peer Support Youth Counsellor at 198 Youth Health Centre Christchurch from 1995 - 1997. I am also a mother now to two young boys and working full time in a different field. During my time at 198 we were consistently seeing at risk youth for many of the same issues; lack of support systems, from broken homes, history of substance abuse, teenage and unplanned pregnancy. It was our role to provide stewardship for them through a number of health services until they got the treatment they needed or the required result. This was all well and good, but we never had the required resources in one place to actually heal the problem from its root. We were always providing a stop gap solution for youth, suffice to say we would see many of the same clients again and again because they hadn't shown up to their meetings, or they were in trouble in another area of their life, or they didn't have the support to be able to get to where they needed to be. The drain on our services and funding due to these issues was immense. We spent a lot of time at the bottom of the cliff and not a lot of time at the top directing the ambulance.

Walter's proposal excites me because it's clear to me from my time working with youth that a holistic approach will be very beneficial. We always talk about setting things up the right way first but we don't do this in our mental health and even broader health sectors. We know prevention is the best cure but we tend to focus on the issues when they can't be ignored any further and society has to do something. It is clear that a more holistic approach is what's required.

I believe that this could be a model that is easily and readily applied to many at risk groups; at risk youth, families, single parents, elderly. An environment that approaches health from many aspects can only be enriching. Speaking from my time as a new mother, I remember the outstanding support I received from the midwives, health professionals and Plunket groups during my pregnancy and following the birth of the baby. It was so important to be supported during these times. There was so much adjustment and learning to go through and we needed a lot of support from these institutions as well as family. If this was taken a step further and applied in a more immersive environment I can see the real benefits. Especially for families that have little resources to draw from, socioeconomically and familial.

In our current support systems we have a lot of disjointed functions, often there are many hoops to jump through for people requiring assistance. There is not often an effective chain of governance for people to follow as they move around within the health system, through

therapy, church groups, and navigate their own obstacles externally. This lack of central momentum slows any healing process and puts further strain on the health and welfare systems that are already overworked and under resourced. If you are able to work with people in their own family units and combine support, culture, spirituality, therapy, and health you will have overcome many of the obstacles that stop people from healing.

I fully support this proposal and would love to see it through to its functional stage. I think it would be very interested to see how the structure of such an initiative would take shape and how it could roll out across the country.

Yours Sincerely,

Rebecca Gebbie

K. Henning-Hansen

This letter is offered in support of Walter Logeman's proposal, The Therapeutic Village, to the Government Inquiry into Mental Health and Addiction 2018.

I have already submitted personal feedback from my own experience of mental health services in New Zealand to the Inquiry in its online form. Walter's proposal is based on a deep understanding of the value – both societal and personal – of strong and positive interpersonal relationships. I understand specifically he is concerned about the fragmented services commonly offered to people requiring social services support. What he is proposing is not to detract from the provision of these services, but to provide a stronger framework, or connective structure, for supporting their success.

What he proposes is neither the old institutional model of residential care, nor the existing 'community care' model, which provides no community. It is something for this century, which is flexible, built around specific patient/client needs, and puts relationships at the heart of therapeutic work. I feel the 'village' concept is potent, and particularly valuable when envisaged being realised as a range of possibilities along a spectrum between residential and 'out-patient': some villages may be a form of cohousing-with-care; some may have a residential component, with a number of other members participating on a part-time basis, coming in for particular events/appointments; others may be more virtual village whose members get together for specific events and meetings, and maintain close supportive communications.

I have a background in architecture, and have done some post-graduate research into cohousing as an option for older New Zealanders. I believe the cohousing model would be a perfect fit for Therapeutic Villages as well. I believe, also, that small 'villages' could be finger-jointed into larger cohousing developments, non-supported residents adding diversity and social opportunities.

A critical principle of cohousing as originally evolved in Denmark, is that the group of potential occupants is the foundation and starting point for the development; that is to say, it is not led by a commercial property-development company. However, given that many people are not able, for a variety of reasons, to lead such a project, there have been developments this century that have been a collaboration between a client-group, architects, and property agents. In the case of a therapeutic village, which involves case-workers, administrative and care staff etc, the staff may need to have the ultimate responsibility for forming the community/village groups. However, this selection process should, I believe, have significant input from the prospective members, in order to have a community based on feelings of
connection and interest. In this era in which change is urgent at a wide range of scales, and in

many fields, exploring possibilities for alternate models of ‘society’, community-building, supporting those who need various forms of care – be they children, people with disabilities, the ageing – is not only ideal, but essential.

K. Henning-Hansen
55henninghansen@gmail.com
M: 027 374 8183
T: 04 550 8839

Diana Jones

Dear Walter

I am writing in support of the proposed therapeutic villages.

The Therapeutic Village
Proposal to The Government Inquiry into
Mental Health and Addiction 2018
Oranga Tāngata, Oranga Whānau

In my work with homeless women in Wellington 2014 – 2017, we found women made significant healthy progress in their three months with the Wellington Homeless Women's Trust, which provides accommodation and assists access to health, counselling, budgeting, work, and addiction services. Unless homes could be found within supportive communities, where the women would continue to develop positive relationships, they were back on the street or had returned to violent relationships.

Research shows for anyone to be 'alive and learning'. This refers to people's ability to learn socially. (J.L Moreno, Who Shall Survive, New York, Beacon House), they need a network of positive mutual relationships around them. My experience is that this means several people on at least seven criteria (Ann Hale, Conducting clinical Sociometric Explorations. Roanoke, VA. Royal Publishing Company 1985.)

- Who the person can confide in
- Who makes them laugh
- Who knows when they are upset or down
- Drop everything to listen when asked for help
- Who confides in them
- Someone they would drop everything for to listen
- Someone who motivates them with their best interests in heart.

Without these ongoing relationships, people find it hard to thrive. The villages proposed go a long way to address this basic human need.

Similarly there are many agencies currently providing services who would be trusted assessors and referrers to the villages, meaning that criteria for entry would be met.

The villages proposal addresses the difficulties many have in accessing a range of services including housing. Some people can return to the original environment with additional easy to access services. The centrality of group work in any therapeutic community is addressed.

What could I offer to assist these villages?
Professional supervision for group workers
Provide governance experience and oversight

Diana
+64 21522620

Leadership coach and advisor, author, speaker and director of the Executive Presence programme | diana-jones.com

Connect with me: LinkedIn | Facebook | Twitter

Get the essential resource for leaders and aspiring leaders, my newest book, "Leadership Material: How Personal Experience Shapes Executive Presence."

Dr Edward Coughlan

Hi
I have read this proposal and would support this approach
Regards
Dr Edward Coughlan
Clinical Director
Christchurch Sexual Health

Petition

https://our.actionstation.org.nz/petitions/create-a-framework-for-therapeutic-villages/

To: The Government Inquiry into Mental Health and Addiction 2018 Oranga Tāngata, Oranga Whānau

To Members of the Inquiry:
Please create a framework for assisting and funding community efforts to establish "Villages" that will create positive relationships beyond those provided by professional specialised treatment.

A therapeutic village is a way of creating a loving environment for people when connections have broken down.

Name Postcode

Walter Logeman 8014
Michael sullivan 4120
Anthony Guy 6011 Livingstone
Tapley
Teina Moetara 4072
adena lees 85704

Lynley McNab 2780
Jim Goodwin 8023
Kara Lynn 7395
Kate Tapley 8014
Marianne 7332 Mcwilliam
/Savage
Amanda Howard 2117
Georgina Pattullo 7010
Colleen Whittle 2298
Maria Taramai 4224
Jenny Kelly 8013
Anne McChesney 5510
Name Postcode
Peter McMillan 0981
K. HENNING- 6011 HANSEN
Rebecca Gebbie 8014

Timeline

20 April 2018
Initial draft created and discussed with colleagues

30 April, 2018
Expression of interest was sent to the Mental Health Enquiry on the website
https://www.mentalhealth.inquiry.govt.nz/contact-us/expressions-of-interest

1 May 2018
Draft of this proposal was sent to people experienced in the field for editing and comment.

15 - 20 May 2018
The proposal is sent to individuals and agencies requesting letters of support and comment.

They were asked to return letters to walter@psybernet.co.nz by 31 May 2018.

June 2018
Submission is made before the deadline of:

5 June 2018. 5pm

by email and post to
mentalhealth@inquiry.govt.nz

Mental Health and Addiction Inquiry
PO Box 27396
Marion Square
Wellington 6141.