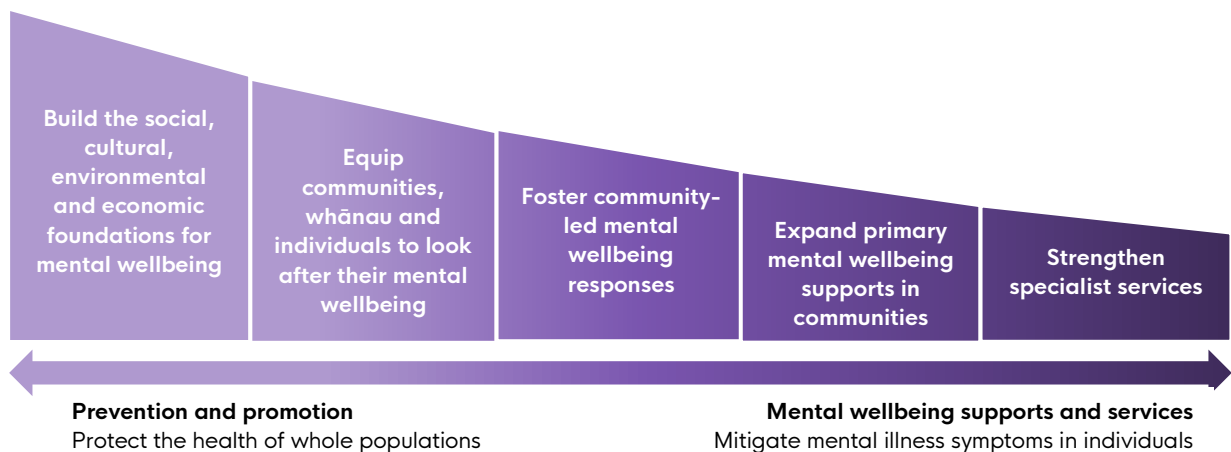


Summary briefing to the Minister for Mental Health

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 vision of the thousands of New Zealanders who contributed to the [He Ara Oranga report](#) is a transformed mental health and addiction system that focuses not only on *responding* to people experiencing mental health need or crisis, but also takes a holistic, population-based approach to better support mental wellbeing upstream (see below). To successfully effect this paradigm shift, we need a clear roadmap.



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

The MHF recommends:

- committing to a concrete, long-term timeline for change. This timeline would build on the foundations set by *He Ara Oranga* and the robust population-based approach to mental wellbeing above, with sequenced actions and designated people responsible for delivering work
- mandating a mental health and wellbeing strategy under the Pae Ora (Healthy Futures) Act 2022.

2. Implement cross-government action on prevention

Preventing mental distress by building the social, cultural, environmental and economic foundations for mental health and overall wellbeing can have positive ripple effects across all of society, but despite the benefits, Aotearoa New Zealand lacks a co-ordinated approach to address the wider determinants of mental health.

The MHF recommends the Minister for Mental Health:

- provide cross-government leadership, co-ordination, clarity and common direction for mental distress and illness prevention

Summary briefing to the Minister for Mental Health

- ensure all government strategies and work programmes are accountable for improving mental wellbeing.

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

There are many successful mental health promotion initiativesⁱ in Aotearoa New Zealand helping people and communities stay mentally well, and showing return on investment after only a short period of time. But without adequate planning and funding, their success, reach and benefits are stifled. NGOs and other community-based groups (like kaupapa Māori organisations) are well-placed to deliver relevant mental health promotion initiatives, but we are currently underutilising their potential.

The MHF recommends:

- working with the community to develop and implement a plan for mental health promotion
- scaling up successful mental health promotion activities, and instigating evaluation and cost-benefit processes to identify additional initiatives to expand
- 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
- 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 health and disability restructure has had a destabilising effect on mental health infrastructure and diverted energy and focus from the agenda to transform the mental health and wellbeing system. Ambiguous decision-making frameworks and changeable leadership are contributing to an increasingly fragmented mental health and wellbeing response, with inconsistent levels of understanding and application of a population-based approach.

Progressing mental health, addiction and wellbeing system transformation requires a stable presence of personnel in leadership roles and clear lines of accountability.

The MHF recommends:

- 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

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

Summary briefing to the Minister for Mental Health

- 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

Due to significant data gaps, Aotearoa New Zealand does not have a clear picture of mental distress, addiction and substance use, or of how our system is meeting people's needs. Without this crucial knowledge, we cannot fully comprehend how effective our investment in mental health and wellbeing is.

The MHF recommends:

- investing in crucial data infrastructure, including conducting a mental health, gambling and substance use prevalence study or series of studies, and enabling nationally-consistent service, workforce and Mental Health Act data
- 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.

6. Uphold Te Tiriti o Waitangi to achieve equity

Despite high need, kaupapa Māori mental health and addiction services are underfunded and available to less than a third of Māori accessing support. Our health and mental health system are failing to uphold the equitable health goals of Te Tiriti o Waitangi, leading to poorer outcomes for Māori.

The MHF recommends:

- continuing to progress a Te Tiriti o Waitangi-aligned health and mental health system
- significantly empowering a structure within the Ministry of Health to carry out Māori-focused policy, strategy and engagement with Iwi-Māori Partnership Boards
- retaining the Hauora Māori Advisory Committee
- empowering localities to give effect to whānau, hapū and iwi aspirations
- increasing investment in kaupapa Māori mental health services.

7. Change our mental health laws

Our current Mental Health Act applies an outdated approach to people in mental distress – breaching human rights and Te Tiriti o Waitangi rights, contributing to mental illness prejudice and discouraging help-seeking for fear of forced treatment. It is used disproportionately against Māori, and there is limited evidence of its effectiveness. The process to repeal and replace the Act has started and the sector is calling for momentum to be maintained.

The MHF recommends:

Summary briefing to the Minister for Mental Health

- progressing the repeal and replacement of the Mental Health Act by prioritising the Bill in the 2024 Legislative Programme
- ensuring the legislation is reinforced by enhancements to service culture, design and practice, including by scaling up alternatives to compulsory treatment, and enabling leadership and resources to eliminate solitary confinement and embed [supported decision-making](#). Much of this work can start now.

8. *Grow, maintain and develop a strong workforce*

Like the wider health workforce, our mental health and addiction workforce is under-resourced, with gaps in staffing levels and expertise across the whole continuum of support and a lack of representation of Māori, Pacific, and lived experience voices and leadership. We need a whole-of-sector approach to the workforce to avoid running into issues such as "cannibalistic" recruitment practices.

The MHF recommends developing a comprehensive mental health and addiction workforce plan, in partnership with Māori, people with lived experience and Māori lived experience leaders. This plan should seek to:

- develop and sustain the lived experience (including peer), youth and Māori workforces
- support the wellbeing and safety of the workforce
- 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*

The MHF recommends focusing significant investment in your first year across the following four priority areas:

- youth mental health and wellbeing
- perinatal and whānau mental health and wellbeing
- kaupapa Māori supports and services
- alternative responses to mental health and suicidal crisis in communities.

Targeting early, effective intervention at these crucial points of the life course and areas of significant need has the potential to reverse social disadvantage and establish protective factors that will promote positive, lifelong and intergenerational outcomes – advancing Aotearoa New Zealand both economically and socially, and achieving value for money.

You can access the full briefing at <https://mentalhealth.org.nz/our-work/policy-and-advocacy/policy-positions>.