

# MENTAL HEALTH FOUNDATION 2023 GENERAL ELECTION STATEMENT

## Our wero to political parties

*Mehemea ka moemoeā ahau, ko ahau anake.  
Mehemea ka moemoeā tātou, ka taea e tatou.*

**If I dream, I dream alone.  
If we dream as a collective, we can achieve our dream.**

### **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 distress or illness.**

### **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 distress<sup>1</sup> or addiction<sup>2</sup> are treated with dignity and given the choice of holistic, effective support, when and where they need it to recover and regain their wellbeing. Family and whānau will have the support and information, and services have the flexibility and resourcing, to meet these needs.

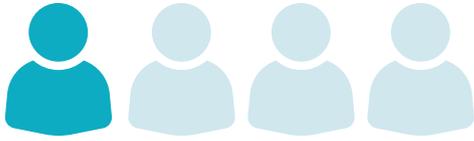
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1 'Mental distress' captures a broad range of experiences, from distress that is diagnosable as a 'mental illness' such as schizophrenia or depression, to people who are seriously upset or experiencing a stressful situation. When we talk about mental distress, we are referring to the full spectrum of challenges, from mild to severe.

2 'Harm' is a more all-encompassing description of substance use and gambling challenges, as it captures mild to moderate problematic use as well as addiction, or severe harm. However, for convenience, when we refer to 'addiction' in this document, we are generally referring to the continuum of harm from substance use and gambling.

## What's stopping us?

The report from 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<sup>i</sup> – this number is rising<sup>ii</sup> and inequities exist with Māori, Pasifika, and those living in hardship more likely to experience mental distress.<sup>iii</sup>**



**Mental distress is highest among young people,<sup>iv</sup> and rangatahi Māori are more than twice as likely to die by suicide than non-Māori youth.<sup>v</sup>**

Despite increased investment, access to specialist services has remained stagnant for the past five years.<sup>vi</sup> Access to primary mental health services is increasing but there are gaps for Māori, Pasifika, and rangatahi.<sup>vii</sup>

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.<sup>viii</sup>



***“The cold reality is that things at the coal face of mental health have not changed for many New Zealanders since He Ara Oranga was first published. Our most vulnerable people are still waiting, and more people are tipping into that vulnerable category. That is not acceptable.” – Shaun Robinson, Mental Health Foundation CE.***

## 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 health issues.<sup>ix</sup> The annual cost of serious mental illness and addiction is high at \$12b per year (5% GDP).<sup>x</sup>



**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 addictions**



**Spread investment across prevention, promotion and effective support**

Mental health investment must be commensurate to need. The majority of DHB and Ministry of Health expenditure is on services<sup>xi</sup> but it must be spread across prevention, promotion and effective support and services. Doing so is estimated to produce large costs savings.<sup>xii</sup>

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

## Creating a safe, strong, supportive mental health and addiction system

**He aha te mea nui o te ao. What is the most important thing in the world?**

**He tangata, he tangata, he tangata. It is the people, it is the people, it is the people.**

To make meaningful change, we must invest in growing a strong, empowered, community-driven, and culturally safe workforce, which includes and resources peer support in every service. The mental health workforce and system must:

- Be guided by lived experience and whānau leadership.
- Be representative of, and effective for our diverse communities, including Māori, Pasifika, Asian, refugee and migrant, people with disabilities, rainbow communities, and those across the life course spectrum.
- Reflect whānau, hapū, and iwi aspirations by including kaupapa Māori approaches and Māori-led solutions and being responsive to people's holistic needs. This is key to reducing inequitable health outcomes for Māori.

## 12 actions to create meaningful change

The MHF believes there are four priority areas for change, backed by clear evidence, that should guide your plan. We offer examples of 12 tangible actions that can be adopted – we acknowledge this is not an exhaustive list.

### 1. Prevention, early intervention, and mental wellbeing promotion



***“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***

There is strong evidence that prevention and early intervention is the most beneficial and cost-effective strategy. Often mental disorders are recognised only after they become severe and harder to treat. Half of all lifetime cases of mental disorders begin by age 14 and three-quarters by age 24.<sup>xiii</sup>

Mental health promotion makes a difference<sup>xiv</sup> and a national investment strategy is needed to ensure mental health promotion is safe and effective, and funding is appropriately and equitably directed across communities. Empowering communities and whānau to adopt behaviours that build resilience to life's challenges and create positive mental health will reduce the pressure on services and support recovery. Wellbeing is not just a luxury for those already well.

Examples of actions for change:

- **Support mental wellbeing in schools**

Imagine an Aotearoa where all tamariki were taught about mental health from a young age – how to cope with big feelings, how we can support each other, and what to do

when times are tough. Our country would be transformed. To make this happen we must invest in whole-of-school-based holistic intervention approaches and programmes. This is supported by students and teachers and we know local mental wellbeing programmes make a difference, including for tamariki Māori.

- **Invest in community suicide prevention initiatives**

Every year, hundreds of people die by suicide. For every suicide, on average six people experience intense grief and 129 people are affected.<sup>xv</sup> It's time to invest in sustainable community-led suicide prevention initiatives that are safe and culturally responsive.

- **Prioritise perinatal and whānau mental wellbeing**

Resource and empower kaupapa Māori and community-led initiatives to better support whānau, increase access to holistic maternity care, and eliminate mental-distress stigma and discrimination for parents and the associated fear of their child being taken away (a barrier to accessing support). Upskill all who work with parents and babies to recognise when parents are at risk of distress, identify what support they need, and move quickly to provide it.<sup>xvi</sup>

- **More youth one-stop shops**

We need simple, sustainable funding models for youth one-stop shops across communities so they can provide mental health, health and social support and social services to tamariki and rangatahi. Evaluations show a return on investment, with more rangatahi receiving services and receiving them earlier.<sup>xvii</sup>

## 2. Effective crisis response and supports



***“The system should empower people to make decisions for themselves, encourage and support them in this process and journey.” – Lived Experience Advisor***

People experiencing a mental health crisis deserve a compassionate, timely, and effective response that enables them to stay connected with their community supports and access the full continuum of mental health services. Whānau need support so they, in turn, can provide meaningful support to their loved one experiencing mental health or addiction challenges.

Examples of actions for change include:

- **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 international alternative models using the health and peer workforce show better outcomes including reduced admission to emergency departments and a reduction in the use of the Mental Health Act.

- **Fund child and adolescent services to meet current and future demands from young people**

The national monitor 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.

- **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, specialist services have not had a proportional increase in funding,<sup>xviii</sup> and there is evidence eating disorders have been exacerbated by the pandemic.<sup>xix</sup> Primary health providers lack training and support to identify people with eating disorders and refer them for treatment. Recommendations have been made for urgent expert care and subsidy assistance for young people with eating disorders.<sup>xx</sup>

- **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.<sup>xxi</sup> Wait times (particularly for rangatahi) have increased<sup>xxii</sup> and despite investment, there has been no relative increase in workforce.<sup>xxiii</sup> Kaupapa Māori services and solutions remain limited and underfunded.<sup>xxiv</sup>

### 3. Support recovery and wellness



***“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*

Too many people are discharged from inpatient services with no place to stay and no plan for their ongoing recovery. We must support people to recover from mental illness and distress in our communities by ensuring they have access to post-discharge follow-up support, meaningful employment, education, and healthcare.

Examples of actions for change include:

- **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.<sup>xxv</sup> Integrated housing and mental health supports are effective and lead to cost savings.<sup>xxvi</sup>

- **Prioritise people with lived experience of mental illness for cancer screening and treatment**

Direct 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. Consumers of mental health services are more likely to die from cancer, despite having a similar rate of cancer to the general population.<sup>xxvii</sup>

### 4. Change mental health laws



***“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

Honouring our Te Tiriti o Waitangi and international treaty obligations – such as the UNCRPD and UNDRIP – in law and practice will uphold people’s mana, dignity, and rights. It will give people more autonomy and partnership over their care and treatment, promote alternatives to compulsory treatment, and foster community inclusion, recovery, and the ability to live full and meaningful lives.<sup>xxviii</sup>

Examples of actions for change include:

- **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.<sup>xxix</sup> The Act is used disproportionately against Māori.<sup>xxx</sup>

- **End solitary confinement practices in law, policy, and clinical practice**

Māori are significantly overrepresented in solitary confinement with reports<sup>xxxi</sup> of increases in seclusion of rangatahi. It is a serious intervention with no therapeutic benefit and potentially harmful effects on people experiencing mental illness and staff.

***To ensure the actions taken are meaningful and responsive, we must have access to current, robust data which helps us to understand the scale of need across population groups, and how the needs change over time. We recommend establishing a comprehensive, national survey.***

**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 to ensure our collective and individual mental health is strong and ready to support us through the challenges and opportunities ahead. New Zealanders are listening now to hear how you will do that. More than ever, they understand the importance of investing in and protecting their mental health and the mental health of those they love.**

**We look forward to hearing how you will answer this wero.**

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