Aotearoa New Zealand's mental health and wellbeing 2023-2026

Briefing to the 54th Parliament



Who we are

The Mental Health Foundation of New Zealand is a leading mental health and wellbeing charity striving for a society where all people flourish. Our mission is to build a nation free from discrimination, where everyone can experience mauri ora or positive mental health and wellbeing.

We work towards this by:

Actioning our commitment as a Te Tiriti o Waitangi partner









Giving people tools and encouragement to look after their own mental health, and support others



Advocating for social conditions, policies and services that prevent the drivers of mental distress (such as racism, poverty, discrimination and trauma), reduce inequities, and lift the mental health and wellbeing of all people in Aotearoa.





Have any questions about our work, or this briefing? Email policyandadvocacy@mentalhealth.org.nz.

The Mental Health Foundation of New Zealand is proud to be politically neutral. We do not hold biases or preferences towards any political party.

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He taonga te hauora. Value wellbeing. Better our future.

Kei ngā kaiurungi o ngā waka, kei ngā pū kōrero o te motu, Koutou e whakakotahi nei i ngā rohe, tēnā koutou katoa.

Congratulations on securing a seat in Aotearoa New Zealand's 54th Parliament. You will play a pivotal role in making our shared vision a reality - a nation where all people can enjoy good mental health and wellbeing.

Whether you sit in government or in opposition, **you will have an opportunity to help transform our mental health system** into one that *works* – a system that helps New Zealanders and their whānau be well, and stay well by investing in a balanced way across the three components recommended by the 2018 Inquiry into Mental Health and Addiction:

- 1) effective services
- 2) preventing mental health challenges
- 3) promoting lifestyles and habits that support mental wellbeing.

This joint prevention and promotion approach is shown to be effective and cost-efficient, because it works at a population level. Action across these three components could include addressing equitable outcomes for Māori as tāngata whenua, as well as other marginalised groups; supporting kaupapa Māori services; uplifting cultural identity as an evidence-based strength factor for mental health; and empowering Māori communities to address health issues under a Te Tiriti o Waitangi framework.

We offer our support and advice to all MPs. We want to learn more about your vision for mental health and wellbeing, and help you advance better outcomes for all New Zealanders.

We look forward to connecting with you over the coming months.

Mauri tū, mauri ora,

Shaun Robinson

Chief Executive

Mental Health Foundation of New Zealand

• Mental health and wellbeing, at a glance

Aotearoa New Zealand's mental wellbeing, and mental health and addiction system, needs urgent change. Why?

1. Mental distress and illness rates are high and rising every year for most people, but especially for:1

15-24 year-olds (24%), especially females (30%)

People living in the most deprived neighbourhoods (17%)

All adults (11%), but particularly adults with disabilities (33%), Māori (18%) and Pasifika (14%)

Many more New Zealanders rate their mental wellbeing as 'poor':2

Over 1 in 4



Almost 1 in every 2

solo parents and rainbow individuals



Over 50% of people with disabilities



Over 1 in 3

people with household incomes under \$30,000





Suicide is the leading cause of death for rangatahi aged 15-24. Rangatahi Māori are twice as likely to die by suicide compared to non-Māori.³

2. Despite this great need, New Zealanders cannot always access mental health, wellbeing or addiction support when they need it.

In 2021/22,



felt they needed — but didn't receive — professional mental health, wellbeing or addiction supports.¹



















































Resourcing and workforce issues are a barrier

Only 15% of the mental health and addiction workforce are Māori, leaving a big gap between Māori workforce capacity and demand⁵



of psychiatrists surveyed say people needing specialist treatment weren't able to access it4



of people leaving mental health inpatient units or residential facilities don't have a recovery plan in place, with 1 in 5 people discharged from inpatient units not followed up with within a week⁵



of people surveyed report mental health and addiction providers don't communicate with each other effectively⁵

Almost 2x

more vacancies in adult specialist mental health and addiction services since 2018⁵

Wait times remain high, especially for young people, and are worsening for addiction, telehealth and emergency department services⁵



Counter-intuitively, as the nation's mental wellbeing plummets people are accessing funded mental health and addiction services less and less, partly because:

Less than

of Māori accessing specialist mental health and addiction services can access kaupapa Māori services⁶

There are not enough peer-led options⁵



People don't have genuine choice in what supports they access - some are inappropriate and can cause harm⁵



3. People in distress experience physical health inequity too. Of New Zealanders accessing mental health services:

28%

cannot always access general healthcare when they need it⁵



to die before the age of 65, including from preventable and treatable physical health issues⁷

4. Poor mental health and wellbeing costs us all.

The annual cost of serious mental health and addiction alone to society and the economy is \$12 billion per year, or 5% of GDP.8 This figure doesn't account for the societal cost of low mental wellbeing, or milder conditions.

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2 What needs to change?

Aotearoa New Zealand's approach to mental health and wellbeing is not working – and New Zealanders know it. We need to transform our system from one primarily providing services to people in distress, to one protecting everyone's positive mental health and wellbeing.

The shifts needed

From our current system that:

Doesn't adequately address mental distress drivers, such as poverty, racism, family violence, loneliness, discrimination, unemployment and insecure housing



To a system that:

Recognises, like most New Zealanders do,6 that mental wellbeing doesn't sit in isolation — it is influenced by social, cultural and economic factors

Doesn't have a clear national picture of mental distress, addiction and substance use, with the last national survey carried out in 2004



Can respond to need and plan ahead, because it has national mental health and addiction prevalence data

Supports one person at a time, exacerbating wait times and public need - an 'ambulance at the bottom of the cliff' approach



Helps all New Zealanders be well, and stay well, by preventing mental health challenges, promoting positive wellbeing, and investing wisely across a full spectrum of effective, equitable supports

Focuses on services



Utilises mental health promotion to reach many, relieving pressure on services long-term

3 Your role in making change

The Government needs to be supported and challenged to set out the plan for change, timelining it, naming the people leading work, and delivering change for the many New Zealanders who need it.

Whether you are part of the Government or in opposition, you can drive equitable mental health progress by ensuring mental health and wellbeing solutions reflect a population health approach (recommended by the Mental Health and Addictions Inquiry) within a Te Tiriti o Waitangi framework.

Specifically, you can:

1. Create a legal mandate for a national mental health strategy

This private member's Bill requires a mental health and wellbeing strategy to be developed under the Pae Ora (Healthy Futures) Act 2022. Enacting this Bill is an opportunity to:

- reinforce the population health approach supported by the sector
- mandate long-term commitment from health and other entities, to deliver the full spectrum of mental wellbeing solutions and equitable outcomes for all.

Without a strategy, we risk losing pressure and momentum. Decisionmakers may revert to using outdated, but deep-rooted, deficit models around mental health and addiction and focus solely on expanding services, an approach that can't and hasn't solved the nation's wellbeing woes.













































2. Support the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992 through Parliament in a human rights-focused way

Our current Mental Health Act is outdated. Forcing people into mental health treatment regardless of their rights and preferences unjustifiably breaches their autonomy, freedom and tino rangatiratanga, and can contribute to mental illness prejudice and discourage people from seeking help.

While opinions differ on how the Mental Health Act should change, many themes for change are the same for mental health workers, people seeking wellness and whānau alike.

Our current law	Solutions identified
Is used disproportionately against Māori and infringes Te Tiriti o Waitangi	Less coercion in mental health care
Breaches people's basic human rights, by using practices such as restraint and solitary confinement	More resourcing for effective alternatives to compulsory treatment (such as peer-led crisis support)
Prevents people from making their own healthcare decisions (even if they are able to)	More training, resources and support for the mental health workforce
Can be traumatising for tangata whaiora (people with lived experience of mental distress) and others	Supporting people to make decisions about their own care (such as by mandating advance directives)

The Mental Health Act has been reviewed, and the sector are expecting a new Bill to be introduced to Parliament in 2024.

This is a once-in-a-lifetime opportunity for Parliament to create a significant positive change to the lives of some of our most unwell New Zealanders; advocate for better conditions for mental health workers; and ensure Aotearoa New Zealand upholds people's basic human rights, Te Tiriti o Waitangi and international conventions it has ratified.

3. Grow the Cross-Party Mental Health and Addictions Wellbeing Group

Mental health system change is urgently needed in the short term, but long-term transformation is just as important.

Real transformation requires your party - and all parties - to grow and empower the Cross-Party Mental Health and Addictions Wellbeing Group as a forum to collectively back effective solutions. The mental health of New Zealanders is too important and significant an issue to be politicised.

4. Model safe, compassionate language around mental distress and suicide

Uninformed public discussions around mental health and suicide can put people watching or listening at risk. Public speakers are often unaware of the harm their words may cause.

Words have great power. Speaking publicly about these issues in an empathetic and informed way can make people feel heard, seen and supported, while stigmatising and unsafe narratives can cause great harm.

We've put together a factsheet packed with tips on how to talk about mental health and suicide safely during your tenure as a Member of Parliament – in meetings of Parliament, in speeches, at community meetings and on social media. You can read this factsheet here.

Found this briefing helpful?

Our door is always open for any questions or thoughts you may have.

Email:

policyandadvocacy@mentalhealth.org.nz

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