

Briefing

Publication of Te Huringa: Change and Transformation. Mental Health Services and Addiction Services Monitoring Report 2022

Date due to MO:	24 February 2022	Action required by:	FYI
Security level:	IN CONFIDENCE	Briefing number:	BN2022-002
To:	Hon Andrew Little, Minister of Health		
Copy to:	Hon Minister Peeni Henare, Associate Minister of Health (Māori Health) Hon Minister Aupito William Si'o, Associate Minister of Health (Pacific Health)		

Contact for telephone discussion

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Minister's Office:

Comment:

Publication of Te Huringa: Change and Transformation. Mental Health Services and Addiction Services Monitoring Report 2022

Security level: IN CONFIDENCE **Date:** 24 February 2022

To: Hon Andrew Little, Minister of Health

Purpose of briefing

1. The Mental Health and Wellbeing Commission's (the Commission) Te Huringa: Change and Transformation. Mental Health Service and Addiction Service Monitoring Report 2022 (Te Huringa) is now complete and is scheduled to be published the week of 21 March 2022. This briefing summaries its key findings.
2. A copy of Te Huringa is attached at Appendix 1.

Key points

3. Te Huringa examines the performance of mental health services and addiction services between 2016 / 17 and 2020 / 21. The report outlines what is working well with services, what is not working well, and how this is has changed over time.
4. Te Huringa is a transitional report monitoring services while the Commission develops our own monitoring framework, He Ara Āwhina (pathways to support). Te Huringa uses an adapted version of the former Mental Health Commissioner's service quality framework.
5. Te Huringa concludes the Government has made a promising start to addressing the recommendations made in He Ara Oranga: Government Inquiry into Mental Health and Addiction (He Ara Oranga), with the cross-agency \$1.9 billion package for mental wellbeing in the 2019 Budget. 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. We have seen little change in wait times, with specialist services continuing to feel pressured in meeting the volume of need and in recruiting and retaining the workforce required for current models of care.
6. Transformation is a complex process, requiring strong leadership and a well-managed plan. There is an opportunity for the health reforms, and the newly-created Health NZ and the Māori Health Authority to enhance the focus on mental

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health and wellbeing, embed strong leadership in their operating models, and accelerate progress toward realising the vision of He Ara Oranga.

Recommendations

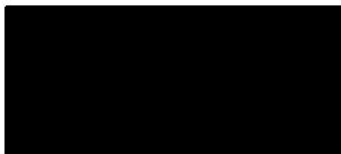
7. The Mental Health and Wellbeing Commission recommends that you:
- a) **note** the attached report: Te Huringa: Change and Transformation. Mental Health Service and Addiction Monitoring Report 2022
 - b) **note** the report will require some minor adjustments before publication
 - c) **note** the attached communications plan for the report
 - d) **note** the Commission intends to proactively release this briefing as part of our proactive release policy.

Attachments

Attachment 1: Te Huringa: Change and Transformation. Mental Health Service and Addiction Service Monitoring Report 2022

Attachment 2: Strategic Communications Plan

Signed:



Karen Orsborn

Chief Executive MHWC

Date

Signed:



Minister Andrew Little

Minister of Health

Date 11/8/22

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Background

8. The Commission has an important function to monitor and report on mental health services and addiction services, and advocate for improvements to those services. This function was transferred from the Health and Disability Commission on 9 February 2021 by the Mental Health and Wellbeing Commission Act 2020.
9. This report is a transitional report while we develop a new framework to monitor the mental health and addiction system: He Ara Āwhina (pathways to support).
10. The report's title "Te Huringa: Change and Transformation" acknowledges the current performance of mental health and addictions services: what is working well, what is not, and how this has changed over time. It recognises that space must be created to welcome change and transformation of the mental health and addiction system. For this to happen, the voices of Māori and people with lived experience of distress and addiction, substance or gambling harm need to be prioritised.

Discussion

Report synopsis

11. The Service Quality Framework we have used in Te Huringa has been adapted from the one used by the former Mental Health Commissioner. It includes six domains of service quality:
 - a. Equity (which covers all domains)
 - b. Access and options
 - c. Partnership and leadership
 - d. Safety
 - e. Effectiveness
 - f. Connected care.
12. **Te Huringa** summarises key findings that signal how mental health services and addiction services are performing against each of these six domains. It also includes calls for action – changes to mental health services and addiction services that the Commission wants to see.

Summary of key findings and associated calls to action

13. The transformation of the mental health and addiction system must remain a priority for Government.
14. Achieving equity for Māori requires Government, service commissioners, and providers to uphold Te Tiriti o Waitangi obligations. Calls to action include:
 - a. the prioritisation of funding for a range of holistic services and supports that reflect whānau, hapū, and iwi aspirations, and acknowledge the interconnection of whakapapa, mātauranga Māori healing and treatment options, and resources developed by Māori
 - b. requiring all mental health, addiction, and wellbeing services to be culturally, spiritually, and physically safe for Māori, and acknowledge wairuatanga as a key contributor to mental wellbeing.
15. Further investment and development is required for peer services, youth services, and other community-based specialist services. Calls to action include:
 - a. investment in peer support services and workforce across all regions
 - b. acute community-based alternatives for people experiencing distress
 - c. investment in specialist services, including, but not limited to, specialist child and adolescent services, and support in home and community settings for people experiencing significant distress.
16. Services must maximise tāngata whaiora autonomy and uphold rights. Calls to action include:
 - a. a decrease in the use of compulsory treatment, the upholding of treatment decisions made by tāngata whaiora, and support given to tāngata whaiora to make decisions about treatment where needed
 - b. new policy to inform mental health legislation co-designed with tāngata whaiora that does not discriminate on the basis of 'mental disorder', so mental distress of any kind is not used as a basis for compulsory treatment
 - c. an increase in treatment days involving family and whānau, and support and acknowledgment of whānau as "first responders" and important carers for tāngata whaiora.
17. Services must be supported to develop positive risk-taking approaches. Calls to action include:
 - a. strong leadership from the Government on the He Ara Oranga recommendation for a national discussion to reconsider beliefs, evidence, and attitudes about mental health and risk, with lived experience leadership central in this work

- b. positive risk-taking approaches that give tāngata whaiora freedom and supports their wellbeing and recovery.

18. Measures of service effectiveness should reflect the things most important to tāngata whaiora. Calls to action include:

- a. a review of the use of existing outcome tools to ensure they are relevant to tāngata whaiora and whānau, culturally appropriate, nationally consistent, and reliable
- b. a continued focus of the holistic health needs of tāngata whaiora, including targeted efforts to ensure tāngata whaiora have access to COVID-19 vaccinations, including boosters.

19. Improvements are needed to ensure people have access to connected supports. Calls to action include:

- a. additional supports that address the social and economic determinants that impact on people experiencing distress and harm from substance use and gambling
- b. strengthening the connections between inpatient and community care, and between specialist and primary care.

Consultation

20. External peer reviewers provided feedback on the draft report, including: tāngata whaiora, Māori clinical expertise, kaupapa Māori expertise, and mental health service and addiction service data expertise.

21. As well as providing feedback on accuracy and interpretations in an early draft of the report, the Ministry of Health have provided considerable feedback and clarification around data trends. The final version of the report was sent to the Ministry of Health to provide feedback on accuracy.

Next steps

22. The Commission has attached a communications plan as Appendix 2. Our media release will be provided to your office ahead of publication.

23. The Commission will publish Te Huringa mid-March 2022.

ENDS