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Health of Disabled People Strategy  
Manatū Hauora - Ministry of Health  
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Tēnā koe

## Submission: Health of Disabled People Strategy

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, anei ngā whakaaro me ngā kōrero nā Te Tūāpapa  
Hauora Hinengaro

Thank you for the opportunity to inform the development of the Health of Disabled People Strategy. Information about the Mental Health Foundation of New Zealand (MHF) is included at the end of this submission.

### ***Be inclusive of all disabled people in definition and scope***

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) defines disability as including any long-term mental impairments which, in interaction with various barriers, may hinder the full and effective participation of disabled people in society on an equal basis with others. We therefore recommend the strategy explicitly seek to improve the experience and outcomes of those who have a long-term mental health condition and those who experience mental distress, while

acknowledging some people with experience of mental distress do not choose to define or label themselves as a disabled person.

### **Clarify how the strategy will progress existing government commitments and action relating to people with psychosocial disabilities**

We understand this strategy will provide the roadmap for change in the health system for disabled communities. We recommend the strategy be very clear about how it will complement and advance the aspirations and commitments expressed in *Kia Manawanui Aotearoa*, which are designed to achieve pae ora, and the guidance and expectations for the spectrum of services set by the *Mental Health and Addiction System and Service Framework*. In particular, there are commitments in *Kia Manawanui Aotearoa* that progress recommendations of the Mental Health and Addiction Inquiry relating to people with psychosocial disabilities that must not be lost as part of strategy and system development. These relate to the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act), comprehensive data on mental health conditions, strengthening the lived experience voice and experience in services, and supporting families and whānau to be active participants in the care and treatment of their loved ones.

Similarly, the strategy will need to articulate how it will relate to and build upon the:

- Vision and commitments in *Te Pae Tata* (specifically the priorities for Oranga hinengaro and the commitments for a fully accessible, inclusive and equitable health system for tāngata whaikaha)
- Te Hiringa Mahara's *He Ara Āwhina (pathways to wellbeing) monitoring framework* for mental health and addiction services, and
- *New Zealand Disability Strategy*

## **What pae ora (healthy futures) looks like to people with experience of mental illness/distress**

The table below represents a whole of system moemoeā or vision for responding to the needs of people who experience significant mental distress. It was shared with Manatū Hauora as part of the repeal and replace of the Mental Health Act public consultation and we consider the vision paints a helpful picture to inform the development of this strategy. It builds on the MHF agenda for change (2017), Wellbeing Manifesto, Mental Health and Wellbeing Commission outcomes frameworks, and lived experience voices.

<b>People and whānau who experience severe mental distress want and need....</b>	
<b>Rights</b>	<ul style="list-style-type: none"><li>• to live well</li><li>• to be celebrated for their wisdom and strength gained through adversity and their journey to recovery</li><li>• to be presumed capable of making their own decisions</li><li>• the right to decide, with or without their chosen support, at the time or in advance, on their own medical treatment</li></ul>
<b>Mental health system</b>	<ul style="list-style-type: none"><li>• leaders to actively address the legacy of colonisation and racism in the way mental health services and systems assess and treat Māori</li><li>• to be leaders in the systems that impact their lives</li><li>• an apology for past trauma, indignity and abuse in the mental health system, redress, and system changes so the cycle of trauma is broken.<sup>1</sup></li></ul>

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<sup>1</sup> Department of Internal Affairs | Te Tari Taiwhenua. (2007). [\*Te Āiotanga: Report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals\*](#). Wellington, New Zealand.

<b>Prevention – determinants of mental wellbeing</b>	<ul style="list-style-type: none"> <li>• access to resources and live in healthy environments</li> <li>• to participate and contribute fully in their communities and reconnect with themselves, their whānau, without experiencing prejudice or discrimination.</li> </ul>
<b>Equip communities, whānau and individuals to look after their mental wellbeing</b>	<ul style="list-style-type: none"> <li>• communities that respond to distress in a compassionate, knowledgeable, non-judgemental way</li> <li>• skills, knowledge and tools proven to be effective at improving mental and emotional wellbeing and growing the capacity of individuals and whānau to respond well to life’s problems</li> </ul>
<b>Primary mental wellbeing support</b>	<ul style="list-style-type: none"> <li>• access to free or well subsidised counselling and other early-intervention therapies and supports, including peer support</li> <li>• supports available in a variety of forms and settings e.g., schools, GPs, community organisations and digitally</li> <li>• more kaupapa Māori primary care support options and culturally responsive care, including inclusion of mātauranga, rongoā and tikanga and supported by a strong Māori workforce of GPs and psychologists etc.</li> <li>• access to good physical and mental health outcomes and care with joined up and integrated services – urgent referrals can be made between physical and mental health care, and between primary care and mental health care</li> <li>• free or heavily subsidised medication (i.e., not connected to compulsory care)</li> </ul>
<b>Crisis prevention and support</b>	<ul style="list-style-type: none"> <li>• to be met with a compassionate, non-judgmental and therapeutic and trauma-informed response</li> <li>• to be supported to access timely and intensive support</li> <li>• to be met with a health response, supported by the peer workforce, and social support</li> </ul>

<p><b>Secondary mental health services</b></p>	<p><b>Services that:</b></p> <ul style="list-style-type: none"> <li>• are delivered in community settings and in people’s homes</li> <li>• understand and respect individuals’ support circles and identities, and how they are supported by and support others</li> <li>• are co-designed by people with lived experience and Māori</li> <li>• have opportunities to provide feedback and advice on the services that they use</li> <li>• have physical environments that support wellbeing and cultural safety e.g. wharenui or whānau rooms and access to marae.</li> <li>• are joined up with employment, income and housing support</li> <li>• are joined up with specialist addictions services and support that provide safe and separate environments to support the needs of people experiencing substance use and addiction effects</li> <li>• respond with culturally competent practitioners, more Māori and Pasifika psychiatrists, and a strong peer workforce</li> <li>• are embedded in tikanga from the start and throughout a person’s journey</li> <li>• have adequate, well-supported and stable mental health workforce with safe and supportive working conditions</li> <li>• eliminate seclusion and absolutely minimise the use of compulsory treatment and restraint practices</li> <li>• support transitioning within and between services and supports.</li> </ul> <p><b>Access to treatments and models of care that:</b></p> <ul style="list-style-type: none"> <li>• build therapeutic relationships based on trust, value, respect, understanding and compassion</li> <li>• respond to the will and preferences of people and whānau and uphold self-determination</li> <li>• keep people safe on an equal basis with people receiving other forms of healthcare support</li> <li>• support positive risk-taking to support recovery</li> <li>• are appropriate, safe, effective and timely</li> <li>• provides choice and options including bi-cultural and holistic approaches that embrace many worldviews and foster connections to culture (e.g. te reo Māori, access to whenua and mātauranga Māori)</li> <li>• provides expertise to support spirituality/wairua alongside clinical practice.</li> <li>• is recovery oriented and trauma-informed</li> <li>• builds long-term life and health outcomes</li> <li>• provide wellbeing promotion and self-management support</li> </ul>
<p><b>Criminal justice</b></p>	<ul style="list-style-type: none"> <li>• people experiencing mental distress diverted from the justice system and prison</li> <li>• a therapeutic focus with support for recovery in a forensic setting.</li> </ul>

## **The health system in the future**

### **Prioritise the mental health of people with disabilities, particularly young people with disabilities**

People with disability are much more likely to experience mental distress than the general population.<sup>2</sup> Over the past four years, mental health for disabled people has worsened with 32.8 percent reporting experiencing high or very high psychological distress, this is up from 27.1% in 2018/19, and significantly up from 27.3 percent in the previous year of 2020/21.<sup>3</sup> Young people with disabilities report very high levels of mental health concerns and these challenges are more prevalent among young people with disabilities than those without disabilities.<sup>4</sup> Many of the system changes recommended in *Kia Manawanui Aotearoa*, including prevention and wellbeing promotion, can work towards addressing inequities in mental health and wellbeing outcomes for this population, as will attention to ensuring people with disabilities and their whānau are free from discrimination and can access safe and inclusive care and support in all settings to meet their health needs.

### **Priority outcomes**

The MHF recommends the strategy guide the health system to:

- Take a **population health approach** to protect and enhance the health, mental health and wellbeing of disabled people.
- **Provide accessible, and early, supports and services** to help people to increase wellbeing, independence and participation.
- **Effectively meet the needs those with multiple disabilities** by the way we design needs assessments, funding, supports, training, and services, including for people who experience mental illness/distress and other disabilities.

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<sup>2</sup> Te Pou. (2022). Equitable Access to Wellbeing. Te Pou

<sup>3</sup> Ministry of Health's *New Zealand Health Survey 2021/22*.

<https://www.health.govt.nz/publication/annual-update-key-results-2021-22-new-zealand-health-survey>

<sup>4</sup> Clark, T.C., Kuresa, B., Drayton, B., King-Finau, T., & Fleming, T. (2021). A Youth19 Brief: Young People With Disabilities. The Youth19 Research Group, Victoria University of Wellington and The University of Auckland, New Zealand.

- Respond to the articles of **Te Tiriti o Waitangi**, the needs and rights of tāngata whaikaha, and **address inequities** through equitable allocations of resourcing.
- Respond to the **intersectionality of different identities**, for example identifying as gender diverse and living with a disability, which creates compounding layers of discrimination and disadvantage that need to be prioritised.
- Respond with a **human rights** and **social model of disability** approach and build on the approaches of **Whānau Ora** and **Enabling Good Lives**.

### **System enablers and key service changes**

To achieve these outcomes, we recommend the following system enablers and service changes be prioritised:

- Provide **whole-of-government and joined up responses** to meet the needs of disabled people across health, education, work and income, housing and through participation in society.
- Understand and embed **co-production** throughout all stages of the system transformation.
- **Establish a high trust NGO commissioning model to ensure** fairness, equity, flexibility and a system that supports local innovation.
- **Embed supported decision-making**, including ensuring all services and supports (including whānau support) enable people with experience of mental illness and distress to make their own decisions about their care, treatment and recovery.
- **Support whānau, family and carers** with information, advice and system navigation support so they, in turn, can support their loved one.

## Health system experience

A typical experience of the health and disability system in Aotearoa New Zealand is that it is not set up well to deal with the complexity of comorbid disabilities. For example, Te Pou note longstanding concerns regarding access to effective treatment and support for autistic people and people with learning disability who also experience mental distress and addiction, noting disabled people who experience mental health and addiction-related needs have been caught between disability and mental health sectors, often resulting in them unable to access the support they need for all or any of their needs.

We provide the following examples of peer-led and mātauranga Māori-based mental health and addiction services that are working well.

1. **Te Waharoa, based in Tairāwhiti**, is a mental health and addictions service that applies indigenous mātauranga (knowledge/understanding) and te ao Māori practises to reframe the way we talk about a person's experience and to find a pathway forward for people experiencing distress. Health professionals work alongside the person to come up with a wellbeing pathway that takes into consideration the whole person and their whānau. It is community-based, no appointment needed and has an easy referral process. <https://www.hauoratairawhiti.org.nz/our-services/mental-health-and-addictions-services/he-waharoa/>
2. **Kōtukutuku Papakāinga** (Ōtara, Tāmaki Makaurau) is run by community housing provider Mahitahi Kāinga Trust and supported by kaupapa Māori mental health and addictions service provider Mahitahi Trust. It is made up of 40 single-bed units, a whānau apartment and a Whare Manaaki (a place for hui and celebrations). Some, but not all, of the tenants may occasionally access wellbeing support services. For tenants, the Papakāinga is not only a home, but a refuge, a house of healing, and somewhere they are free to be Māori.
3. **Peer run services: Key We Way** is a peer-run respite and recovery house i.e., staffed have lived experience of mental distress and recovery. Key We Way caters for people who are experiencing psychiatric distress and is an alternative to inpatient care in an acute psychiatric unit. A summary of views from people who have used the services was undertaken and showed that



100 percent of people were very positive about the experience. The main ingredient identified as being most helpful in the process of recovery was the staff who were described as empathetic, compassionate, caring, and respectful.

4. **Warmline** is a peer-run telephone support service which operates in the high demand times 7pm-1am.
5. **Balance Aoteaora** has contracts for Peer Support workers going into acute and forensic services in Whanganui, and is also working with MSD to provide a peer support and education programme to tāngata whaiora seeking work.
6. **Piki** has had success as a peer support services for young people  
<https://piki.org.nz/about>.

Thank you for the opportunity to contribute to the development of this important strategy. We welcome the opportunity to review and provide feedback on a draft version of the strategy and hope the voice of affected communities continues to inform its development in a central way.

Mauri tū, mauri ora,

**Shaun Robinson**

Chief Executive

## **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 *Mental Health Awareness Week*, *Farmstrong* (for farmers and growers), *All Sorts* (a national wellbeing promotion programme in response to COVID-19 and other natural disasters) and *Pink Shirt Day* (challenging bullying by developing positive school, workplace and community environments). 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.