Briefing

Meeting with Te Hiringa Mahara
Mental Health and Wellbeing Commission

Date due to MO:	13/07/2023	**Action required by:**	25/07/2023
Security level:	UNCLASSIFIED	**Briefing number:**	BN2023-023
To:	Hon Ayesha Verrall – Minister of Health		
Copy to:	[redacted]		

Contact for Telephone Discussion

Name	Position	
Karen Orsborn	Chief Executive	[redacted]
Wayne Verhoeven	Director, Corporate Services	

Minister's Office to Complete

□ Approved □ Decline □ Noted

□ Needs change □ Seen □ Overtaken by event

□ See Minister's note □ Withdrawn

Comment:

Meeting with Te Hiringa Mahara
Mental Health and Wellbeing Commission

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To:	Hon Ayesha Verrall – Minister of Health		

Purpose

1. This briefing supports your meeting with Te Hiringa Mahara, the Mental Health and Wellbeing Commission on 25 July, at 4:00pm – 4:30pm. Attendees will be Hayden Wano, Board Chair and Karen Orsborn, Chief Executive.

Summary

2. This meeting provides an opportunity to discuss the progress of the work we have done towards better mental health and wellbeing for Aotearoa. We propose a discussion on Te Hiringa Mahara priorities including:

   a. increasing kaupapa Māori services
   b. rangatahi Māori and Youth: Wellbeing and services
   c. from coercive to choice-based services
   d. mental health and addiction workforce.

Recommendations

We recommend you:

a)	**note** the contents of this briefing will shape the discussion on 25 July 2023	**Yes / No**
b)	**note** Te Hiringa Mahara intends to proactively release this briefing as part of our proactive release policy	**Yes / No**

[redacted]

Karen Orsborn
Chief Executive
Date: 13/07/2023

Hon Ayesha Verrall
Minister of Health
Date:

Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

Background

1. We last met with you in May 2023 [BN2023-021 refers]. Since then, we have released several monitoring and insights reports.

2. This meeting provides an opportunity to discuss insights and learnings as well as provide an update on our advocacy plan which incorporates those four areas outlined earlier.

3. With the beginning of the election period, this is potentially the last time we will meet in person before November. Over that period, there are areas where concerted effort should continue to deliver the transformation and improvement in outcomes sought across the mental health and addiction and broader wellbeing systems.

Our focus areas

4. We have advised previously that mental health and addiction must be a priority through the health and disability reforms. As these reforms progress, and the practicalities of the new role of Manatū Hauora as a monitor are developed, this is more relevant than ever. In particular, it should be very clear to Manatū Hauora that their frameworks for measuring and monitoring outcomes must include mental health and wellbeing outcomes. We would appreciate engaging with Manatū Hauora to select these.

5. Similarly, it is important that the focus on wellbeing and determinants of mental health laid out in Kia Manawanui is maintained. Over the coming year we will carry out monitoring of this, but in the meantime, your leadership, and clear expectations of progress to Manatū Hauora and the rest of the system would be valuable.

Increasing kaupapa Māori services – key issues of concern

6. In any year, approximately 30% of Māori will experience mental distress to the level categorised as ‘mental disorder’. This is a higher level of prevalence compared to Pacific peoples (24%) or for those of other ethnicities (19%).

7. Māori have long called for better access to kaupapa Māori mental health and addiction services and under a third of Māori who access specialist mental health and addiction services utilise kaupapa Māori Services.

8. Over the past five years, from 2017/18 to 2021/22 investment in both specialist mental health and addiction services and kaupapa Māori services has increased. However, investment in kaupapa Māori services remains less than 11% of the mental health and addiction expenditure, despite the higher rates of mental distress experienced by Māori than other population groups.

Positive findings

9. The government's decision to invest 20% of the Access and Choice services funding into Kaupapa Māori Services is a positive step forward. By 30 June 2024, Manatū Hauora expects the value of funded Kaupapa Māori Services to be $35.5m per annum, which is 20% of the total Access and Choice service funding.

10. Improvements in the Government's procurement process for the Access and Choice Kaupapa Māori Primary mental health and addiction services has been acknowledged as a positive step forward.

Moving forward – what we want to see

11. We advocate for more kaupapa Māori choices for whānau accessing mental health and addiction services and we support whānau, hapū, and iwi approaches to service delivery based on their own mātauranga, tikanga, and pūkenga.

12. We want to see the proportion of funding for kaupapa Māori services increased to address inequities in the funding model, including an allocation of any new mental health and addictions investment allocated to kaupapa Māori services.

13. The use of commissioning approaches that recognise mana motuhake and tino rangatiratanga and enable Māori providers to design and provide services appropriate to their communities.

Rangatahi Māori and Youth: wellbeing and services

14. To lift rangatahi Māori and young peoples' wellbeing, we need to address the barriers they have identified, with the participation of rangatahi Māori and young people in all decisions that affect them.

15. On 16 August, Hon Jan Tinetti is convening an out-of-cycle Child and Youth Wellbeing Strategy Ministerial group meeting on voices of young people and wellbeing. We will present our youth wellbeing insights findings to that group, before rangatahi and youth representatives present directly to Ministers. Your attendance and support would be valuable to this kaupapa.

16. Since we last met, we have convened a workshop with Te Puna Aonui, DPMC, Manatū Hauora, and the Ministries for Social Development and Ethnic Communities. to better align wellbeing measurements and actions for children, rangatahi Māori and young people. Our approaches largely align, but more work is needed to ensure that data and common definitions are available to guide and monitor progress. We will carry this work and relationships forward in the coming year.

17. Our report into young people admissions into adult inpatient services was published on 17 May 2023. The report examined the trends in admitting young people (aged 12 to 17 years) to adult inpatient mental health services in New Zealand and reflects on perspectives gained from discussions with young people, whānau and family.

18. The report found that the rate of young people (aged 12 to 17 years) admitted to adult mental health inpatient services has decreased over the last decade (to

2021/22). However, over 150 young people each year are admitted to adult units each year.

19. Young people we spoke to told us the negative impacts of admitting young people to adult services (e.g., exposure to violence, predatory behaviour) outweigh any potential positive aspects (e.g., earlier intervention, or receiving care closer to home).

20. Young people want youth-specific acute response services across New Zealand. This includes more community residential alternatives to child and adolescent hospital inpatient mental health care, and kaupapa Māori services as part of the network of acute options for rangatahi Māori.

21. We want to see further analysis to better understand the reasons for admitting young people to adult mental health services, and the variables associated with admission to adult services.

22. We have called for more youth-specific acute response services in communities to enable a reduction in the number of young people admitted to adult inpatient units to zero.

From coercive to choice-based services

23. On 12 July 2023 Te Hiringa Mahara released the “Lived Experiences of Compulsory Community Treatment” report, one of four monitoring reports for Te Huringa Tuarua 2023. This report focuses on compulsory community treatment orders (CCTOs) made under section 29 of the Mental Health (Compulsory Assessment and Treatment) Act 1992. CCTOs allow for forced treatment of people in the community and are not in line with Aotearoa New Zealand’s obligations under human rights law and Te Tiriti o Waitangi. There is little, if any, evidence CCTOs are effective.

24. For the year 2020/21, almost 7,000 people were under CCTOs. Rates of CCTOs have increased and there is considerable regional variation. More Māori are subject to CCTOs than any other population and this inequity is unacceptable. Over the last five years, the courts have consistently granted almost 90% of the applications clinicians made for CCTOs.

25. In line with our legislative function, our report intentionally focuses on tāngata whaiora perceptions of CCTO processes and practices. We identify the clinical review and the court hearings for CCTOs as formal substitute decision-making processes under the Mental Health Act.

26. We heard that tāngata whaiora, whānau and family feel excluded from participation in the processes that are intended to protect their rights and include them in decision-making about their treatment. Coercive practices continue to be widely used, particularly for Māori and Pacific peoples. All services need to urgently address these inequities, and we want to see more by Māori, for Māori approaches, such as kaupapa Māori services.

27. In the report we acknowledge the process to repeal and replace the Mental Health Act is underway, but it will take years to be agreed and implemented. We call for the new law to be based on supported decision-making, embed Te Tiriti o Waitangi and a

Te Ao Māori worldview. In the meantime, we want practice to be as consistent as possible with human rights in practice.

28. The change we want to see is a reduction in the number of applications made and outcomes granted for CCTOs, and in the rate of CCTO use. We want to see a reduction in the inequitable use of CCTOs for Māori and Pacific peoples. We strongly urge services and courts to implement cultural and other practice changes now, that ensure tāngata whaiora and whānau perspectives are heard, and tāngata whaiora are supported to make decisions about their treatment under the current Mental Health Act.

Mental health and addiction workforce

29. On 29 June 2023, Te Hiringa Mahara published its Peer Support Workforce Insights paper. This paper brings together evidence from different places to inform ongoing workforce planning in the mental health and addiction sector to grow and support this workforce. Key insights from the paper demonstrate growing the peer support workforce as a valuable contribution to supporting tāngata whaiora in their recovery – evidence shows they support improved outcomes, yet they currently make up a small proportion of our current mental health and addiction workforce (8.2% of the specialist adult NGO workforce or at least 3.4% of mental health and addiction workforce).

30. Considerations for growing the peer support workforce are also shared including growing the Māori lived experience workforce, training the wider health workforce on the roles, and strategies to make peer support roles more attractive.

31. Our Te Huringa Tuarua Summary Report was released on 31 May 2023 and uses our He Ara Āwhina framework to monitor mental health and addiction services. A key finding from this monitoring report was the doubling of vacancy rates within adult specialist mental health and addiction workforce from 2018 to 2022. With average vacancy rates of 11% in 2022, services are hampered by a high rate of workforce vacancies.

32. We welcome the recent Health Workforce Plan 2023/24, we suggest a greater focus on mental health and addiction services, consideration of the workforce designed for the future (e.g., greater emphasis on peer roles), and a multi-year plan to address these workforce challenges.

[redacted]

Next Steps

36. We will discuss these items with you when we meet.

ENDS