Mental Health Foundation OF NEW ZEALAND
mauri tū, mauri ora

Submission: Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill

By the Mental Health Foundation of New Zealand

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28 March 2024

Dear Health Committee

Submission: Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill

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, ānei ngā whakaaro me ngā kōrero nā Te Tūāpapa Hauora Hinengaro.

Introduction

Thank you for the opportunity to comment on the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill (the Bill).

The Mental Health Foundation of New Zealand (MHF) strongly supports the overall intention of this Bill to legislate for a strategy that better enables the long-term planning and delivery required to improve mental health and addiction outcomes in Aotearoa New Zealand. Our understanding is that the long-term pathway to mental wellbeing, *Kia Manawanui Aotearoa*, provides the current strategy, and this Bill ensures a strategy of this nature in perpetuity.

We make several recommendations for how the proposed addition of Section 46A could be further strengthened. This includes a strong recommendation for a mandate to actively embed the voice of Māori and those with lived experience of mental health and addiction issues in the development of the strategy, and a requirement that the strategy be developed in consultation with all government and non-government contributors to mental health and wellbeing. The MHF recommends that 'addiction' be explicitly named in the title of the new strategy.

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The MHF does not support the proposed amendment to Section 4(1) that redefines Te Hiringa Mahara/the Mental Health and Wellbeing Commission (the Commission) as a health entity. The MHF is also concerned that workforce development is not specifically mentioned as a priority for this strategy, unlike the five existing health strategies established through the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act).

The MHF supports this Bill

The MHF advocates for developing and implementing a national mental health, addiction and wellbeing strategy and supports mandating such a strategy in law.

Mandating this strategy in law would ensure that:

- a mental health and wellbeing strategy would have equal legal standing with other health strategies,
- the government, current and future, would be held accountable for the transformation of Aotearoa's mental health system, initiated by *He Ara Oranga* (the report of the 2018 Inquiry into Mental Health and Addiction) and advanced through *Kia Manawanui Aotearoa*, and
- transparent and robust accountability structures would be embedded to continue to progress long-term and tangible changes across the full spectrum of solutions and outcomes.

Without a mandated strategy, the nation's mental health, wellbeing and addiction priorities are at risk. Decision-makers can simply revert to using outdated – but deep-rooted – deficit models around mental health and addiction and focus on solely expanding services, an approach that can't – and hasn't - solved Aotearoa's wellbeing crisis.

As such, we commend the Member for championing this Bill. We believe this is a step towards ensuring that progress continues and is not lost to lack of leadership, ownership or accountability in our shifting health system.

The MHF supports the policy intent of the Bill to require the Minister to consult with the Commission, and have regard to its views, in preparing the New Zealand Health Plan, health strategies and the Government Policy Statement

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(GPS). We believe this aligns well with the Commission's current functions and would provide for robust government policy. See recommendation five for our concerns about whether the Bill, as currently drafted, will give full effect to this policy.

The MHF supports the explicit commitment "to provide a framework to guide health entities for the long-term improvement of mental health and addiction outcomes" (46(A)(2)). This will allow for the whole health system to not only recognise and respond to mental health and addiction, but also support better physical health care for people with mental health and addiction challenges. This is particularly important given the significantly reduced life expectancy and higher levels of physical health conditions for people with mental health and addiction issues.[1]

Recommendations to strengthen the Bill

Recommendation 1: Amend the Bill so the title of the Mental Health and Wellbeing Strategy is explicitly expanded to include 'addiction'.

While the purpose and requirements of the strategy (laid out in section 46A (2) and (3)) make multiple references to "mental health and addiction outcomes", omission of 'addiction' from the strategy name itself does not set a clear precedent for valuing the equal standing addiction issues have with other aspects of the mental health and wellbeing landscape. An explicit mention of this as a central element of the new strategy would acknowledge that mental health, addiction and drug-related harm need to be addressed equitably as part of an integrated system. It is essential that the title of the strategy accurately reflects the scope of its content and the intent of the Bill.

We also recognise that 'addiction' issues fall at the severe end of the drug harm spectrum and would encourage this to be interpreted broadly by the government to include problematic substance use and drug harm reduction.

[1] Te Pou o Te Whakaaro Nui. 2014. *The Physical Health of People with a Serious Mental Illness and/or Addiction: An evidence review.* Auckland: Te Pou o Te Whakaaro Nui. www.tepou.co.nz/resources/the-physical-health-of-people-with-a-serious-mental-illness-andor-addiction-an-evidence-review/515.
As cited in *He Ara Oranga*.

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Recommendation 2: Require that the strategy be developed in partnership with Māori and people with lived experience of mental distress and addiction, for example, as an addition to proposed section 46A (3).

Both *He Ara Oranga* and *Kia Manawanui Aotearoa* set an expectation that improvements to the mental health and wellbeing system will be guided by a commitment to equity and Te Tiriti o Waitangi, and by putting people with lived experience of mental distress and addiction, consumers and their whānau at the centre of the system. It is essential that the government amplifies these voices and strengthens the leadership of Māori and those with lived experience, and creates and embeds feedback loops for these populations to inform continuous improvement.

While we understand that the requirements laid out in subsection (3) do not limit what may be included in the strategy, nor does section 47 of the Pae Ora Act (process for making health strategy) restrict the development process, there is an opportunity here to legally embed from the outset an equitable approach that centres those who are disproportionately affected by negative mental health, wellbeing and addiction outcomes. We are concerned that if this is not legally mandated, we will see the system fail to 'engage', 'co-design', or 'be in partnership' with priority groups and populations.

Recommendation 3: Require that the strategy be developed in consultation with all government and non-government contributors to mental health and wellbeing outcomes, not just with 'health entities', as stipulated in section 46A (2). We expect a strategy to take a broad view and seek to improve the determinants of mental health, addiction and wellbeing.

We must acknowledge that there are many factors that contribute to people's mental health and wellbeing, and that people rarely experience one issue in isolation. *He Ara Oranga* and *Kia Manawanui Aotearoa* recognise that a whole-of-government approach to wellbeing is called for to tackle the impacts of negative social determinants, and that a cross-government approach that prioritises mental wellbeing is an enabler of change. It is for these reasons that the Commission was set up: to have a focus spanning "the health and disability, social welfare, housing, education, justice, and workplace relations and safety sectors" and encompassing

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"the social determinants of health, such as housing, employment, poverty, social attitudes, and discrimination."[2]

There is an opportunity within this Bill to guarantee we don't continue to take a siloed approach to system transformation by only requiring buy-in exclusively from health entities.

Drafting concerns and implications

The MHF does not support classifying the Commission as a 'health entity'.

Recommendation 4: Achieve the stated policy intent of the Bill through means other than classifying the Commission as a health entity, or if this is the preferred option, explicitly limit the duty and obligations imposed on the Commission as a health entity to those necessary to achieve the policy objectives of the Bill.

The MHF fully supports the legal framework that allows the Commission to operate independently of government policy and enables them to perform their (legally embedded) system monitoring and oversight functions.[3] Classifying the Commission as a health entity may have potentially unintended consequences on this independence. For example, the requirement for health entities to *give effect* to the GPS, which sets the priorities for the health sector, and *be guided* by the New Zealand Health Plan and all population-specific health strategies, could limit the Commission's duty to act independently in performing its deliberately broad statutory functions. Furthermore, being a health entity imposes additional reporting and information sharing obligations that appear unnecessary in addition the current statutory requirements.

We also note these implications are not signalled in the explanatory note of the Bill, which suggests it is not the intention of the Member to apply all the duties and obligations of health entities to the Commission.

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[2] General Policy Statement of the Mental Health and Wellbeing Commission Bill. Retrieved from https://legislation.govt.nz/bill/government/2019/0188/15.0/whole.html#d32316758e2

[3] Section 11(4) https://www.legislation.govt.nz/act/public/2020/0032/latest/whole.html#LMS281166

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Recommendation 5: Amend the Bill to give full effect to the stated policy intent of the Bill to set the legal mandate for the Minister to *consult* with the Commission, and have regard to its views, in preparing the New Zealand Health Plan and health strategies.

Clause 6 of the Bill amends section 35 of the Pae Ora Act to provide that the Minister must consult with the Commission (and have regard to its views) in preparing a GPS under the Act. However, there is no corresponding change proposed to the Pae Ora Act that would set a parallel requirement for the Commission to be consulted in the development of the NZ Health Plan or the health strategies. Even if the Commission is classified as a health entity, as currently drafted, the Commission would only be 'engaged with' if Health New Zealand/Te Whatu Ora 'consider appropriate' in the development of the NZ Health Plan (53(1)) and consulted 'if reasonably likely to be affected' (47(1)(c)) in the development of health strategies. This leaves considerable interpretation about the threshold for engaging the Commission on the health plan and strategies.

Recommendation 6: Include a requirement to set out priorities for improvements in workforce development in the strategy, as required in the other population-specific health strategies.

All other health strategies encapsulated by the Pae Ora Act require them to set out priorities for services and health sector improvements relating to each specific population, *including workforce development* (sections 41 to 46). The MHF advocates for the same inclusion of workforce development prioritisation in the proposed strategy.

Our national mental health and addiction workforce is vastly under-resourced, and a new mental health, addiction and wellbeing strategy will not be effective without due consideration being given to issues such as:

- the gaps in staffing levels and expertise across the whole system,
- recruitment rates for some roles not being high enough to replace staff attrition,
- the Māori workforce being too small to serve tāngata whaiora Māori,
- peer support roles remaining only a small proportion of the workforce, and

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- a lack of a whole-of-sector workforce approach, which has seen services appropriating staff from within the existing workforce, rather than recruiting new staff.

These gaps mean people in need are at risk of not receiving support, not receiving enough support, or receiving inappropriate support – in turn, increasing the likelihood of their wellbeing worsening and their recovery being stalled.

Maximising the impact of the Bill

Recommendation 7: Direct the Minister for Mental Health to seek advice from the Ministry of Health/Manatū Hauora about urgently developing and publishing a clear implementation plan for the current, and future, mental health, addiction and wellbeing strategy.

The MHF acknowledges the vast potential of a legally mandated strategy. However, without a clear implementation plan for delivering on its goals, the government of the day again runs the risk of falling behind on delivering against its framework for improving mental health and wellbeing outcomes.

What has been missing since the delivery of the *He Ara Oranga* report, is a clear, long-term implementation plan with milestones, timeframes and accountabilities. Such detail is, and will continue to be, necessary to ensure the strategy is implemented in a concrete and transparent way.

Recommendation 8: Direct the Ministry of Health/Manatū Hauora to clarify the policy landscape, including how and when it will translate to the real, transparent change on the ground.

The current long-term pathway to mental wellbeing, *Kia Manawanui Aotearoa,* operates within an incredibly complex policy landscape. This includes:

- reflecting and embedding the intentions of the 2018 *He Ara Oranga* report,
- complementing the GPS, NZ Health Strategy and population-specific health strategies that sit under the Pae Ora Act,
- guiding the NZ Health Plan and the Oranga Hinengaro System and Service Framework,

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- supporting *He Tapu te Oranga o ia Tangata* (the Suicide Prevention Strategy and Action Plan), and
- being measured by monitoring frameworks He Ara Āwhina (Pathways to Support) and He Ara Oranga Wellbeing Outcomes Framework.

To give confidence to the sector, we recommend the Ministry of Health provide clarity and guidance to simplify the policy landscape, including how the various strategy documents will work to produce tangible change and action and align with annual budget cycles, and how progress is being measured and reported.

National prevalence data

The MHF recognises that Aotearoa New Zealand does not currently have a clear picture of the prevalence and impact of mental distress and illness, addiction and substance use, or of how our mental health and addiction system is meeting people's needs. This information will be critical in order to inform future mental health, addiction and wellbeing strategies (which must "contain an assessment of the medium and long-term trends that will affect mental health and addiction outcomes") and to provide the foundation on which to deliver on the strategy/develop an effective implementation plan, set meaningful targets, and continue to allocate investment wisely.

The MHF continues to advocate for:

- conducting a nationwide prevalence survey to provide a comprehensive understanding of the above issues,
- all health agencies, including primary care, collecting nationally consistent access, outcome and experience data, including data that is reported by tāngata whaiora and whānau and is culturally appropriate (including te ao Māori data),
- enabling the systematic, nationally consistent and regular collection of mental health and addiction workforce data (such as vacancy and turnover rates, workforce experiences, and detail on the Māori workforce and cultural and peer support roles), and
- 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.

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Summary

Thank you for the opportunity to comment on the Bill. We are overall supportive of this Bill and make recommendations to the Health Committee to help strengthen the Bill and the delivery of future mental health and wellbeing strategies. The MHF is hopeful the passing of this Bill will help support better, equitable mental health, addiction and wellbeing outcomes for all in Aotearoa New Zealand.

Mauri tū, mauri ora,

Shaun Robinson
Chief Executive

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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 *Farmstrong* (for farmers and growers), *Getting Through Together* (the national wellbeing promotion programme in response to COVID-19, in partnership with Canterbury DHB Public Health Unit) *All Right?* (supporting psychosocial recovery in Canterbury, Kaikōura and Hurunui), *Pink Shirt Day* (challenging bullying by developing positive school, workplace and community environments) and *Open Minds* (encouraging workplaces to start conversations about mental health). 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.

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