

# Briefing

## Publication of Te Huringa Tuarua 2023: Mental Health and Addiction Service Monitoring Report

<b>Date due to MO:</b>	22/05/2023	<b>Action required by:</b>	29/05/2023
<b>Security level:</b>	UNCLASSIFIED	<b>Briefing number:</b>	BN2023-015
<b>To:</b>	Hon Ayesha Verrall, Minister of Health		
<b>Copy to:</b>	Hon Barbara Edmonds, Associate Minister of Health Hon Peeni Henare, Associate Minister of Health [REDACTED]		

## Contact for Telephone Discussion

<b>Name</b>	<b>Position</b>	[REDACTED]
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Tanya Maloney	Director, Mental Health and Addiction Sector Leadership	[REDACTED]

## Minister's Office to complete

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Approved            | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted              |
| <input type="checkbox"/> Needs change        | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by event |
| <input type="checkbox"/> See Minister's note | <input type="checkbox"/> Withdrawn |   |

Comment:

# Publication of Te Huringa Tuarua 2023: Mental Health and Addiction Service Monitoring Report

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<b>Security level:</b>	UNCLASSIFIED	<b>Date:</b>	22/05/2023
<b>To:</b>	Hon Ayesha Verrall, Minister of Health		

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## Purpose

1. Te Huringa Tuarua 2023: Mental Health and Addiction Service Monitoring Report (the summary report) is scheduled to be published on 31 May 2023. This briefing informs you of the key findings.
2. A copy of the report is attached as Appendix 1. Please note that the report is yet to be professionally edited and may not include all infographics. A final copy of the report will be sent to you prior to its publication.
3. We will also publish the He Ara Āwhina Methods and measures Phase 1 summary paper on 31 May 2023. This paper outlines the process for developing the measures used in the report. A copy of the paper is attached as Appendix 2.

## Executive Summary

4. Te Huringa Tuarua 2023 reports on the performance of mental health and addiction services from July 2017 to June 2022. Scope includes a range of publicly funded mental health and addiction services.
5. Overall, there has been progress with investment and increased access to primary services, although there has been a reduction in access to specialist services, increased prescribing and little or no change on many other measures.
6. A range of calls to action are made in the report, including a stronger focus on workforce, an increase in kaupapa Māori services, and decrease in compulsory treatment and an increase in the range of acute community services for people, including young people, experiencing acute distress.



## Recommendations

Te Hiringa Mahara recommends that you:

- |    |   |                 |
|----|---|-----------------|
| a) | <b>note</b> the attached report Te Huringa Tuarua 2023: Mental Health and Addiction Service Monitoring Report which is scheduled to be published on 31 May 2023 | <b>Yes / No</b> |
| b) | <b>note</b> the attached He Ara Āwhina Methods and measures Phase 1 summary paper which is scheduled to be published on 31 May 2023                             | <b>Yes / No</b> |
| c) | <b>note</b> the attached communications plan for the report   | <b>Yes / No</b> |
| d) | <b>note</b> that Te Hiringa Mahara intends to proactively release this briefing as part of our proactive release policy   | <b>Yes / No</b> |



Karen Orsborn  
**Chief Executive**  
Date: 22/05/2023

Hon Dr Ayesha Verrall  
**Minister of Health**  
Date:



# Publication of Te Huringa Tuarua 2023: Mental Health and Addiction Service Monitoring Report

## Context

1. This year our service monitoring - Te Huringa Tuarua 2023 - is presented as a suite of connected reports and formats. This report is the main report and sits alongside three focus reports:
  - Admission of young people to adult inpatient mental health services. (The Youth Services focus report BN2023-007 was published on 17 May 2023.)
  - Kaupapa Māori services, which will be published late June 2023
  - Compulsory community treatment orders, which will be published in July 2023.
2. The summary report will sit alongside a new online dashboard, which will be published in the near future. The dashboard will provide detailed data against all the domains of our monitoring framework, He Ara Āwhina.
3. As the dashboard will not be online at the time of the release of the summary report, tables with supporting data for the key findings are appended to the report. These tables are included as Appendix 3.
4. Te Huringa Tuarua 2023 is the first application of the He Ara Āwhina framework.<sup>1</sup> This is a transitional report and covers mental health services and addiction services funded under Vote Health.
5. There are two key changes compared to our 2022 monitoring (Te Huringa 2022). First, the use of the Te Ao Māori layer. There are significant data gaps related to this monitoring, highlighting the need for changes in data collection. Second, the use of additional measures compared to Te Huringa 2022.
6. The purpose of this summary report is to show the change from 2017/18 to 2021/22 across national level data. The report highlights key issues, areas where progress has been made, and areas where we seek to accelerate system and service transformation.
7. Over the last few years, the COVID-19 public health measures, including lockdowns, have changed how people access services. This is important context for monitoring change over time.

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<sup>1</sup> He Ara Āwhina describes what an ideal mental health and addiction system looks like. This is the monitoring framework we are using to assess, monitor, and advocate for improvements to the mental health and addiction system of Aotearoa, including services (<https://www.mhwc.govt.nz/our-work/assessing-and-monitoring-the-mental-health-and-addiction-system/>).



## Summary of report findings and calls to action

8. There has been a significant investment in the mental health and addiction system over the last five years, from \$1.47b in 2017/18 to \$1.95b in 2021/22 (an increase of 33%).
9. More people are using Access and Choice programme services (114,500 people accessed these services in 2021/22 compared to an estimated 91,674 in 2020/21).
10. Fewer people are accessing other mental health and addiction services. There is a reduction in the number of people accessing specialist services, primary mental health initiatives, telehealth, and online platforms. For example, 12,000 fewer people used primary mental health initiatives in 2021/22 compared to 2020/21 – an 8% reduction. Over the same period there was a 9% reduction in people using specialist mental health and addiction services (16,500 fewer people).
11. The decrease in service use is unexpected given the reported increasing levels of distress.<sup>2</sup> Manatū Hauora's analysis of PRIMHD data indicates there may be some data completeness issues contributing to this reduction in service use but this is unlikely to account for the magnitude.
12. In the absence of comprehensive prevalence data, we cannot say whether the decrease in the use of some services reflects less need for particular services, or greater barriers to accessing some services. There is no evidence for the latter when looking at rates of declined referrals to specialist services. It is also possible that the COVID-19 pandemic has had an impact on access to services. Further, people may be getting the support they need earlier through services such as Integrated Primary Mental Health and Addiction (IPMHA) services or Access and Choice Kaupapa Māori, Pacific, or Youth services. We will continue to explore the contributing factors behind changes in service use.
13. There has been an increase in initial dispensing for mental health medications. For example, there were 2.18 million initial dispensing of antidepressants in 2021/22, compared to 1.81 million in 2017/18. There is a similar increasing trend with antipsychotics and anxiolytics. There have been substantial increases in dispensing of antidepressants, antipsychotic, and anxiolytic medications for young people.
14. There has been an increase in funded full time equivalent (FTE) positions in adult mental health and addiction services. By 2022, there were 12,476 FTE positions available in adult specialist services – across both former DHB (7,311 FTEs) and NGO services (5,165 FTEs). This is an increase of 18% in adult mental health services and 11% in adult addiction services since 2018. However, workforce shortages persist. Vacancy rates in specialist adult mental health and addiction services have doubled between 2018 and 2022.

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<sup>2</sup> The New Zealand Health Survey shows that the proportion of people with high levels of psychological distress has been increasing, from 8.6% of people aged 15 years and over in 2017/18 to 11.2% in 2021/22.

15. There is inequity in the use of coercive practices. For example, Māori and Pacific people are more likely to be subject to solitary confinement ('seclusion') than other ethnic groups. However, the Health Quality & Safety Commission have observed a decreasing equity gap in the few months to June 2022.
16. Young people continue to have longer wait times than other age groups to access specialist mental health services. For example, 66% of people aged 0-18 years are seen within 3 weeks of first referral compared to 80% of people of all ages.
17. There continue to be significant data gaps affecting measurement of what is important for tāngata whaiora and whānau, particularly from a Te Ao Māori perspective.
18. We call for mental health and addiction system transformation to remain a government priority. The changes we want to see are:
  - a comprehensive workforce strategy and roadmap to address the growing workforce vacancy rates
  - an increase in funding for kaupapa Māori services, including an allocation of any new mental health and addiction investment into Kaupapa Māori services
  - commissioning approaches that recognise mana motuhake and Tino rangatiratanga, and enable Māori providers to design and provide services appropriate to their communities
  - a decrease in the use of compulsory treatment, particularly for Māori and Pacific peoples who experience significant inequities in these practices
  - more acute community services available in all districts for people experiencing acute distress
  - a reduction in the admission of young people into adult inpatient services to zero; and, to support this, an investment in youth specific acute options in all districts
  - government agencies to address critical data gaps, including:
    - the collection of Te Au Māori data across mental health and addiction service access, experience, and outcome measures
    - services reporting accurate Mental Health Act data and for this to be publicly reported within 3 months of financial year end
    - the collection of outcome and experience measurement data that are nationally consistent, tāngata whaiora and whānau reported, and culturally appropriate
    - a comprehensive mental health and substance use prevalence survey
    - more detailed and consistent primary care data that is reported nationally to enable monitoring of tāngata whaiora service access, experience, and outcomes.

## Consultation

19. We have consulted with Manatū Hauora throughout the development of the report.
20. We provided Manatū Hauora and Te Whatu Ora with copies of the report on 21 April as part of our consultation and to check for factual accuracy of the data. Manatū Hauora and Te Whatu Ora provided combined feedback on 3 May 2023. We also met

with officials from Manatū Hauora, Te Whatu Ora, and Te Aka Whai Ora on 3 May 2023 to discuss the feedback.

21. Manatū Hauora provided further feedback on 19 May 2023 noting some concerns about data quality, incomplete data and data interpretation. We have added data caveats and explanatory notes where appropriate. Manatū Hauora also noted appreciation for consideration of their previous feedback.
22. Numerous changes were made in line with feedback, including additional data caveats, the removal of some comments and changes to the framing of other findings.

## Next steps

23. We have attached a communications plan as Appendix 4. Our media release will be given to your office prior to publication.

## Attachments

- Appendix 1 Te Huringa Tuarua 2023: Mental Health and Addiction Service Monitoring Report
- Appendix 2 He Ara Āwhina Methods and measures Phase 1 summary paper
- Appendix 3 Te Huringa Tuarua 2023: Data tables
- Appendix 4 Communications plan

