28 March 2024

Submission on the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill

To the Health Committee,

Te Hiringa Mahara, the Mental Health and Wellbeing Commission, welcomes the opportunity to make a submission on the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill.

Te Hiringa Mahara was established as an independent Crown entity following the *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Our role is to:

- Assess, report, and make recommendations on the mental health and wellbeing of people in New Zealand, and the factors and approaches that affect them.
- Monitor mental health and addiction services and to advocate improvements to those services.
- Advocate for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them.

We have specific obligations in our Act to have particular regard to the experience of, and outcomes for, Māori. These roles and responsibilities underpin our submission on this Bill.

Given the implications of the amendment bill, Te Hiringa Mahara seeks to appear before the committee to speak to our submission.

Our position

Te Hiringa Mahara is supportive of the introduction of a Mental Health and Wellbeing strategy under section 10(1)(b) of the Pae Ora (Healthy Futures) Act and proposed content under section 46A, with the addition of further clarification on the wellbeing and workforce aspects of the strategy, to achieve the benefits outlined above, and for consistency with the workforce elements of the other strategies in the Act.

Additionally, Te Hiringa Mahara is supportive of the proposed requirement to consult with and have regard to the views of Te Hiringa Mahara when developing the Government Policy Statement on Health under section 35(c) of the Act.

Te Hiringa Mahara opposes the proposal to include the Mental Health and Wellbeing Commission as a health entity under s4 of the Act. This will have the unintended consequence of reducing the statutory independence of Te Hiringa Mahara and impede its ability to perform its monitoring and accountability roles.

Discussion

Mental Health and Wellbeing Strategy

We suggest the inclusion of the proposed Mental Health and Wellbeing Strategy as an important health document under section 33, consistent with the other health strategies, and the inclusion of further detail on the wellbeing and workforce aspects of that strategy.

The purpose of the Mental Health and Wellbeing Strategy is to provide a framework to guide health entities for the long-term improvement of mental health and addiction outcomes.[1] The Mental Health and Wellbeing Strategy can provide **clear direction and a framework for the development of a holistic and transformative approach to mental health and wellbeing**. This would require the different parts of the health sector and health entities to have regard for the strategy and broader wellbeing approaches. It would ensure **collective accountability** across the whole system to achieving the goals outlined in the strategy.

We welcome **a focus on wellbeing** to reinforce the importance and benefits of non-mental health initiatives to mental health and addiction outcomes. To make meaningful improvement on physical health and mental health and wellbeing, the health sector needs to work with other sectors on areas such as but not limited to, housing, education, employment, justice, community development and the arts. A **targeted Mental Health and Wellbeing Strategy is an opportunity to strengthen cross-government leadership**. The strategy should support the importance of government action to reduce inequities in determinants such as housing and incomes, and cross-agency work to support holistic services that reach people where they are.

Individual and family or whānau wellbeing is influenced by economic, social, cultural, political and environmental factors or determinants. **Determinants of wellbeing have a significant impact on mental health and wellbeing outcomes experienced by people**. As such, 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.

In developing the strategy, we suggest consideration is given to broad engagement beyond health entities,[2] to include agencies, individuals and organisations who have influence on the wider economic, social, cultural, political and environmental determinants that impact wellbeing. Consideration should also be given to seeking input from people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them and from groups identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction and specifically listed in the Mental Health and Wellbeing Commission Act 2020 (schedule 2).[3]

As in all parts of the health sector, **the mental health and wellbeing workforce is key to successful improvement of outcomes**. A collective, cohesive approach to workforce planning is needed, in which the current workforce is resourced and supported to work to the full extent of their scope, complemented by, and working alongside, a larger peer support, lived experience and cultural workforce. However, the Bill does not currently include workforce under the proposed strategy, which is inconsistent with all other strategies in the Act.

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[1] Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill, clause 7 (new section 46A(2))

[2] Section 47(1)(c) requires the Minister to consult health entities, individuals and organisations that the Minister considers are reasonably likely to be affected by the health strategy.

[3] These are people who share a common identity, experience, or stage in life that increases the risk that they will experience poor mental health and wellbeing – Māori, Pacific peoples, refugees and migrants, Rainbow communities, rural communities, disabled people, veterans, prisoners, young people, older people, children experiencing adverse childhood events, children in State care.

We advise that Te Hiringa Mahara does not become a health entity.

Te Hiringa Mahara was intentionally established as an independent entity.

Te Hiringa Mahara exists for the purpose of one statutory objective – "to contribute to better and equitable mental health and wellbeing outcomes for people in New Zealand."[4]

Te Hiringa Mahara is formed as an independent Crown Entity.[5] Parliament then underlined this independence by directing that Te Hiringa Mahara "except as provided otherwise in this or any other Act, must act independently in performing its statutory functions and duties, and exercising its statutory powers….".[6]

Parliament expected Te Hiringa Mahara to speak without fear or favour into the system. It cannot fulfil its purpose if it is not actually and perceived to be independent.

The Act will limit the independence of Mental Health and Wellbeing Commission's role if included as a health entity.

The proposed amendment Bill, by defining Te Hiringa Mahara as a health entity within the Act, attracts the obligations that apply to health entities, and undermines that independence, without providing a commensurate benefit. The Bill does not recognise that Te Hiringa Mahara's role is different to that of the current health entities.

Te Hiringa Mahara is designed to be an independent voice into the mental health and wellbeing systems of which the health entities, as service providers, are a part. The obligations of health entities would undermine that independence by putting Te Hiringa Mahara, in part, under the guidance and oversight of the very system it is monitoring.

The act of including Te Hiringa Mahara in the definition of a health entity adds additional accountability requirements to Te Hiringa Mahara, including giving effect to the GPS, delivering service and investment changes under the New Zealand health plan, and compliance with regulations for accountability documents. These requirements curtail the independence that Te Hiringa Mahara currently has in the forming of its views and add regulatory and accountability costs that do not carry an equivalent benefit.

There is no clear policy rationale to include Te Hiringa Mahara as a health entity - the objectives of the Bill (development and execution of a Mental Health and Wellbeing Strategy, and consultation with the Commission on the GPS) can be achieved without changing the status of the Mental Health and Wellbeing Commission.

In summary

To give effect to the advice in this submission, Te Hiringa Mahara recommends the following changes to the Bill:

Remove 4(1) from the Bill, in its entirety.

[4] Mental Health and Wellbeing Commission Act 2020, section 10
[5] Crown Entities Act 2004, Schedule 1, Part 3
[6] Mental Health and Wellbeing Commission Act 2020, section 11(4)

~~health entity *means Health New Zealand, HQSC, the Māori Health Authority, the Mental Health and Wellbeing Commission, Pharmac, or NZBOS*~~

Insert after the s5 of the Bill:

5B ***Section 33 amended (Overview of important health documents)***

After 33(1)(b)(vi), insert:

(vii): Mental Health and Wellbeing Strategy

In s7, remove the proposed *46A(3)(c) "set out priorities for improving mental health and addiction outcomes"*, and replace it with:

46A(3)	*(c) set out priorities for improving mental health and addiction outcomes, including workforce development, and cross-government activity.*

Nāku noa, nā

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Te Hiringa Mahara