

MENTAL HEALTH FOUNDATION 2023 GENERAL ELECTION STATEMENT

THE WERO (CHALLENGE)

This election, people across Aotearoa need to hear how your party will transform our mental health and addiction system to better protect and improve the mental wellbeing of all people.

What actions will your party take to empower people and communities to build positive mental wellbeing, and ensure everyone has equitable access to timely, safe, effective, culturally responsive mental health care, which is informed by Te Tiriti o Waitangi and the expertise and experiences of people with lived experience of mental illness or distress?

What's your investment strategy to put these actions into practice over the long term, and how will it make life better for the 1 in 5 New Zealanders who will experience mental illness and/or addiction this year?

To help your party meet our wero, we offer our vision for change, backed by strong evidence and consultation from people with lived experience of mental illness or distress.

THE MOEMOEĀ (VISION)

We all want Aotearoa to be a place where people enjoy a good level of mental wellbeing, where people who experience mental illness and distress are treated with dignity and given holistic, effective support to recover and regain their wellbeing.

WHAT'S STOPPING US?

The 2018 Inquiry into Mental Health and Addiction, He Ara Oranga offered recommendations for positive change, but we're still waiting on a plan of implementation for many of the recommendations. Meanwhile:

- Nearly 1 in 4 adults experience poor mental wellbeing – this number is rising and inequities exist with Māori, Pasifika, and those living in hardship more likely to experience mental distress.
- Mental distress is highest among young people, and rangatahi Māori are more than twice as likely to die by suicide than non-Māori youth.
- Despite increased investment, access to specialist services has remained stagnant for the past five years. Access to primary mental health services is increasing but there are gaps for Māori, Pasifika, and rangatahi.
- Our services are not set up to address the drivers of mental distress such as poverty, racism, whānau violence, loneliness, prejudice and discrimination, unemployment, and insecure housing.

THE COST AND INVESTMENT

The shortfalls in our system are costing us all. People using mental health services in Aotearoa have more than double the risk of premature death (before the age of 65) compared to the general population, including from preventable and treatable physical health issues. The annual cost of serious mental illness and addiction is high at \$12b per year (5% GDP).

Change is overdue. People in New Zealand deserve better, and we can do better. What is your plan to make it happen?



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People using mental health services have more than double the risk of premature death compared to the general population



The economic costs of mental distress and addiction

12 ACTIONS TO CREATE MEANINGFUL CHANGE

Holistic support and services, kaupapa Māori approaches, a strong peer workforce, representative of our diverse communities, lived experience and whānau leadership and current robust data are the key drivers for change. The MHF believes there are four priority areas for change, backed by clear evidence. We offer examples of 12 tangible actions that can be adopted and inform your plan.

Prevention, early intervention, and mental wellbeing promotion	Effective crisis response and supports	Support recovery and wellness	Change our mental health laws
<div><p><i>“Investing in wellbeing promotion now prevents people from needing more acute support down the line, it boosts our personal and community wellbeing – it’s the smart thing to do and it’s the right thing to do.” – Shaun Robinson, MHF CE</i></p></div>	<div><p><i>“The system should empower people to make decisions for themselves, encourage and support them in this process and journey.” – Lived Experience Advisor</i></p></div>	<div><p><i>“Don’t forget about people in recovery, it is not a straightforward or easy journey and those of us in recovery still need support.” – Lived Experience Advisor</i></p></div>	<div><p><i>“The Mental Health Act should lead to better mental health and wellbeing, not creating more distress and anguish. We should feel empowered in our treatment and be in the driver’s seat. Our voices should be heard.” – Lived Experience Advisor</i></p></div>
<div><div>ACTIONS</div><div><div>1</div><div>Support mental wellbeing in schools. We must invest in whole-of-school-based holistic intervention approaches and programmes. We know local <u>mental wellbeing programmes</u> make a difference, including for tamariki Māori.</div></div><div><div>2</div><div>Invest in community suicide prevention initiatives. Every year, hundreds of people die by suicide. It’s time to invest in sustainable community-led suicide prevention initiatives that are safe and culturally responsive.</div></div><div><div>3</div><div>Prioritise perinatal and whānau mental wellbeing. Resource and empower kaupapa Māori and community-led initiatives to better support whānau and increase access to holistic maternity care.</div></div><div><div>4</div><div>More youth one-stop shops. Youth health services in schools, community and primary care settings are an important early intervention tool, but these integrated one-stop shops aren’t funded in a consistent, long-term way. Simple, sustainable funding models are needed across the motu to ensure tamariki and rangatahi can access their mental health, health and social services. Evaluations show one-stop shops are good at engaging young people, particularly Māori, and make a difference for moderate cost.</div></div></div>	<div><div>ACTIONS</div><div><div>5</div><div>Fund new ways of supporting people experiencing mental and suicidal crises in our communities so police are not the first responders. Police responses can be traumatic, leading to the use of force and coercion, especially for Māori. Local and <u>international</u> alternative models using the health and peer workforce show better outcomes including a reduction in the use of the Mental Health Act.</div></div><div><div>6</div><div>Fund child and adolescent services to meet current and future demands from young people. The <u>national monitor</u> found wait times for rangatahi to access specialist mental health services continue to be well below target. Even short wait times for support can have significant and long-lasting effects.</div></div><div><div>7</div><div>Invest in better supports and options for eating disorders. The number of people being treated for eating disorders has more than doubled over the past two years. Primary health providers lack training and support to identify people with eating disorders and refer them for treatment. <u>Recommendations have been made</u> for urgent expert care and subsidy assistance for young people with eating disorders.</div></div><div><div>8</div><div>Increase the availability of alcohol and drug harm reduction education and invest in more supports and detox facilities, including kaupapa Māori solutions and community-based services. Only half of the 100,000 people experiencing severe harm from alcohol and other drugs in New Zealand receive treatment.</div></div></div>	<div><div>ACTIONS</div><div><div>9</div><div>Change what we define and fund as ‘mental health services’ to include culturally safe supports that give people a home, education, and a job. There is strong evidence that integrated employment supports in mental health services are effective at reaching people who experience the largest employment inequities. Integrated housing and mental health supports are effective and lead to cost savings.</div></div><div><div>10</div><div>Prioritise people with lived experience of mental illness for cancer screening and treatment. Direct the Te Aho o Te Kahu/Cancer Control Agency to make people who access secondary mental health services a priority group and monitor and report on national outcomes.</div></div></div>	<div><div>ACTIONS</div><div><div>11</div><div>Commit to the repeal and replacement of the Mental Health Act. Our Mental Health Act has not been comprehensively reviewed in the last 30 years and it does not appear to be supporting improved mental health outcomes or the wellbeing of individuals overall. The Act is used disproportionately against Māori.</div></div><div><div>12</div><div>End solitary confinement practices in law, policy, and clinical practice. Māori are significantly overrepresented in solitary confinement with reports of increases in seclusion of rangatahi. It is a serious intervention with no therapeutic benefit and potentially harmful effects on people experiencing serious mental illness and staff.</div></div></div>

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We all have mental health. Our next government will be charged with protecting, maintaining, and growing our mental health system and the mental health of New Zealanders. We look forward to hearing how you will answer this wero.