

11 February 2022

## **Submission: Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill**

Tuia te rangi e tū nei  
Tuia te papa e takoto nei  
Tuia i te here tangata  
Tihei mauri ora  
He hōnore, he korōria ki te atua ki te runga rawa  
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro  
Rau rangatira mā, ānei ngā whakaaro me ngā kōrero nā Te Tūāpapa Hauora  
Hinengaro

Tēnā koutou Education and Workforce Committee

Thank you for the opportunity to comment on the Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill (the Bill).

The Mental Health Foundation of New Zealand (MHF) supports the intentions of this Bill to extend ACC cover to a specified list of maternal birth injuries. The Bill aligns with our [Perinatal Mental Health position statement](#) (August 2021), where the MHF advocated for a review of ACC's cover for birth injuries.

We know birth injuries can cause anxiety, depression and post-traumatic stress disorder.<sup>1</sup> We also know perinatal mental distress has far reaching and life-long consequences for pregnant people and parents, their tamariki and whānau.

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<sup>1</sup> Ertan, D., Hingray, C., Burlacu, E. et al. 2021. Post-traumatic stress disorder following childbirth. BMC Psychiatry 21, 155.

Fortunately, perinatal mental health distress is both preventable and treatable. This Bill is a step in the right direction – investing in prevention and early intervention of perinatal mental health, which we hope the Act in its final form will support, is extremely cost-effective.<sup>2</sup>

## **Recommendations for the Bill**

We make a number of recommendations related to the scope of the Bill and the upholding of Te Tiriti o Waitangi.

1. Our position statement advocates for the ACC cover of mental injuries resulting from birth injuries. **We recommend the Committee confirm the Bill will provide for ACC cover to mental injuries suffered as a result of physical birth injuries, regardless of whether this is a personal or treatment injury.**
2. **The Bill must recognise Te Tiriti o Waitangi and state how the Bill will uphold its principles<sup>3</sup> and provide equitable access to timely and culturally safe health care and treatment, including mental health support.**

ACC cover for mental injuries must include provision of kaupapa Māori services, whānau-centred services and other culturally responsive support options that recognise and support the expression of hauora Māori models of care – as supported by *Whakamaua: Māori Health Action Plan 2020-2025*. This should include Rongoā Māori (traditional Māori medicine) and traditional birthing techniques for subsequent births.

3. We understand the list of birth injuries in the Bill (Schedule 2) exclude many injuries that occur during birth. **We recommend the Committee seek appropriate advice from pregnant people and parents with experience of birth trauma, and their whānau, and a range of health professionals to ensure the list of injuries in the Act will be appropriate and fair.**

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<sup>2</sup> <https://heckmanequation.org/the-heckman-equation/>

<sup>3</sup> "principles" here means not only those of tino rangatiratanga, equity, active protection, partnership and options, but also the preamble/Kupu Whakataki and articles of Te Tiriti o Waitangi relating to kāwanatanga, ōritetanga and wairuatanga.

4. **We recommend ACC cover include other non-medical or health-related costs, such as practical support (e.g., household and childcare support).** This type of support is needed as soon as possible after a birth injury, and not only when injury causes a long-term effect or disability (as per current ACC guidance).

### **ACC application process**

The ACC application process must be informed and designed alongside the voice and whakaaro of pregnant people and parents with experience of birth trauma, and their whānau, to ensure it is supportive and whānau-centered.

### **All pregnant people and birth givers need access to safe, timely and effective mental health services and support**

Birth givers who suffer any form of birth trauma/mental injury must receive appropriate, timely, safe and effective care and support, regardless of whether they meet the criteria for ACC cover. Unfortunately, there is a well-documented list of inadequacies relating to the current state of maternal mental health services, including: regional variability, lack of coordination between services, difficulty accessing the necessary support, service gaps including the lack of support for mild to moderate conditions, rigid (and tightening) access criteria owing to pressure on DHB services, siloed support for those dealing with multiple issues, long wait times, barriers to access (e.g., transport or cost), fear of formal support, and not knowing where to find the right support for themselves or clients.<sup>4</sup>

We are hopeful these issues will be addressed through the development of the Government's national mental health and addiction system and service framework.

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<sup>4</sup> Health and Disability Commissioner. (June 2020). Aotearoa New Zealand's mental health services and addiction services: The monitoring and advocacy report of the Mental Health Commissioner

We also remind the Committee of the importance of a comprehensive approach to perinatal mental wellbeing, in line with *He Ara Oranga*, the report from the Inquiry into Mental Health and Addiction and as detailed in *Kia Manawanui Aotearoa*. This means prioritising and investing in prevention and positive mental wellbeing promotion and applying a Te Tiriti o Waitangi and an equity lens to our national approach to perinatal mental wellbeing.<sup>5</sup>

Mauri tū, mauri ora,

**Shaun Robinson**

Chief Executive

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<sup>5</sup> Wāhine Māori are overrepresented in maternal suicide and Pasifika women have the highest rates of antenatal depression compared to women from other ethnic groups. (McDaid, F., Underwood, L., & Fa'alili-Fidow, J. et al (2019) Antenatal depression symptoms in Pacific women: evidence from Growing Up in New Zealand. *Journal of Primary Health Care* 11, 96-108.)

## **About the Mental Health Foundation**

The MHF's vision is for a society where all people flourish. We take a holistic approach to mental health and wellbeing, promoting what we know makes and keeps people mentally well and flourishing, including the reduction of stigma and discrimination (particularly on the basis of mental-health status).

The MHF is committed to ensuring that Te Tiriti o Waitangi and its Articles are honoured, enacted, upheld and incorporated into our work, including through our Māori Development Strategy. We are proud that Sir Mason Durie is a Foundation patron.

The MHF takes a public health approach to our work, which includes working with communities and professionals to support safe and effective suicide prevention activities, create support and social inclusion for people experiencing distress, and develop positive mental health and wellbeing. Our positive mental health programmes include *Farmstrong* (for farmers and growers), *Getting Through Together* (the national wellbeing promotion programme in response to COVID-19, in partnership with Canterbury DHB Public Health Unit) *All Right?* (supporting psychosocial recovery in Canterbury, Kaikōura and Hurunui), *Pink Shirt Day* (challenging bullying by developing positive school, workplace and community environments) and *Open Minds* (encouraging workplaces to start conversations about mental health). Our campaigns reach tens of thousands of New Zealanders each week with information to support their wellbeing and help guide them through distress and recovery.

We value the expertise of tāngata whaiora/people with lived experience of mental distress and incorporate these perspectives into all the work we do.

Established in 1977, the MHF is a charitable trust, and our work is funded through donations, grants and contract income, including from government.