

Mental Health Foundation of New Zealand

Briefing to the Minister for Mental Health

December 2023

Who we are

The Mental Health Foundation of New Zealand (the MHF) is a leading mental health and wellbeing charity striving for a society where all people flourish. Our mission is to build an Aotearoa free from discrimination, where everyone can experience mauri ora or positive mental health and wellbeing.

We work towards this by:

- actioning our commitment as a Te Tiriti o Waitangi partner
- giving people tools and encouragement to look after their own mental health, and support others
- advocating for social conditions, policies and services that prevent the drivers of mental distress (such as racism, poverty, discrimination and trauma), reduce inequities, and lift the mental health and wellbeing of all people in Aotearoa.

Nine priorities to build an effective mental health, wellbeing and addiction system

1. *Develop a long-term strategy and plan for mental health, wellbeing and addiction*

The challenge

The voices and solutions of thousands of New Zealanders, culminating in the [He Ara Oranga report](#), remain our best guide to protecting and improving mental wellbeing, and supporting people with mental distress. The vision of the people who contributed to the report is a transformed mental health and addiction system that focuses not only on *responding* to people experiencing mental health need or crisis, but spreads focus and investment evenly across:

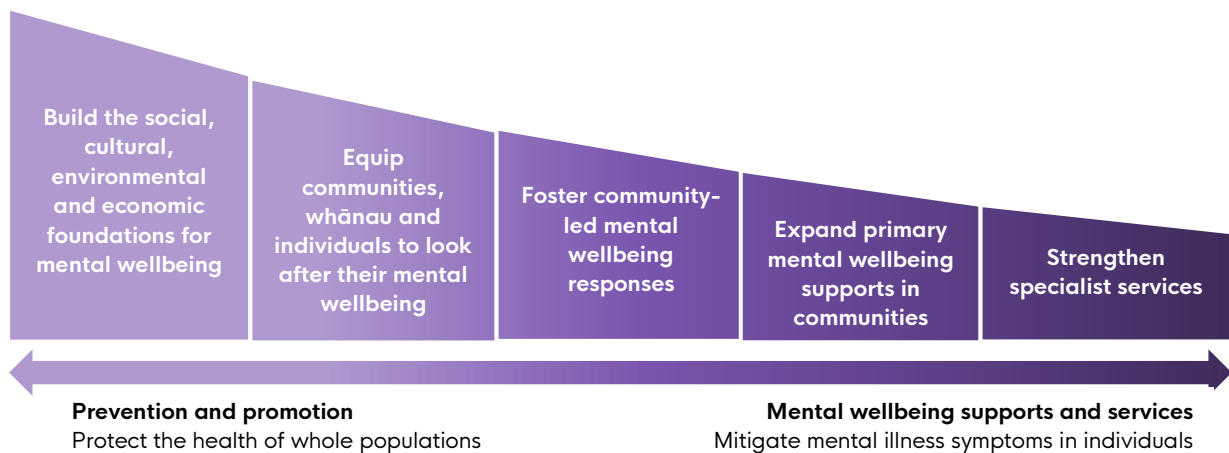
- preventing poor mental health
- early intervention
- supporting people's long-term recovery
- promoting the skills, attitudes and behaviours that enable people to flourish and cope with adversity.

Work to realise this vision has already begun, but progress has been slow and there are clear holes and areas of no progress.

What has been missing from the start is a clear, long-term implementation plan with milestones, timeframes and accountabilities. A series of unfocused and piecemeal actions will not successfully deliver the paradigm shift our mental health and wellbeing system needs. Without a clear roadmap, we risk losing traction, buy-in and direction, and do a disservice to the many thousands of New Zealanders who lent their stories and solutions to the report and the substantial public funds already invested in change.

The opportunity

The good news is that much of the hard work has been done. The agenda laid out in the holistic, population-based mental wellbeing framework (below) has widespread support from both within and outside the mental health sector.



Adapted from [Ministry of Health, 2021](#)

Your government has an opportunity to build on this framework and make it your own, winning back public confidence in the transformation agenda and setting Aotearoa New Zealand up for long-term mental health and wellbeing.

To do this, you will need to **commit to a clear timeline for change, with sequenced actions and designated people responsible for delivering work**. The MHF recommends that in your plan, you give effect to the priorities identified in this briefing, and also focus on:

- equitable outcomes for Māori, Pasifika, Asian peoples, migrants, people with a background as refugees, people with disabilities, rainbow communities, children and youth, rural populations, and people who experience intersecting discrimination and disadvantage
- the voices of tāngata whaiora/people with lived experience of mental distress
- holistic wellbeing, and funding for services and supports that reflect whānau, hapū and iwi aspirations

- aiding the implementation and sequencing of actions in the Suicide Prevention Strategy and Action Plan [*Every Life Matters – He Tapu te Oranga o ia tangata*](#), and the recommendations of the report [*Shining a light on whānau experiences of Coroners' investigations of suspected self-inflicted deaths*](#).

Mandating a mental health and wellbeing strategy under the Pae Ora (Healthy Futures) Act 2022 is a good start, and an opportunity to strengthen accountability, reinforce a long-term, population-based approach, and determine the high-level priorities to be delivered according to the implementation plan.

2. Implement cross-government action on prevention

The challenge

Aotearoa New Zealand lacks a co-ordinated approach to addressing the underlying determinants of mental wellbeing (i.e., the social, cultural, environmental and economic foundations for people to be well and stay well). While there have been significant cross-agency programmes of work, such as the Child Youth Wellbeing Strategy and investment into supporting people experiencing homelessness and complex needs via the Housing First initiative, there appears to be no common goal for investment, or any integrated system to evaluate the collective impact of these activities.

The opportunity

Addressing the wider determinants that influence mental health and overall wellbeing is far more cost-effective than downstream approaches,¹ and more likely to be successful – most mental disorders develop by age 24 but are only recognised when severe and harder to treat.²

Prevention, early intervention and mental health promotion can together produce social and economic benefits to society that are cumulative and cut across other sectors, such as improved learning, higher employment and productivity rates, and reduced health and social service costs and demand.³

The MHF recommends the Minister for Mental Health:

- provide cross-government leadership, co-ordination, clarity and common direction for mental distress and illness prevention
- ensure all government strategies and work programmes are accountable for improving mental wellbeing, preventing suicide and upholding equity, and use integrated monitoring processes to encourage collective accountability and impact. Cross-government responsibility could be embedded into the mental health, wellbeing and addiction strategy under the Pae Ora (Healthy Futures) Act.

3. Develop and implement a plan for mental health promotion delivered by communities and Non-Government Organisations (NGOs)

The challenge

Aotearoa New Zealand already has world-class national and community-based campaigns and initiativesⁱ helping people harness their strengths and other tools to keep themselves mentally well, and these initiatives are producing measurable, tangible returns on investment after only a short period of time. But without adequate planning, funding and oversight, we risk stifling their long-term success and reach.

The opportunity

Empowering communities and whānau to self-manage their mental wellbeing can help people stay mentally well and recover from periods of distress; reduce pressure on clinical mental health services; build stronger communities; and produce other tangible benefits, such as reduced accidents and faster recovery from physical injury. Unlike clinical support, mental health promotion does not require expensive infrastructure or suffer from workforce constraints, because it uses the settings (such as workplaces, marae or sports clubs), strengths, and leaders already present within communities.

The international wellbeing science is clear – and supported by evidence from fully-evaluated, Aotearoa New Zealand-based programmes – mental health promotion can improve both individual and collective wellbeing.

ⁱ Such as [Farmstrong](#) and [All Sorts](#).

Mental health promotion:

- can reach and benefit everyone, whatever their current level of mental wellbeing and regardless of whether they have a diagnosed mental illness
- is highly cost-effectiveⁱⁱ
- does not require workforce training lead-in times
- can have immediate impacts at a population scale, commensurate with the level of need.

Successful mental health promotion requires a close understanding of the communities initiatives are targeted towards, and Aotearoa New Zealand has so far underutilised the unique potential of NGOs and other community-based organisations, including kaupapa Māori organisations, to deliver these activities in ways that are accessible and relevant.

The MHF recommends:

- working with mental health promotion, te ao Māori, epidemiology, social marketing and mental wellbeing science experts, to develop and implement a clear plan for mental health promotion, grounded in Te Tiriti o Waitangi and reflecting the needs and aspirations of priority populations
- scaling up successful mental health promotion activities, and instigating evaluation and cost-benefit processes to identify additional initiatives to expandⁱⁱⁱ
- ringfencing a portion of mental health funding each year for mental health promotion
- adequately funding and evaluating mental health promotion programmes, through the mental health budget and Mental Health Innovation Fund

ⁱⁱ See, for example: [Deloitte, 2022](#).

ⁱⁱⁱ E.g., \$15m over five years for a national programme such as All Sorts could make a sustained impact for the 28 percent of New Zealanders with poor mental wellbeing.

- contracting community-based organisations to lead and deliver mental health promotion and other population-level mental health activities in their communities.

4. Build a stable health structure

The challenge

The recent health and disability system reforms sought to make the mental health system more effective, equitable, efficient and sustainable. The MHF is concerned that the goals of the reforms – to develop clearer accountabilities, structures, functions and decision-making frameworks, within a less complicated system – are being lost.

We are concerned about the lack of clarity and/or stability regarding:

- how decisions are made and enforced; how disputes between entities and interests are managed; and where decision-making responsibilities lie
- how whānau and communities are kept at the heart of decision-making, while maintaining focused leadership and stronger prioritisation
- which entities hold different health system functions, and how entities are held accountable through the entire “chain” from services through to government
- leadership roles, particularly in light of a trend for transitory leadership resulting from frequent turnover^{iv}
- the functions and resourcing of the Suicide Prevention Office, and the potential for this to limit its success and influence on other entities.

We are especially concerned these ambiguities, and this changeable leadership, are contributing to an increasingly fragmented mental health and wellbeing response, with inconsistent levels of understanding and application of population-based approaches across the different entities as well as across public health and primary, community and specialist service domains.

^{iv} See, for example, the Director of Mental Health and Addiction, leadership of Te Whatu Ora and Te Aka Whai Ora, and leadership of the Suicide Prevention Office.

Overall, the health restructure has had a destabilising effect on mental health infrastructure, and has diverted energy and focus from the agenda to transform the mental health and wellbeing system.

The opportunity

Your government can provide leadership, direction and communication to ensure all layers of the health entities, and all New Zealanders, understand and have confidence in the mental health system.

To enable the cohesive, integrated and collaborative system envisioned by the health and disability system review, the MHF recommends the Minister for Mental Health and/or Minister of Health prioritise:

- stabilising the leadership of mental health teams, potentially with incentives for longer tenure
- clarifying where resourcing and planning decisions are made across the health system and ensuring these decisions – and how all the pieces of the health system fit together – are communicated and understood at all levels of the workforce
- ensuring the roles and decision-making rights of health entities are clearly set up to support not only people who experience mental illness or distress, but also to promote the positive mental health and wellbeing of all New Zealanders.

5. Understand and acknowledge the scope of need

The challenge

Aotearoa New Zealand does not have a clear picture of the prevalence and impact of mental distress and illness, gambling harm or substance use and addiction in our nation, or of how our mental health and addiction system is meeting people's needs. Our last comprehensive prevalence survey was completed in 2004 and there are significant gaps in knowledge about severity of need, access and demand, service

performance, and people's experience of mental health and addiction services, as well as a lack of culturally-informed, wellbeing-focused data.[∨]

The way we currently collect and report service data is not as systematic, nationally-consistent and timely as it should be, and we are not meeting the data requirements of our [system monitoring frameworks](#).

The opportunity

The MHF supports calls from the *He Ara Oranga* report, [Te Hiringa Mahara](#), [Te Pou](#) and others for your government to invest in Aotearoa New Zealand's mental health data infrastructure. We recommend:

- conducting a prevalence study (or series of interconnected studies) to provide a comprehensive understanding of Aotearoa New Zealand's mental health, gambling and substance use
- directing all health agencies, including primary care, to collect nationally-consistent access, outcome and experience data, including data that is reported by tāngata whaiora and whānau and is culturally appropriate (including te ao Māori data)
- enabling the systematic, nationally-consistent and regular collection of mental health and addiction workforce data (such as vacancy and turnover rates, workforce experiences, and detail on the Māori workforce and cultural and peer support roles)
- prioritising the accurate, nationally-consistent collection and timely reporting of Mental Health Act data (covering use of compulsory treatment orders, "seclusion" and restraint), so that reported data is valid and applicable to current practices

[∨] For example, we have no experience or mental wellbeing outcome data that are nationally consistent, tāngata whaiora- and whānau-reported, and culturally appropriate. Since Mārama Real-Time Feedback was discontinued from 1 April 2023, Aotearoa now has no national experience survey of any kind for mental health and addiction services (Te Hiringa Mahara New Zealand Mental Health and Wellbeing Commission, 2023).

- using this up-to-date prevalence data to develop an investment approach to support the long-term plan for a population-level response to mental health and wellbeing.

Filling these critical knowledge gaps will help you better understand the complex scope of need, and whether – and where – our system is working well. It will give you the foundation on which to develop an effective mental health and wellbeing strategy, set meaningful targets, and allocate investment wisely in the future.

6. Uphold Te Tiriti o Waitangi to achieve equity

The challenge

Despite high need,^{vi} less than 11 percent of investment into mental health and addiction services is allocated to kaupapa Māori services. In the last five years, less than a third of Māori accessing specialist mental health and addiction services had access to kaupapa Māori services.⁴

The Waitangi Tribunal's 2019 *Hauora Report* found that the Crown has failed to address persistent Māori health inequities, give effect to tino rangatiratanga and properly resource Māori health organisations and providers, undermining Māori efforts to apply their own solutions.⁵

Our current system undervalues mātauranga Māori (Māori knowledge)^{vii} and is typically misaligned with Māori ways of understanding wellbeing. Commissioning models, contracts and funding requirements do not often have the flexibility to meet the holistic needs of whānau, and create competitive rather than collaborative relationships between Māori providers.⁶

^{vi} E.g., Māori experience significant inequities in the mental health and addiction system, including higher rates of coercive practices like compulsory treatment and solitary confinement (“seclusion”) in mental health units (Te Hiringa Mahara, 2023), higher prevalence of “mental disorder” (Ministry of Health, 2006) and higher, and rising, rates of mental distress (Ministry of Health, 2022).

^{vii} Mātauranga “can be described as the pursuit of knowledge and comprehension of Te Taiao – the natural environment – following a systematic methodology based on evidence, and incorporating culture, values and world view” (Hikuroa, 2017). It is shown to have an empirical basis, and is as valid as, but different from, other knowledge systems, including science ([Te Mana Rauhi Taiao, the Environmental Protection Authority, 2020](#)).

The opportunity

The National Party is committed to positive health outcomes for Māori, and has recognised Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand.

You have an opportunity to put this recognition into action to improve Māori mental health, expand kaupapa Māori solutions and support decision-making by Māori communities to achieve the best outcomes.

To continue striving for positive health and wellbeing outcomes for Māori, we strongly recommend:

- leading development of a strengthened Māori mental health and addiction workforce, and growing a wider range of kaupapa Māori services around the country
- commissioning kaupapa Māori services and other services targeted to Māori
- increasing investment in kaupapa Māori mental health services, including an equitable allocation of any new mental health and addiction investment, to address inequities in funding and outcomes
- incorporating mātauranga Māori, and hauora Māori solutions, into all aspects of the system (based on evidence this improves Māori mental health and other health outcomes)
- significantly empowering a structure within the Ministry of Health to carry out Māori-focused planning, collaboration, policy and strategy, monitoring, support and engagement with Iwi-Māori Partnership Boards
- retaining the Hauora Māori Advisory Committee, to ensure the voices of Māori are heard at all levels of decision-making in the health system
- ensuring effective community engagement, and empowering locality plans to give effect to whānau, hapū and iwi aspirations
- monitoring and reporting on the performance of the health and disability system specifically for Māori, including identifying unmet need
- strengthening partnerships and engaging more effectively with whānau Māori, by designating an organisational point of contact to be the conduit between the health system and whānau, hapū, iwi, and Māori community

organisations at the appropriate national, rohe (iwi or hapū boundary) or takiwā (district or territory) level.

7. Change our mental health laws

The challenge

Our current Mental Health Act prescribes an outdated approach to people experiencing severe mental distress. Forcing people into mental health treatment regardless of their wills and preferences unjustifiably breaches their autonomy, freedom and tino rangatiratanga, contributes to mental illness prejudice and can discourage people from seeking help.

The Act is used disproportionately against Māori and infringes their rights under Te Tiriti o Waitangi, and the practices allowed under the Act (such as restraint and solitary confinement) breach people's basic human rights.

Both mental health workers and tāngata whaiora want less coercion in mental health care, and there are ways to provide it, such as by investing in timely and effective alternatives to compulsory treatment, and adequately resourcing and supporting mental health services to provide trauma-informed care that supports people to make their own decisions about their treatment.

The previous government has begun the process of repealing and replacing the Mental Health Act, but the pace has been slower than hoped.

The opportunity

We recommend your government progress the repeal and replacement of the Mental Health Act as a matter of priority in the 2024 Legislation Programme.

Policy, resourcing and guidance to support the minimisation of compulsory treatment and restrictive practices can be put in place now. This could involve:

- scaling up and promoting alternatives to compulsory treatment
- reinvigorating the Zero Seclusion Project, with new targets, communication and support for the workforce to use less restrictive measures, and better data collection and reporting practices to monitor progress

- enabling all services and supports to embed [supported decision-making](#) so tāngata whaiora can make decisions about their mental health care, treatment and recovery.

8. Grow, maintain and develop a strong workforce

The challenge

Our mental health and addiction workforce, like the wider health workforce, is under-resourced. Issues include:

- gaps in staffing levels and expertise across the whole system, evidenced by vacancies in Access and Choice practitioners,⁷ rising vacancy rates in adult specialist mental health and addiction services,⁸ and an overall clinician shortage⁹
- recruitment rates for some roles not being high enough to replace staff attrition¹⁰
- the Māori workforce being too small to serve tāngata whaiora Māori^{viii}
- peer roles remaining only a small proportion of the workforce, despite presenting an opportunity to build more compassionate and recovery-focused service models, benefit people using services, and address workforce issues¹¹
- a lack of a whole-of-sector workforce approach, which has seen services appropriating staff from within the existing workforce (such as from specialist services to Access and Choice) rather than recruiting new staff to fill vacancies¹²
- the mental health and addiction workforce not always offering cultural safety for staff or tāngata whaiora, or consistent representation for Māori, Pasifika and lived experience voices and leadership.

^{viii} I.e., 15% of the mental health and addiction workforce in 2021 is Māori, compared with 29% of tāngata whaiora (Te Hiringa Mahara New Zealand Mental Health and Wellbeing Commission, 2023).

These gaps mean people in need are at risk of not receiving support, not receiving enough support, or receiving inappropriate support – in turn, increasing the likelihood of their wellbeing worsening and their recovery being stalled.

A well-resourced, well-staffed and safe workforce is key to delivering timely, effective, accessible, appropriate, holistic and integrated supports that favour compassionate, safe and rights-affirming treatment over coercive or punitive approaches.

The opportunity

To complement and support incentives to attract and retain the workforce (such as your party's policies to deliver more psychiatrists, psychologists, doctors and nurses), we recommend developing a comprehensive mental health and addiction workforce plan, in partnership with lived experience and Māori lived experience leaders.

This plan should integrate with any wider health workforce plans, and seek to:

- develop and sustain the lived experience (including peer) workforce, and Māori and youth workforces, with attractive remuneration levels and workplace dynamics, decision-making roles, and opportunities for career development
- support the wellbeing and safety of the workforce
- grow and develop the Māori workforce, including the tāngata whaiora Māori workforce, to support demand for culturally-appropriate services and kaupapa Māori solutions
- invest in, and grow, the non-clinical mental health and wellbeing workforce, including practitioners in mental health promotion.

9. Invest now in value-for-money actions that will make a real difference

We recommend focusing investment in your first year in office across four priority areas:

- youth mental health and wellbeing

- perinatal and maternal mental health and wellbeing
- kaupapa Māori supports and services
- alternative responses to mental health and suicidal crises in the community.

Action across these areas should seek to:

- prevent mental distress or illness (e.g., reducing stress on vulnerable women during pregnancy with access to social and fiscal support)
- promote wellbeing (e.g., Whānau Ora community-based programmes)
- intervene early and effectively (e.g., youth one-stop shops and community-based kaupapa Māori mental health services)
- provide specialist care to meet demand (e.g., more mother and baby respite beds and youth-specific acute options).

Addressing these four areas and focusing actions this way will address significant unmet need, intervene early and effectively to reduce systemic inequities and disadvantage, and create positive, lifelong and intergenerational outcomes for people and their whānau – advancing Aotearoa New Zealand both economically and socially, and achieving value for money.

Our door is always open

Thank you for taking the time to read this briefing.

The MHF looks forward to working with you to build a society free from discrimination, where all New Zealanders enjoy mauri ora or positive mental health and wellbeing.

We welcome any questions or thoughts from you about this document, the mission and work of the MHF and/or your vision for Aotearoa New Zealand's mental wellbeing.

Please contact us at policyandadvocacy@mentalhealth.org.nz.

This document is also available at <https://mentalhealth.org.nz/our-work/policy-and-advocacy/policy-positions>.

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- ⁷ Te Hiringa Mahara Mental Health and Wellbeing Commission. (2021). *Access and Choice Programme: Report on the first two years – Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He Purongo mo ngā rua tau tuatahi*. <https://www.mhwc.govt.nz/news-and-resources/access-and-choice-programme->

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