



Te Hiringa Mahara

Mental Health and Wellbeing Commission

Briefing to Incoming Minister

February 2023



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Executive summary

There is a known, recognised, important, and urgent need for action on mental health, addiction, and wellbeing. Te Hiringa Mahara, the Mental Health and Wellbeing Commission, was formed in response to this need and the 2018 recommendation of *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*: to provide guidance, oversight, and leadership on mental health and addiction services, and the broader wellbeing system.

You have an opportunity to make meaningful improvement to mental health and wellbeing in Aotearoa. Some key points of focus should be:

- Ensuring Mental Health is a priority through the health reforms;
- Build on the strengths of the mental health and addiction sector, to provide a greater range of services that people want and need;
- Engaging with the sector, and focusing on a workforce plan to meet growing demand and new ways of working;
- Ensuring wider wellbeing is supported by cross-government action.

Te Hiringa Mahara is positioned to champion the needs of those who most need our advocacy, and to be the watch-dog the system needs. We will be here to work with you, to improve mental health, addiction, and wellbeing outcomes. We look forward to meeting with you and working together.

Our whakapapa

We are here to provide much needed leadership and independent oversight

Despite past efforts to improve mental health and addiction services and outcomes, 50–80% of New Zealanders will experience mental distress or addiction challenges or both in their lifetime. Each year around one in five of us experience mental illness or significant mental distress, and 20,000 people attempt to take their own life.

On top of this, other challenges and external shocks, such as natural disasters, economic downturns, the pandemic and cost of living crisis, repeatedly exacerbate causes of stress and distress. While major events may not be predictable, the needs they exacerbate are not new, and they have not been addressed.

Many mental health and addiction services are not currently provided in a holistic way that is consistent with individuals' and whānau needs and preferences. Different services often do not talk to each other (even in the same organisation) and do not

coordinate responses across sectors. Seclusion, restraint and compulsory treatment are overused, especially for Māori and Pacific peoples.

The prevalence of mental distress among Māori is almost 50% higher than among non-Māori, but Māori are 30% more likely than other ethnic groups to have their mental illness undiagnosed. In secondary care, Māori are more likely to be admitted to hospital, to be readmitted after discharge, to be secluded during admission, and to be compulsorily treated under the Mental Health Act 1992 and forensic services.

Te Hiringa Mahara was formed in response to the Government Inquiry – *He Ara Oranga*, which envisioned a transformed mental health and addiction system that puts people's aspirations first. Given the pandemic's expected long-lasting effects on mental health and substance use, the need for action to improve mental health and addiction outcomes is greater than ever.

Our legislation frames our functions

Te Hiringa Mahara is an independent Crown entity operating under the Mental Health and Wellbeing Commission Act 2020. The Act was passed in June 2020 and, after a period with an Initial Commission, we officially began our work on 9 February 2021.

We report to the Minister of Health, with the Ministry of Health as the monitoring agency and with the Social Wellbeing Agency as advisors to the Ministry of Health. Profiles of our Board members and leadership team are included as appendix 1.

We contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa New Zealand. We have a very broad statutory mandate and funding of around \$5m per annum through an appropriation within Vote Health.

The Act makes clear that we must uphold Te Tiriti o Waitangi and that we must take deliberate action to achieve equitable mental health and wellbeing outcomes for Māori.

The Act outlines our core functions to:

- assess and report publicly on the mental health and wellbeing of people in New Zealand, the factors that affect people's mental health and wellbeing, and the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing.
- make recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing.
- monitor mental health services and addiction services and advocate improvements to those services.
- promote alignment, collaboration, and communication between entities involved in mental health and wellbeing.

- advocate for the collective interests of people who experience mental distress or addiction (or both), and the people (including whānau) who support them.

Some population groups bear a higher burden of distress and less access to help than others. Our role is to raise these voices' visibility into the government systems whose actions determine the wellbeing of priority populations. The population groups who are identified in the Act are at the centre of our mahi:

Māori; Pacific peoples; Former refugees and migrants; Rainbow communities; Disabled people; Rural communities; Veterans; Prisoners; Older people; Young people; Children in state care; Children experiencing adverse events; People with lived experience of mental distress or addiction (or both); and whānau, families and people who support them.

Improvement to mental health and wellbeing outcomes

Mental health must be a priority through the health reforms

The health sector reforms offer an opportunity to do things differently, and to do them better. They provide an opportunity to transform the mental health and addiction system into one that upholds Te Tiriti o Waitangi, respects human rights, and improves wellbeing for all.

Transforming something as big as mental health and addiction services will take time, conviction, and determination. The Government cannot let mental health and addiction services, and the voices of our communities, get lost in the noise of wider sector reform.

Structural change alone will not meet the needs of those who are underserved or address persistent inequities that exist within the system. This will require having the right people represented at the decision-making table, and ensuring the health system is focused on the right priorities:

- Consultation isn't enough; user groups, Māori, and people with lived experience in particular should be represented at the governance level. Our engagement with communities, and evidence of inequities in access and outcomes – including the COVID-19 vaccine rollout – show that this change is necessary.
- Transformation requires a well-managed plan to execute change. There is an opportunity for the health reforms, and the new health entities, to enhance the focus on mental health and wellbeing, embed strong leadership in their operating models, and improve mental health and addiction services.

The mental health and addiction system needs to become choice-driven, grow Te Ao Māori services, and improve youth wellbeing services

We need a person and whānau-centred system, which prioritises the least coercive support, provided in the community and close to home, built on the views and voices of the people it affects. It should explicitly give effect to Te Tiriti o Waitangi; be responsive and accessible early in the course of increasing distress or ‘crisis;’ provide genuine choice of services and supports, including alternatives to acute inpatient admission and adequate support for whānau; maximise tāngata whaiora autonomy and decision-making; and protect their human rights.

The Government has made a promising start to addressing improving services, with the cross-agency \$1.9 billion package for mental wellbeing in the 2019 Wellbeing Budget and subsequent investment in Budget 2022.

We commend this investment, particularly the addition of much needed primary and community services, but more is needed to address the pressure on specialist services. As noted in our *Te Huringa* monitoring report, we have seen little change in wait times, with continued concerning wait times for young people. Specialist services continue to feel pressured in meeting the volume of need and in recruiting and retaining the workforce required for current models of care.

Our He Ara Āwhina (Pathways to support) monitoring framework (appendix 2) shows what an ideal mental health and addiction system looks like from the perspective of tāngata whaiora. We use He Ara Āwhina to monitor the mental health and addiction system and services, and are collaborating with Te Whatu Ora and Te Aka Whai Ora to realise this vision.

Further investment and development is required for peer services, youth services, and other community-based specialist services. Tāngata whaiora have told us they want services to offer genuine choice, including more accessible kaupapa Māori and peer-led options and holistic supports.

The system needs a workforce plan to meet growing demand and new ways of working

Having better access and options for support is more important now with the increasing pressures of COVID-19 on both people and the health workforce.

Some good progress has been made. The Access and Choice programme has funded 1,021 positions across its four services to 30 June 2022. The mental health and addiction sector has a highly skilled and committed workforce, who work hard every day to provide care and support to people experiencing mental distress, substance harm or addiction.

However, workforce remains a significant challenge: there will be a significant stretch for all services to recruit to the estimated required workforce over the next two years, and the challenges are particularly concerning for Pacific services with only 50% of funded positions filled.

The sector needs a comprehensive plan to address the persistent workforce shortages, and the resultant pressure on the workforce. This should be a priority of the new workforce taskforce set up by Te Whatu Ora.

Such a plan cannot simply rely on a traditional approach of attracting staff from overseas. This is not sustainable in the long-term, and given international demand for mental health workers, it is not likely to be achievable in the short-term either.

Similarly, 60% of Health Improvement Practitioners and 40% of Health Coaches were previously employed in mental health or addiction services – so funding alone is unlikely to expand the mental health and addiction workforce as effectively as required.

Instead, a redesign of the workforce is needed – one that plans for the services needed, as outlined above, and outlines a workforce pipeline in which recruiting from overseas and training more psychologists are only two small parts. Better services, better outcomes, and a sustainable workforce will require a roadmap in which peer support, kaiawhina, and community workers have huge role to play.

Wider wellbeing must be considered in all cross-government action

It will take more than structural reform, and more than a health system focus, to address persistent and longstanding inequities and improve wellbeing outcomes for all people in Aotearoa.

A range of social determinants are risk factors for poor health, and to achieve health equity, particularly for Māori, it is critical to address structural inequities.

Our He Ara Oranga wellbeing outcomes framework (appendix 3) provides a picture of what holistic wellbeing looks like, and a way to measure whether wellbeing outcomes are improving. To realise that vision, we are building relationships with government agencies to better target system settings and existing investment, and to align and consolidate measurement of wellbeing.

As we recommended in our *Te Rau Tira Wellbeing Outcomes Report*, improvement in wellbeing will require a plan that brings together all relevant government agencies with the private sector and communities. The Ministry of Health's Kia Manawanui Aotearoa may be built on to become that plan.

Our work will support you to improve mental health and wellbeing outcomes

We have built a strong foundation

We have come a long way since our establishment in 2021:

- We engage with communities, and advocate for them.
- We are building effective relationships with the mental health and addiction sector, and stakeholders across government.
- We have highlighted the challenges to mental health and wellbeing, and monitored key services that support them.

We have reflected this work in our published reports: our Access and Choice programme report, Te Rau Tira: Wellbeing Outcomes report, our ongoing COVID-19 Wellbeing insights series, and Te Huringa: Change and Transformation, Mental Health Service and Addiction Service Monitoring Report 2022.

We have a big task ahead of us, and are ambitious in our aims

We are a small organization. We have 20 permanent full time equivalent positions and 4 fixed term positions ending on 30 June 2023. We receive \$5.156m in funding per year.

As the Mental Health and Wellbeing Commission Act was approved, additional expectations were placed on Te Huringa Mahara. These expectations were greater than the early budget bid. A combination of not receiving the original estimated funding nor additional funding to meet these increased expectations leaves the Commission in a significantly constrained financial position.

The Government and communities expect Te Huringa Mahara to do more than meet the minimum requirements of the Act:

- The previous Minister of Health expressed a desire for us to be the ‘eyes and ears of the people’ and to ‘be a beacon’, and expressly expected us to prioritise our work to be grounded in Te Tiriti o Waitangi.
- Communities and the wider public have been clear that we should embed lived experience and voices of priority populations into our work; advocate and be a watchdog; and keep them informed.

In particular, we require greater capability to engage with Māori and reflect te ao Māori perspectives in all our work, and to carry out the broad engagement with priority populations and our substantial monitoring role. Without additional investment we will be materially constrained in our ability to fully carry out our legislated roles.

We will build on our work, to drive for better services and improve outcomes for communities who need it most

Over the remainder of the financial year, we will be releasing a range of monitoring and insights reports on the mental health and addiction system, and broader wellbeing:

- The Te Huringa monitoring reports for 2023 will focus on specialist mental health and addiction services, telehealth and digital services, and primary services. They will highlight key issues and areas to accelerate system transformation, complemented by 'deep dive' monitoring reports on kaupapa Māori services; Youth services; workforce; and community treatment orders. These reports will be released between April and June 2023.
- Five further reports will be published in our COVID-19 insights series, approximately monthly through to June 2023. You have received a briefing on the third paper, looking at rural communities, and the fourth will look at safety in the home.
- We have engaged with young people to understand the wellbeing barriers and challenges they face. We will share these insights directly with agencies, Ministers and other organisations to support greater youth wellbeing.

You will be briefed on our reports ahead of release, under our no-surprises approach.

We look forward to meeting with you soon, to discuss our priorities and yours

We met regularly with the previous Minister of Health, and the Associate Ministers with Māori and Pacific health portfolios. We also engage with the Cross-Party Mental Health and Addictions Wellbeing Group.

We look forward to meeting regularly with you also, to continue progress on the recommendations of *He Ara Oranga* and raising mental health and wellbeing outcomes.

Appendix 1: Te Hiringa Mahara Board and leadership profiles

Board member

Hayden Wano



Position

Chair

Hayden is of Te Atiawa, Taranaki, and Ngāti Awa descent and has over 30 years' experience in senior health management. He is a former Chief Executive of Tui Ora Limited (a Māori development organisation and health and social service) and was Chair of the Initial Mental Health and Wellbeing Commission.

Kevin Hague



Deputy Chair

Kevin is the former Chief Executive of Forest & Bird and was a Board member of the Initial Mental Health and Wellbeing Commission. He chairs the Public Health Advisory Committee, the West Coast PHO, and Takiwā Poutini (West Coast locality). Kevin is a former New Zealand Member of Parliament and served on the Parliamentary Health Committee for eight years.

Dr Jemaima Tiatia



Board member

Jemaima is Associate Professor at Te Wānanga o Waipapa, School of Māori Studies and Pacific Studies, the University of Auckland. She has a public / population health background. Her expertise lies in Pacific Studies and Pacific health, mental health and wellbeing, suicide prevention and postvention, health inequities, climate change, and youth development.

Taimi Allan



Board member

Taimi is Tumu Whakarae (Director) of Ember Innovations, where she uses her personal lived experience of distress, coupled with a practical understanding of designing and delivering innovative mental health solutions, to support entrepreneurs working to have a positive impact on wellbeing approaches in Aotearoa.

Tuari Potiki



Board member

Tuari is of Kāi Tahu, Kāti Mamoe and Waitaha descent. He has more than 30 years' experience in Māori alcohol and drug and mental health services, as a both a clinician and manager. He is currently Director of Māori Development at the University of Otago. He is also Chair of the New Zealand Drug Foundation, Chair of Needle Exchange Services Trust (NEST), and is a Board member of Te Rau Ora (a Māori health workforce development organisation).

Alexander El Amanni



Board member

Alexander has experience of child, youth, and family custody; the youth and adult justice system and corrections processes; and of using homelessness, unemployment, and social development services. Alexander is a Lead Addiction Advisor for Kāhui Tū Kaha, a Ngāti Whātua not-for-profit provider of housing and mental health services. His previous roles in the sector have included consumer and peer support, addiction practice and counselling, education and research, policy, and governance.

Professor Sunny Collings



Board member

Sunny has been Chief Executive of the Health Research Council since February 2020, following nine years as Dean and Head of Campus at the University of Otago Wellington. Sunny has a background as a clinician and researcher, having practiced as a Consultant Psychiatrist for more than 25 years and led a research team at the University of Otago Wellington. Her own research focused on suicide and suicide prevention.

Leadership team

Karen Orsborn

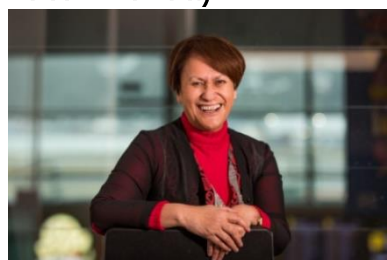


Position

Tumu Whakarae | Chief Executive

Karen is the Chief Executive of Te Hīringa Mahara. Karen led the establishment of Te Hīringa Mahara as Head of Secretariat for the Initial Mental Health and Wellbeing Commission. Karen has held a variety of health management and leadership roles that focus on improving outcomes for people through working with people and communities: Karen was Director Health Quality Improvement and Deputy Chief Executive at the Health Quality and Safety Commission; and held leadership roles at the Ministry of Health, and a District Health Board.

Maraea Johns (nee Tutuwhenua)



Kaitohu Māori | Director Māori

Maraea is Te Hīringa Mahara Director Māori, partnering with the Chief Executive and Leadership team to provide strategic and operational advice and direction that reflects the commitment of Te Hīringa Mahara to being grounded in Te Tiriti o Waitangi. Maraea has a grounded understanding working with (and as a member of) whānau, hapū, iwi and Māori communities. She has worked in programme, policy, and senior management roles in the Ministry of Health, DHBs, ACC and other sectors including education, justice, and defence.

Vacancy

Kaiwhakahaere Pūnaha Toiora Arataki Mōhiotanga | Director Wellbeing System Leadership/Insights

We are currently recruiting for a new Director Wellbeing System Leadership/Insights.

Tanya Maloney



Kaiwhakahaere Hauora Hinengaro, Waranga | Director Mental Health and Addiction Leadership

Tanya is the Director Mental Health and Addiction Leadership, a role that provides strategic thought leadership and influence in the transformation of the mental health and addiction sector. As a qualified clinical psychologist, Tanya has clinical experience in community, acute and secure mental health settings.

Wayne Verhoeven



Kaiwhakahaere Rātonga Rangatōpū | Director Corporate Services

Wayne is the Director Corporate Services. Wayne is a chartered accountant and holds a Bachelor of Commerce and Management.

Appendix 2: He Ara Āwhina (pathways to support) framework



He Ara Āwhina (Pathways to Support) framework – Summary

Our Goal: A whānau dynamic mental health and addiction system

Kei te whānau te mana rangatira o tōna ora. We lead our wellbeing and recovery. All whānau can navigate distress, reduce harm from substances and harm from gambling.

Te Ao Māori Perspective

Mana Whakahaere – We (whānau) experience tino Rangatiratanga and feel that Te Tiriti o Waitangi is actively embedded in the mental health and addiction system and services.

Mana Motuhake – We lead and self-determine our pathways to pae ora, mauri ora and whānau ora.

Manawa Ora / Tūmanako – We have the right to choose supports and services that respond to our experiences, needs, and aspirations.

Mana Tangata / Tū Tangata Mauri Ora – We have a mental health and addiction system that is culturally, spiritually, relationally, and physically safe.

Mana Whānau / Whanaungatanga – We have access to supports and services that enable connection to our whānau, whakapapa, hapū, and iwi.

Kotahitanga – We want supports and services to work collectively and cohesively to make a meaningful difference for us.

Shared Perspective

Equity – We (tāngata whaiora) want a mental health and addiction system that supports all of us and our whānau equitably.

Participation and leadership – We lead and self-determine our pathways through distress, substance, or gambling harm to wellbeing and recovery.

Access and options – We have the right to choose supports and services, when and where we need them, that respond to our experiences, needs, and aspirations, and believe in our capacity to thrive.

Safety and rights – We want a mental health and addiction system that understands and upholds our cultural, spiritual, relational, and physical safety, and our human rights.

Connected care – We want supports and services to work collectively and cohesively for us, and see us as valued members of whānau, communities, and society.

Effectiveness – Supports, services and policy must make a meaningful difference in our lives, so that we are self-determining and thriving.

Appendix 3: He Ara Oranga wellbeing outcomes framework



He Ara Oranga wellbeing outcomes framework – Summary

Our Vision: “Tū tangata mauri ora, thriving together.”

This will be achieved when tāngata / people, whānau / families and hapori / communities in Aotearoa experience...

Te Ao Māori Perspective

Tino rangatiratanga me te mana motuhake – Legal, human, cultural, and other rights of whānau are protected, privileged, and actioned.

Whakaora, whakatipu kia manawaroa – Whānau are culturally strong and proud – whānau flourish through the practical expression of ritenga Māori, tikanga Māori, and mātauranga Māori.

Whakapuāwaitanga me te pae ora – Whānau have the resources needed to thrive across the course of their lives and equitable wellbeing is the norm.

Whanaungatanga me te arohatanga – Whānau flourish in environments of arohatanga and manaaki and kotahitanga is realised.

Wairuatanga me te manawaroa – The mauri and wairua of whānau are ever-increasing, intergenerationally.

Tūmanako me te ngākaupai – Whānau are hopeful and feel positive about self-defined future goals and aspirations.

Shared Perspective

Being safe and nurtured – People have nurturing relationships that are bound by kindness, respect, and aroha (love and compassion) and are free from harm and trauma.

Having what is needed – People, families, and communities have the support and resources needed to flourish.

Having one's rights and dignity fully realised – All people are treated with dignity, can fully participate in their communities and broader society, and live free from all forms of racism, stigma, and discrimination.

Healing, growth and being resilient – People and families experience emotional wellbeing which includes having skills, resources, and support needed to navigate life transitions, challenges, and distress.

Being connected and valued – All people are valued for who they are, are free to express their unique identities, and are connected to communities.

Having hope and purpose – People, families, and communities have a sense of purpose and are hopeful about the future.

