

# Mental Health and Wellbeing Commission submission on the petition of Jade Varney

Submitted to the Parliamentary Petitions Committee on 5 November 2021.

## **Tēnā koe**

This submission is provided in response to a request by the Parliamentary Petitions Committee for the Mental Health and Wellbeing Commission (the Commission) to provide a written submission on the issues raised in a petition by Jade Varney. The petition calls for the Government to take urgent action to improve mental health systems and facilities.

Firstly, we would like to acknowledge the sentiment of the petition, the experiences of the petitioner, Ms Varney, and to applaud Ms Varney for her courage in taking action to ensure all people have appropriate and timely support when they need it.

The Commission has an important role in providing leadership and oversight of the mental health and wellbeing system, including advocating for improvement and monitoring the system.

In performing our role, we engage with people who have lived experience of mental distress and with communities that have historically experienced poor mental health and wellbeing. Many of the concerns raised in Ms Varney's petition are aligned with concerns raised by people we have talked to over the last nine months since our establishment.

Our submission is structured into three parts and makes comment on the main concerns raised in the petition:

- **Part one** Plans for system improvement
- **Part two** Increasing funding and access to services
- **Part three** Expanding choice of services, education, and training

Thank you for considering our submission.

Ngā mihi



**Karen Orsborn**

Chief Executive, Mental Health and Wellbeing Commission

## Part one – Plans for system improvement

The petition calls for the mental health system to be evaluated and requests an announcement that plans for improvement are underway

1. We acknowledge Ms Varney's comments about the current mental health system not meeting the needs of people in a timely way, and the significant impact that this has on people needing support and their friends, family, and whānau.

The mental health and addiction system has recently been subject to a government inquiry which resulted in **He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)**. This report recommended sweeping changes to the mental health and addiction system and emphasised a shift in focus towards wellbeing.

2. The Government accepted, accepted in principle, or agreed to consider 38 of the 40 recommendations in **He Ara Oranga** (Government Inquiry into Mental Health and Addiction, 2018).
3. The Initial Mental Health and Wellbeing Commission (Initial Commission) (2021) reported on progress in implementing the He Ara Oranga recommendations in the report **Mā te rongo ake: Through listening and hearing (Mā te rongo ake)**. The report noted that there has been significant investment and progress in the areas prioritised by Government.
4. The work to implement all recommendations of **He Ara Oranga** will involve a significant programme of change that will take time. The COVID-19 pandemic has also had an impact both on the mental health and wellbeing of people, and on the roll out of the improvements to the system.
5. The Government has also set out its long-term pathway to wellbeing through **Kia Manawanui Aotearoa – Long-term Pathway to Mental Wellbeing (Kia Manawanui)** (Ministry of Health, 2021). This pathway is an important step forward in transforming the mental health and wellbeing system and, at a high level, provides direction that supports improvement of the system.
6. We are pleased that the Government has developed a high-level plan that may address some concerns raised in the petition regarding the need for a plan for improvement. However, greater detail is needed about what actions will be taken, by who and by when, in order to give the community full confidence that the directions outlined in **Kia Manawanui** will make a difference.
7. The Commission will provide oversight of the pathway; monitoring progress on roll out and impact on wellbeing through our wellbeing outcomes framework and mental health and addiction service monitoring framework.

## Part two – Increasing funding and access to services

The petition outlines problems in access to mental health services for young people, and details specific problems with access to eating disorder services

8. The Commission shares the concern expressed in the petition about long waiting times to access mental health services, and notes that waiting times for young people are unacceptable. Only 65% of young people aged 19 and under are seen in the first 3 weeks of their referral to specialist mental health services (compared to target of 80%), and 85% are seen within 8 weeks (compared to target of 95%).

The Government has invested in more youth mental health and addiction services

9. Following **He Ara Oranga**, the Government has made deliberate investment in Youth Primary Mental Health and Addiction services (youth services) as part of the Access and Choice programme, which is funded through the 2019 Wellbeing Budget.
10. By the end of 2023 / 24, the Ministry of Health (the Ministry) expects the funding for additional youth services to be over \$26 million per year. When fully implemented, this investment should go some way towards improving coverage for young people.

The roll out of new services is currently behind schedule but is expected to be on track by the end of June 2022

11. The Commission released a report on the Access and Choice programme in October 2021, which noted that progress toward establishing these services is behind schedule (Mental Health and Wellbeing Commission, 2021).
12. A comparison of the funding allocated for youth services against funding committed as at 30 June 2021, showed that only 19.3% of the funding allocated for that period had been committed to contracted services. Although progress on the roll out of youth services is behind schedule, it is expected to be on track by the end of June 2022.

Recent investment is targeted to ensure national coverage of youth Access and Choice services

13. The petition is critical of the recent RFP for youth services in 4 specific districts and calls for investment for other youth programmes. The Commission recognises there are many other initiatives that may be helpful to young people experiencing distress and is supportive of the Government's commitment to extend youth Access and Choice services in these districts.
14. As at 30 June 2021, 18 youth services have been established in 15 districts across Aotearoa New Zealand, including the expansion of the national Youthline service.

When fully established in 2023 / 24, the new youth services workforce is expected to have an additional 250 full time equivalent positions across Aotearoa.

15. The Commission supports the establishment of youth services in those districts, which will improve the coverage of youth primary mental health and addiction support. The Commission would like to see further investment in youth mental health and addiction services to meet the demand for specialist services, including eating disorder services, and to reduce the waiting time to access services.

### Access to services for people with eating disorders needs to improve

16. The Commission sincerely acknowledges the experiences of the petitioner, her family, and her friends, who have not been able to access specialist eating disorders services in a timely manner.
17. We have heard from other families that have experience with eating disorders that it is difficult to get access to eating disorder services. Families have relayed concerns about relapse due to early discharge from eating disorder services, and without sufficient support in the community.
18. The most recent national data, collected for **Te Rau Hinengaro: The New Zealand Mental Health Survey** in 2003 / 04, suggests the lifetime prevalence estimate for any eating disorder is 1.7% (Oakley Browne et al., 2006). Prevalence of eating disorders is similar for Māori and non-Māori; however, specialist service access rates are lower for Māori (Lacey et al., 2020).
19. Recent research has also shown an increase in demand for eating disorder services during the COVID-19 pandemic (Hansen et al., 2021).
20. The Commission supports the petition's call for action to be taken to improve support for people with eating disorders. We would like to see this addressed in the new system and services framework for mental health and addiction services, which is currently being developed by the Ministry.

### The petition makes specific requests for funding

21. The petition calls for funding from the Wellbeing Budget to be used to create adequate programmes aimed at educating parents about how to help their family members while waiting to access mental health services.
22. The petition also calls for funding to be set aside to employ professional counsellors and therapists, and to shorten wait times for accessing services or other support.

### We support the call for increased support for whānau and families, as was recommended in He Ara Oranga

23. We acknowledge and support the petition's call for more support to be available to families and whānau. Recent feedback from organisations that support families and whānau suggests that support from the system still needs to acknowledge the

workload involved in providing mental health and addiction support to family members. These organisations are not seeing the increase in support that was expected from **He Ara Oranga**.

24. We encourage the Government to progress the implementation of **He Ara Oranga** recommendations 23 to 25 which relate to support for whānau and families of people with mental health and addiction needs. The Initial Commission's report, **Mā Te Rongo Ake**, found that little progress had been made on implementing these recommendations.

25. We support the call for increased funding for talking therapies. In line with **He Ara Oranga**, we believe this should involve broader workforce than counsellors and therapists (for example, Intentional Peer Support workforce), and must include culturally diverse therapeutic approaches and workforce.

### **Part three – Expanding choice of services, education, and training**

The petition calls for improvements to mental health centre facilities as well as broadening the type of services being provided

26. The petition calls for alternatives to respite homes, high dependency units, and child and family units that cater specifically for mental health needs.

We support the call for expanding the choice of services and supports, including more community-based services

27. **He Ara Oranga** calls for a greater range of services and supports in communities that help people stay well, and services that provide support in local communities when people become unwell.

28. The Access and Choice programme has expanded choice to some extent with the establishment of primary services, but further work is required to ensure a broader range of supports are available as was called for in **He Ara Oranga**.

29. We support the view outlined in the petition that alternative supports and services, to the traditional hospital care approaches, should be available to young people who are experiencing acute mental distress. Community-based early intervention services need to be expanded to reduce the risk of people reaching crisis point.

30. We are aware that many mental health facilities are no longer fit for purpose and need to be upgraded. The Wellbeing Budget in 2019 allocated \$472m for rebuilding and upgrading mental health and addiction facilities. We note the Implementation Unit's report finding that it is difficult to determine the progress into upgrading mental health and addiction facilities because many projects are still in approval processes or have had completion dates revised (Department of the Prime Minister and Cabinet, 2021).

## The evaluation of education and training programmes for young people should inform investment decisions

31. The petition calls for an education plan to be developed for intermediate and secondary schools on how to prevent and deal with mental illness.
32. We note that students and young people have the potential to provide effective mental health support to their peers, with the right knowledge and skills and a system of support around them. Recent research shows that adequate training, change management and tailored support strategies are important to maximise the chances of successful youth peer work programs (Simmons, 2020). There is also research evidence that peer support can be effective in reducing disordered eating attitudes and behaviours (Thompson, 2012).
33. The Commission notes that the Wellbeing Budget included \$2 million for promoting wellbeing in primary and intermediate schools, and \$20 million for enhancing school-based health services (with a mental health and addiction focus). There are also a number of other mental health programmes being funded and provided in education settings.
34. It is important that these programmes are evaluated to assess relative efficacy which should inform further investment decisions.

## We would like to see less reliance on the police in responding to people experiencing acute mental distress

35. The petition calls for police to be trained to respond to mental health crises in ways that consider the long-term emotional consequences of their actions.
36. We agree that mental health training for police is important to ensure a compassionate response to people experiencing acute mental health or addiction distress. However, we are concerned at the reliance on the police to respond to people experiencing acute mental distress and would like to see community mental health and addiction services appropriately resourced (both funding and capability) to respond to those people who currently end up in police custody.
37. We are interested in the new co-response teams being piloted, such as by Capital and Coast District Health Board, which consist of a police officer, paramedic, and mental health clinician providing enhanced on-scene care to people who need an emergency mental health response (New Zealand Police, 2020).

## Summary of our position

38. The Commission supports the transformation of the mental health and wellbeing systems, in line with the vision outline in **He Ara Oranga**. Many of the requests in the petition of Jade Varney are in line with the vision.

39. In summary:

- We support the petition's call for detailed plans for mental health and addiction system improvement
- We note the recent investment in Youth Primary Mental Health and Addiction services, but also note the need for further investment in specialist (secondary) youth mental health and addiction services, including eating disorder services.
- We support expanding the choice of youth mental health services, particularly for those experiencing acute distress
- We support the call for increased support for whānau and families in line with the recommendations in **He Ara Oranga**
- We acknowledge the value of education for young people and would like to see programmes evaluated to inform further investment decisions
- We agree that mental health training for police is important, but we would like to see less reliance on the police to respond to people experiencing mental distress.

40. The Commission has an important role in monitoring the mental health and addiction system. We will publish a service monitoring report in the next few months, which will provide data trends about the quality of mental health services and addiction services, and in 2022 we will publish a new framework, **He Ara Āwhina**, that will be used to monitor progress on the transformation of the mental health and wellbeing system and the quality of mental health and addiction services.

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