

Aide-Mémoire



Te Hiringa Mahara meeting with the Associate Minister of Health (Māori)

Date due to MO:	17/02/2023	Action required by:	22/02/2023
Security level:	IN-CONFIDENCE	AM number:	AM2023-002
To:	Hon Peeni Henare		
Copy to:	Minister of Health, Hon Dr Ayesha Verrall		

Contact for Telephone Discussion

Name	Position	Telephone
Karen Orsborn	Chief Executive	
Maraea Johns	Director Māori	

Karen Orsborn
Chief Executive
Date: 17/02/2023

Hon Peeni Henare
Associate Minister of Health (Māori)
Date:

Te Hiringa Mahara meeting with the Associate Minister of Health (Māori)

Date due: 17/02/2023

To: Hon Peeni Henare

Security level: IN-CONFIDENCE **AM number:** AM2023-002

Details of meeting: 22 February 2023, 4:00pm, Parliamentary offices

In attendance: Karen Orsborn, Chief Executive
Maraea Johns, Director, Māori

Virtual: Hayden Wano, Board Chair

Purpose of meeting/proposal: You will meet with Senior Leaders of Te Hiringa Mahara on 22 February 2023 at your office. We understand you would like to focus our discussion with you on:
Crisis response: Learning from our COVID-19 Insights series

Karen Orsborn
Chief Executive
Te Hiringa Mahara
Date: 17/02/2023

Maraea Johns
Director Māori
Te Hiringa Mahara
Date: 17/02/2023

Discussion

Learning from our COVID-19 Insights series

1. The 2023 period of the Covid-19 insights programme is progressing well. Paper three, on rural wellbeing will be published on 14 February (briefing BN2023-001 refers). It shows that rural communities have displayed considerable resilience in responding to the pandemic, but isolation and other elements of rural life presented challenges.
2. The fourth paper 4 (safety in the home) is on track for publication in mid-March. Work has begun on the fifth paper, which will include exploring Māori expressions of rangatiratanga in the pandemic. It is intended to be published in April.
3. The COVID-19 Insights series to date presents some findings relevant to the way the government and communities respond to other crises, like Cyclone Gabrielle. We will provide further detail when we meet with you, but in short:
 - a. The mental health, addiction, and wellbeing challenges are complex. People are facing uncertainty, loss, and disruption. The services and supports available to them – whether from a health or wellbeing system, or from their whānau and friends, are severely disrupted. These challenges will vary by location, by community, and by individual and whānau. Some people will feel isolated, some will be facing economic hardship, and some will be in unsafe situations and at risk of violence.
 - b. In the immediate term, community groups, particularly marae, are integral to supporting wellbeing, through sharing information, resources, and kai. Where government has been able to help these groups, be flexible with how support is provided, and listened to local knowledge, this has been seen to provide fast and effective support.
 - c. In the medium-term, efforts to re-establish the infrastructure that supports connection and community services is vital – especially in rural communities where options are few. Social hubs provide physical and face-to-face connection; digital connectivity is important for sharing information and maintaining wellbeing; and services that support wellbeing (including social worker visits, and schools and mental health and addiction services opening) will help keep people safe.
 - d. In the longer-term, work to build a sense of community and ensure that social infrastructure is resilient will help prevent many of the worst mental health, addiction, and wellbeing effects of the next crisis.

A workforce plan is needed to meet growing demand and address workforce gaps.

4. 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. Recent data showed 45% of psychiatrists would leave their job if they could, and tāngata whaiora tell us that accessing support has been a challenge during the pandemic.
5. Some good progress has been made. The Access and Choice programme has funded 1,021 positions across its four services to 30 June 2022, and the mental health and addiction sector has a strong, highly skilled and committed workforce and who work hard every day to provide care and support to people experiencing mental distress, substance harm or addiction.

6. However, workforce remains a significant challenge for the Access and Choice programme and for the wider mental health and addiction sector:
 - a. There will be a significant stretch for all services to recruit to the estimated required workforce over the next two years.
 - b. An estimated additional 264 clinical, 470 non-clinical, and 81 cultural staff are required for the Access and Choice programme by June 2024 (and ongoing).
7. 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, community workers have a huge role to play.

Submission on the Therapeutic Products Bill

8. Work is in progress on our submission on the Therapeutic Products Bill, currently before the Health select committee. Requests for submissions close on 5 March 2023.
9. Our submission will reflect what we have heard from providers, whānau and tangata whaiora. We have concerns that the Bill, as currently drafted, will have a detrimental effect on rongoā Māori products and kaupapa māori services, and we will consider that the Crown has a responsibility to protect rongoā as a taonga and to honour Māori tino rangatiratanga.

Acute Options

10. In November 2022, we advised you of work we are doing to provide insights into the range of acute options available to tāngata whaiora across Aotearoa.
11. The purpose of this work is to provide Te Hiringa Mahara with a comprehensive description of the service and supports that are available in Aotearoa for people experiencing acute mental distress. This paper will provide a summary of the evidence of the effectiveness of acute services (including clinical outcomes and self-rated experience).
12. The draft report and interactive service map is currently undergoing peer review and we plan to publish the report and map within the next couple of months.

Youth Wellbeing Insights

13. In April we will release a report illustrating the voices of Rangatahi Māori and other young people and their perspectives of wellbeing. We spoke to 95 rangatahi and young people representing a range of rohe and hāpori (including Kaupapa Māori services, takatāpui and Rangatahi with disabilities and complex health needs).
14. The report will be published alongside an academic literature review undertaken by the University of Auckland and likely to be released in April 2023.

Te Huringa Tuarua 2023

15. Te Huringa Mahara has a legislated function to monitor mental health and addiction services. In March 2022, we released Te Huringa, our first report monitoring mental health and addiction services.
16. We are currently working on our next iteration of monitoring mental health and addiction services – Te Huringa Tuarua 2023. These reports will be published between April and June 2023, via a staggered release.
17. In April we plan to publish our report into Compulsory Community Treatment Orders (CCTOs). Our focus is on identifying directions for meaningful action that can be taken towards upholding ‘rights’ pending the full replacement of the outdated Mental Health Act 1992. This report will form the basis of some calls to action which will be central to our advocacy programme.

Veterans

18. Te Huringa Mahara has strong relationships with a variety of veteran groups across Aotearoa, including Veterans Affairs. Our ability to measure the wellbeing of Veterans is limited, and was noted in our report, Te Rau Tira released in 2021.
19. Veterans Affairs share these concerns, and we have advocated for better data collection through such channels as the NHI, which could gather data about whether a person has served for NZDF. We have been informed that including new measures under NHI is not a priority for Manatū Hauora.

ENDS