

25 March 2021

**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**

Introduction

Thank you for the opportunity to contribute to the Ministry of Social Development's (MSD) social cohesion approach. This is a submission from the Mental Health Foundation of New Zealand (MHF).

We are pleased MSD are looking at this important issue and we appreciate a substantial amount of work is already underway to support our diverse communities, tackle harmful behaviour and discrimination, and keep New Zealanders safe. In this submission we recommend MSD undertake a more targeted and focussed approach to social cohesion in the first instance so that government can lead by example and deliver outcomes to priority groups that are at heightened risk of exclusion. In addition to this submission, we recommend that you refer to our earlier submission on social cohesion dated 10 September 2021.

We recommend a more targeted and focussed approach to social cohesion

The MHF are generally supportive of the social cohesion framework and proposed approach. However, we recommend a more detailed and targeted approach to ensure there will be real outcomes for those in Aotearoa New Zealand who need it most. The current draft is a very broad work programme with no clear leader and no clarity around priority groups, actions and incentives, and risks failing to be able to measure and monitor the desired outcomes.

Research recognises there are many ways in which social, economic and cultural factors can have detrimental effects on mental health. It has been suggested that **exclusion is the most important underlying determinant of poor mental wellbeing outcomes**. Significant mechanisms of exclusion in Aotearoa New Zealand include colonisation, discrimination, social isolation, economic deprivation, trauma and adverse childhood experiences, and the stigma of mental distress itself.¹

Therefore, we consider interventions in this space to be of utmost importance, and these should be focussed on priority groups such as youth, Māori, Pacific peoples, ethnic minority communities of colour, people living in poverty, disabled people, immigrant populations, people with refugee backgrounds, victims of violence, rainbow communities, people with a family history of mental health conditions, prison populations and rural populations.

Additionally, it is important that real tangible cross-government goals, objectives and actions are developed in order to tackle parts of society we know actively prevent social cohesion such as lack of access to safe housing, cultural disconnection, unemployment and the discrimination of mental distress. This work will require strong cross-government coordination and leadership. We note the renewed focus on public health in the health sector reforms will be important for this programme of work, including the new Public Health Agency's scope to determine policy, strategy and intelligence relating to social, cultural and economic determinants.

We recommend clarifying in the framework and accompanying information how these types of initiatives will be implemented across government, communities, the business sector and cultural sector. This requires a more detailed outline of how everyone will be incentivised to follow and use this framework.

Feedback about the framework

The framework does not appear to be 'grounded' in Te Tiriti o Waitangi

We commend the aspiration to ground the social cohesion framework in Te Tiriti o Waitangi, however the framework itself does not reflect this. We recommend the framework include reference to respecting and upholding Te Tiriti o Waitangi and its principles of kāwanatanga, rangatiratanga and ōritetanga, as well as the principles of partnership, protection and participation, and demonstrate how the principles

¹ Cunningham, R., Kvalsvig, A., Peterson, D., Kuehl, S., Gibb, S., McKenzie, S., Thornley, L., Evely-Palmer, S. (2018). *Stocktake Report for the Mental Health and Addiction Inquiry*.

would be applied in practice. *Partnership* is an important cohesion tool because without true partnership between tāngata whenua and tāngata Tiriti social cohesion cannot be achieved. In addition, the framework needs to show how it will be explicitly tackling racism, striving for decolonisation and for Māori to be supported to reconnect with tikanga, whānau, iwi and hapū.

It should also be noted that inclusion is different to diversity, and it is important that we are striving for a society where diverse groups are enabled to hold power and be influential in areas which impact their lives.

In developing the *He Ara Oranga wellbeing outcomes framework* the Mental Health and Wellbeing Commission adopted a framework approach that shows how wellbeing will be achieved from both a te ao Māori perspective and a shared perspective, with the 'shared perspective of wellbeing' also applying to Māori. MSD may want to consider the merits of this approach when attempting to apply a national definition of social cohesion to diverse communities.

Measuring outcomes

It is important to measure how well the programmes and policies are working to achieve social cohesion.

The outcomes described in the consultation pack are too high level and should be clarified further. The MHF recommends you describe how these outcomes will be measured such as including detail on what data will be used and how this data will be accessed. For example, will MSD be using data that is already being collected or will investment be made to ensure the appropriate data starts being collected?

As noted in our previous submission (dated 10 September 2021) we understand the Mental Health and Wellbeing Commission has identified and gathered data to help measure dimensions of wellbeing, which include many aspects of social cohesion. For example, being safe, nurtured and free of trauma, sense of belonging, having enough of what is needed (food, housing), having one's rights and dignity fully realised (% of enrolled voters), tino rangatiratanga me te mana Motuhake (% of Māori registered with an iwi), being connected and valued (employment rate). We recommend working closely with the Commission to identify any gaps in the current availability of reliably collected national data and then seek to commission and invest in areas where data is limited. Other feedback about the framework

We also recommend:

1. Adding “exclusion” into the bubble on discrimination so that we are aiming to tackle all forms of exclusion, including discrimination. As noted above exclusion is a broad concept that includes discrimination as well as other social problems that are harmful to achieving social cohesion.
2. We query the use of “appropriate” as a goal for the places that we live, work, play & learn. In a diverse society, some people might find some things inappropriate due to their beliefs or culture. Instead, we recommend there should be places for everyone to access that are appropriate for them, rather than requiring all to agree on what is “appropriate”.

Feedback on enablers

As previously mentioned, the MHF recommends identifying priority groups to be the initial focus of the social cohesion plan, rather than including everyone from the beginning. There is a risk that focusing on addressing such a wide scope may result in little immediate and impactful change.

The MHF also recommends starting with central government as a contributor of the social cohesion framework by internally applying this to all work programmes and leading by example. This would work well for the health system as it engages with most of the identified groups. If central government health agencies and departments are committed to social cohesion policies, this would have a flow-on effect to the soon to be implemented localities and current and new community health organisations, Kaupapa Māori organisations, and health businesses etc.

Feedback on tangible actions

The MHF agree with the listed themes and agree that clear, targeted, tangible actions need to be determined in all these areas. It is not clear at this stage what these actions will look like, nor how they will relate to the social cohesion framework, or the contributors.

It is difficult to distinguish and prioritise some aspects of what it takes to build social cohesion over others. However, the themes listed appear to be interrelated and will

all require a coordinated government approach, as will the entire social cohesion programme.

Summary

Thank you for the opportunity to give comment on this important topic. We look forward to seeing what changes may arise from this consultation process. We are happy to be contacted to support on-going work in this area or if you have any questions regarding our submission.

Mauri tū, mauri ora

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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.