

Mental Health and Wellbeing Commission written submission on the mental wellbeing long term pathway

Thank you for the opportunity to submit on the mental wellbeing long term pathway. Below is the Mental Health and Wellbeing Commission's submission. Our submission is underpinned by the findings and recommendations of the Initial Mental Health and Wellbeing Commission's report *Mā Te Rongo Ake* which monitored progress of the Government's system transformation response to *He Ara Oranga: The Report of the Inquiry into Mental Health and Addiction*.

Firstly, we would like to convey that we are really pleased to see the development of the mental wellbeing long term pathway and we support the principles and enablers that have been focused on. We are particularly pleased to see *Te Tiriti o Waitangi* held up as a prominent principle.

However, we are concerned that the long-term pathway is quite high level and will not include enough detail to be considered an action plan. We would like to see clear plan with direction, that provides a vision for where the mental health and addictions system should be in the medium to long term. This should be underpinned by a clear, whole of Government implementation plan led by Māori, people with lived experience, and priority groups to ensure equitable decision-making powers.

The plan should be supported by measures of success to hold the Government accountable. Our *He Ara Oranga Wellbeing Outcomes Framework* and *He Ara Āwhina Service-Level Monitoring Framework*, currently under development, will describe what good looks like at a population and service level and will be able to be used to assess whether our collective efforts to improve mental health and wellbeing are making a difference.

We would like to see a comprehensive plan for transformational change as envisioned by *He Ara Oranga*. We strongly advise that any plan to transform the mental wellbeing system should be a collaborative effort across all Government entities, have a wider focus than the health system, and be co-designed with Māori, people with lived experience, and other priority groups.

We are concerned that the consultation process for this pathway has not been targeted at priority groups and has had a small window for submissions. We trust that there will be more opportunities for priority populations to contribute to this plan, *and* the development of the National Services Framework (NSF) in the near future. We also look forward to having further involvement in the development of the mental wellbeing long term pathway, and the companion NSF, as a partner to the Ministry in leadership of the system.

Principles

When Kia Kaha was developed, it was clear we needed common values to achieve collaborative success. These are articulated in the mental wellbeing framework included in Kia Kaha through seven guiding principles, which will set out how we will work. These principles should be embedded across everything we do.

*In relation to each of these principles, **what specific actions** would you like to emphasise that would ensure they are upheld within future work to support mental wellbeing? You are welcome to comment on all principles or can focus on those most relevant to you.*

1. Uphold Te Tiriti o Waitangi – the principles of Te Tiriti underpin all actions in Kia Kaha

- Uphold te ao Māori, and rights of Māori as mana whenua – tino rangatiratanga, kāwanatanga, tikanga, te reo – and recognise the vital contribution of mātauranga Māori.
- The Ministry supports all health organisations to be grounded in Te Tiriti o Waitangi. The Ministry provides guidance, frameworks, and requirements to be a Te Tiriti o Waitangi led organisation in funding agreements.
- Partnership with Māori is present and active at every phase of system, structure, service design, and implementation.
- Develop iwi partnerships that support local Māori development and kaupapa Māori service solutions.
- Progress the findings of Wai2575 and the alternate recommendation of the Health and Disability System Review to establish a Māori Health Authority.
- Talk to Māori about what works for them. Hold public hui around commissioning of mental health and addictions services and commit to action based on hui outcomes. Draw from te ao Māori and engage in indigenous co-creation to build a procurement approach embedded in te ao Māori.
- Actively build capability of Māori at every level of the mental health and addiction and wellbeing systems. Commit to developing a Māori policy and advisory workforce.
- Ensure all services being developed and implemented to expand access and choice are culturally responsive. More Kaupapa Māori services and providers are required, prioritising local innovation over adapting international and imported models.

2. Equity – people have different levels of advantage and experience and require different approaches and resources to get equitable outcomes

- Require all services to report and publish on equity of access, and their plans for, and progress towards, achieving equitable outcomes for Māori as tangata whenua and other priority groups including Pacific peoples.
- Develop co-designed community-led services. Commit to expanding the reach and affordability of community and primary care services through additional health, social and community spaces that offer primary/community level mental health support beyond GP clinics. Expand community services in rural communities.
- Commit to a minimum percentage of funding toward kaupapa Māori services, Pacific peoples and peer services.
- Ensure information about services and supports is accessible, culturally competent, inclusive, and representative of our diverse communities and accounts for equity gaps in mental health and addiction outcomes.
- Create and fund community navigators to make getting help much easier, especially for groups such as Pacific peoples, disabled peoples, people who have attempted suicide, veterans, migrants, refugees, and prisoners.

3. People and whānau at the centre – whānau are a crucial part of the support network for individuals experiencing challenges. This principle seeks to strengthen the capacity of people and whānau to lead their own pathways to wellbeing

- Make partnering with Māori as tangata whenua and collaborating with priority groups standard. This includes incorporating genuine co-design into all levels of the mental health and wellbeing system.
- Equip communities to support people with their mental health, in ways that reflect what they have asked for. Education should be community-led and empowering, giving people the tools to increase wellbeing and manage distress.
- As new approaches emerge in community mental health and wellbeing support, ensure joint decision making with people with lived experience in all national-level decisions where the term ‘Peer’ or ‘Peer Support’ is considered for use.

4. Community focus – strong communities provide a foundation of support and connection which is vital for mental wellbeing.

- Develop and deliver support options that respond to the needs of priority groups. These should be proactively co-designed with groups who experience poorer mental health and wellbeing outcomes.
- Lead and collaboratively develop a roadmap for a cross-Government whānau and community response to mental health to address social determinants of

health, particularly exclusion (poverty, social isolation, racism, discrimination against mental health and distress, colonisation, neglect), followed by trauma, housing, and employment.

- Strengthen and develop population-level messages and tools to support good mental health and wellbeing and provide national coordination and support for communities to tailor and provide local solutions.

5. Uphold human rights – human rights are central to implementing an effective, equitable and balanced future mental health and addiction system

- Uphold Te Tiriti o Waitangi, the United Nations Declaration on the Rights of Indigenous People, the United Nations Convention on the Rights of Persons with Disabilities and the United Nations Convention on the Rights of the Children in all work.
- Repeal and replace the Mental Health Act to uphold human rights:
 - Ensure the new legislation aligns with Te Tiriti o Waitangi and applies a Human Rights approach.
 - Improve the engagement approach to ensure people are involved at every stage of the reform.
 - Begin the development of enablers that will strengthen supported decision-making, e.g. peer advocate workforce training.
 - Commit to zero seclusion with target dates for reduction and elimination.
- Support a Government-wide harm reduction approach to alcohol and other drugs, including a review of the Misuse of Drugs Act 1975 to ensure our laws treat drug use and possession as a health issue, and drug harm is reduced.

6. Collaboration – working together is vital to create stability, efficiency and enhanced support for New Zealanders.

- Ensure that the long-term pathway is a collaborative effort across all Government entities.
- Work together in genuine partnership (values and principles based), build and enhance trust (shared understanding, knowledge and power, a culture of caring and reciprocity) and ensuring there is willingness from Government for power sharing and shifting power to communities.
- Support procurement by Māori for Māori.
- Design a new risk framework to align with innovative and collaborative programmes and kaupapa Māori approaches, so existing channels are realigned for effective collaboration.
- Build implementation support into the long-term pathway.
- Embed co-design into all ways of working:

- Develop a national plan for co-design to sit alongside (or within) the long-term plan. This would outline the scope and process for co-design in relation to the *He Ara Oranga* recommendations and give direction to Government agencies, PHOs, NGOs, DHBs, workforce development centres and others regarding genuine co-design process for their piece of the system transformation project.
 - Facilitate a national conversation about co-design to inform a shared understanding, guidelines, principles and practices on genuine co-design in mental health and wellbeing.
 - Apply accountability levers to ensure that services and new partnership entities are honouring co-design approaches in a genuine, embedded and sustained way.
 - Ensure co-design features in all new services and initiatives. Its application must be evident to providers and from the least powerful voices at the table as well. Establish mechanisms to enable the system to hear and act on this feedback.
 - Ensure Expression of Interest and Request for Proposal tender development processes embed co-design, nationally and regionally, and are equitable for smaller providers who offer innovative community led solutions.
- Ensure appropriate resourcing to enable Lived Experience input in national planning and co-design.

7. Innovation – innovative and original approaches to mental and social wellbeing support will facilitate transformation of the mental health and addiction system.

- Continue to implement and expand local Aotearoa specific innovation (such as Kaupapa Māori approaches) rather than internationally imported approaches.
- Fund upscaling of effective and innovative local programmes.

Focus areas

The framework we shared in Kia Kaha includes five focus areas. These acknowledge the importance of ensuring appropriate support is available across all levels of need.

The focus areas also recognise that social, cultural, environmental and economic factors form the foundations for mental wellbeing, and reflect the importance of whānau and community leadership in achieving our vision.

*We're keen to **understand examples of where things are working well** and achieving positive results in these focus areas, as well as understanding what critical factors have led to these examples being successful.*

8. What support is most needed to build the ability of communities to initiate and lead mental wellbeing initiatives?

- Indigenous co-creation in all levels of decision making.
- Genuine and meaningful engagement. Recognition of marginalised groups and inclusion.
- Building a diverse policy workforce that is representative of the communities it's serving and commits to genuine engagement with priority groups.
- Procurement that prioritises Māori led services and takes the burden off communities. Building a social procurement approach that builds social and sustainable procurement.
- Commitment to roll out services and support by and for communities.
- Support for communities to adapt national mental health, addiction and wellbeing campaigns for their audiences and needs.
- National and localised destigmatisation campaigns to support people in recovery from gambling and substance use harm to live in their communities without stigma and take on leadership roles.

9. What examples of mental health and addiction services are working well, and what makes these successful?

We have discovered up to 100 examples of mental health and addiction services working well. We are happy to provide you with a list of these services.

Specific examples are outlined below.

Te Waharoa (Te Kupenga Net Trust and Hauora Tairāwhiti)

- Provides a direct, easy gateway to mental health and addiction services for whānau experiencing mental distress. It has short wait times, with 20% seen on the day of referral, one third within two days and over half within a week. Te Waharoa also increased other whānau members' involvement in the therapeutic sessions, achieving 60% whānau involvement by Māori and 60% by non-Māori in wānanga.
- It is whānau led, and follows te ao Māori methodology and empowers whānau, supported by a multidisciplinary team, to explore pathways that are meaningful and achievable. Members of Te Waharoa engage with the whānau and person in distress, to build and strengthen relationships.

Do Good Feel Good (The Cause Collective, South Auckland)

- A movement led by young people aged between 17-24 in South Auckland. It focuses on building the resilience and confidence of young people to actively manage their own health and wellbeing.

- Young people take action to create the social change they want for themselves, their families and their communities. This is achieved through a social infrastructure that mobilises young people to spread kindness through practical acts and deeds (SKWADs). They believe that using self-determination to do good will make you feel good.

Kotuku (Health Action Trust, Nelson)

- A holistic peer-led respite service, based in Nelson, that values the strength of Lived Experience. It is a place where guests can relax, be themselves and build their resilience to face ongoing challenges. Wellbeing approaches to health are delivered by peers through a collaborative and progressive workforce that assists clinical and community services.
- Recovery is valued and seen as possible. It is role modelled through a skilled and experienced workforce who share their journey in a way that empowers individuals to take the lead in their own lives as they work towards recovery.

Flo: Pasifika for Life (Le Va)

- New Zealand's first national suicide prevention programme for Pasifika families. It is an empowering programme by communities, with communities, for communities, using clinically based knowledge combined with cultural wisdom and deep community connections.
- It is designed to meet the unique needs of Pasifika families and young people. It informs community leaders of quality research on best practice and equips them with effective tools and training, so that the communities have inspirational leaders to promote and lead suicide prevention initiatives and to strengthen resilience.

Farmstrong

- A nationwide wellbeing programme for the rural community. In 2020, 31 percent (over 20,000) of farmers and farm workers reported having engaged with Farmstrong over the five years since it launched, and 27 percent (18, 000) reported engaging in the last 12 months. Farmers who had engaged with Farmstrong through more channels were significantly more likely to report improvements in their wellbeing.

Enablers

*Enablers are the different factors that support the successful implementation of actions across the focus areas. We are interested in your views on the **key shifts needed** in relation to these system enablers. Kia Kaha sets out the short-term actions planned for each enabler.*

What are the key medium-term shifts (ie, in the next 3-5 years) you think are needed to transform mental wellbeing supports? (for each below)

10. Workforce – growing and supporting a sustainable, diverse, competent and confident mental health and addiction workforce

- Work with NGOs to change commissioning practices, especially regarding capability, capacity and pay equity.
- Expand existing Māori wellbeing workforce initiatives aimed at encouraging Māori to enter health careers. Support the development of a Māori primary mental health workforce, and support DHBs and the Māori health sector to attract, retain, develop and utilise their Māori wellbeing workforce effectively, including in leadership and management.
- Modelling and planning for the wellbeing workforce needs to be based on a vision for transformed services and approaches to mental health, addiction and wellbeing. The workforce needs to be diverse and representative of the communities they're serving, available in the places people need them (including rural communities), and skilled in accessibility and cultural competency.
- Build a diverse policy workforce that is representative of the communities it's serving.
- Invest in growing the Lived Experience workforce, and the peer workforce, including providing support and resources for informal peer networks.
- Resource and upskill organisations supporting and representing people experiencing mental distress to provide culturally appropriate mental health and substance use support to members of their community with mild-moderate needs.
- Provide training and support for whānau and carers to be partners in care and support their own wellbeing.

11. Information and data – timely, accurate and comprehensive information and data will be crucial for longer-term success.

- Ensure data capture supports monitoring frameworks, such as the He Ara Oranga wellbeing outcomes framework, and the He Ara Āwhina service monitoring framework (in development), including addressing key data gaps.
- Design and implement a Māori data sovereignty approach for the mental health and addiction system in partnership with Māori.
- Develop measures of Māori health and disability outcomes and wellbeing to measure pae ora in partnership with Māori stakeholders.
- Collect and make publicly available timely Māori mental health and wellbeing outcome information, with a focus on equity and progress towards pae ora.
- Continue to commit to monitoring, and reporting on, outcomes for people who access new community and primary care services, by population groups, and where gaps remain. Data infrastructures that support ease of access to the

data are important for ensuring that we are learning through our journey towards system transformation.

- Prioritise gaining a clear picture of the evolving nature and prevalence of mental ill-health, distress and addiction in Aotearoa. Making better use of datasets already available within the health system and across the social, education and justice sectors to understand prevalence in the meantime, whilst designing a comprehensive mental health and addiction survey.
- Enable easier data sharing within the health and wellbeing system.
- Undertaking analytical work to map individual's pathways through the mental health and addiction system.

12. Policy and regulation – policy decisions and legislative changes set the framework within which on-the-ground services operate

- Design infrastructure that includes legislation and policy to deliver on a broader range of services, such as investing in new innovation, and ensuring high trust and utilising of Māori intelligence. For example, embed the funding approach utilised during the COVID-19 response for Whānau Ora initiatives, and learning from the work of Te Rōpū Whakakaupapa Urutā, the National Māori pandemic group.
- Ensure alignment between *He Ara Oranga* and the Health and Disability System Review.

13. Investment – ongoing investments and enhancements to existing funding arrangements will be critical for ensuring people in Aotearoa New Zealand have free and easy access to a range of mental wellbeing support.

- Strengthen commissioning frameworks and guidance to increase Māori provider innovation and develop and spread effective kaupapa Māori and whānau-centred services.
- Enable Māori-specific funding systems that generate data on resourcing of Kaupapa Māori organisations, as well as for whānau Māori within mainstream PHOs. The principles of Māori data sovereignty should be upheld.
- Invest in Peer Support as an important culturally aligned support option in a transformed mental health and wellbeing system. Ensure it is understood and co-designed at all stages, especially the contract development stage.
- Provide resourcing directly to these communities and the organisations supporting and representing them (e.g. Pacific health services, Rainbow health services, refugee support services, migrant health services, disability mental health services, rural health services).
- Ensure enablers, such as workforce development, information systems, funding rules and expectations, money and resources, are fit-for-purpose and reach the right people at the right time.

- Ensure equitable resourcing is based on values and need. This includes flexible contracts that are targeted to groups with poorer wellbeing outcomes.
- Overhaul current procurement processes. Enable collaborative procurement and funding processes that enhance holistic and culturally competent workforces and amplify holistic systems that are working well.
- Move quickly to adapt information systems to ensure the Government's \$455 million investment to expand access and choice of services is reaching priority groups of people. There are limitations on the granularity, timeliness and quality of information at this time. Collecting fit-for-purpose, real-time information in primary care will require substantial work.
- Provide support and /resource for smaller and localised providers to enter procurement processes.
- Continue funding what works and discontinue funding what doesn't, based on agreed outcomes monitoring.

14. Technology – ensuring resources reach people with limited access to digital technology is a priority.

- Develop mental health and addiction services that are accessible.
- Provide easy access to technology or grants for devices in communities with limited access.
- Support rural roll out of internet connectivity.

15. Leadership – effective communication, collaboration and guidance from leaders will help ensure responses are coordinated, mental wellbeing needs are met, and individuals

- Māori as tangata whenua at all levels of decision making.
- Ensure Government has the capability to support a collective whānau response for Māori as tangata whenua.
- Ensure Government has the capability to support a collective response for all priority groups.
- Consider how consumer and whānau advisory roles can be expanded in a way that upholds a Te Tiriti o Waitangi approach.
- Adopt approaches that are strengths-based and mana enhancing, to build resilience and include the whole whānau.
- Leadership styles that focus on short term goals and hierarchical approaches should be freely challenged.
- Develop a Lived Experience engagement strategy that is founded on genuine partnership and power sharing, and values expertise, knowledge and skills. For example, explore a national Lived Experience Centre to independently

advocate at multiple levels of the system from a peer values paradigm and grow leadership.

- Support Māori leadership in the wellbeing sector. Develop a Māori mental health and addiction strategic leadership framework to guide system transformation and decision making to improve mental health and addiction outcomes for Māori. Deliver networking and professional development opportunities for Māori in the wellbeing sector.

Longer-term shifts

16. What are the key longer-term shifts (ie, in the next 6-10 years) you think are needed to support system transformation?

- Ground transformation in Te Tiriti o Waitangi by using it to guide everyone's ways toward working inclusively. Use Te Tiriti o Waitangi as a mechanism to ensure that equity prevails in Aotearoa between Māori and Pākehā.
- Place people and whānau at the centre of a unified and inclusive system. Partnering with Māori as tangata whenua and collaborating with priority groups needs to be standard.
- Shift to a wellbeing focus that acknowledges the significant impact of social and economic determinants. Emphasise population health and a life course approach to improved wellbeing outcomes. Practically, this means raised awareness of, and social policy that addresses, the impacts of colonisation, racism, monoculturalism, poverty, poor housing, and other forms of disadvantage.
- Change the culture surrounding mental health and addictions by balancing biomedical approaches and services for mental health and addiction with non-medical options for understanding their distress. These options might be led by community, iwi or priority groups, and include mātauranga Māori-based services, trauma-informed frameworks and peer support understandings.

Other comments

17. What else would you like to comment on that will support an effective long-term pathway for mental wellbeing?

- Develop a clear, whole of Government implementation plan for the mental wellbeing long term pathway led by Māori, people with lived experience, and priority groups to ensure equitable decision-making powers. Publicly monitor and report against the implementation plan.
- Take strong action on alcohol and other drugs, and gambling harm. Including:
 - Update central and local Government policy in relation to alcohol and other drugs according to Te Tiriti o Waitangi Healthcare claim Wai 2624 (Wai 2575). Work must be in partnership with iwi, hapu, whānau and communities, reflecting co-design with priority groups.

- Apply a Te Tiriti o Waitangi and equity lens that focuses on harm caused to Māori, compared with non-Māori. For example, continue discussions about shifting drug policy from a criminal-justice centred response that focuses on sanction to a health-centred response that focuses on harm reduction and access to treatment.
- Develop a stand-alone National Alcohol Action Plan focused on achieving better short and long-term health and social outcomes, especially for Māori, through policy and culture change that reduces drinking rates and subsequent harm.
- Take a population-based approach to alcohol harm reduction by removing self-regulation of advertising, promotion and marketing by the alcohol industry. Strictly regulate alcohol availability, affordability, promotion, purchase age, brief intervention, and treatment.
- Improve community control in alcohol licensing decisions and enable input from mana whenua.
- Increase the type and number of drug and alcohol treatment options available to people with high dependency, hazardous consumption, and addiction difficulties.
- Introduce a national sinking lid policy for new gaming machines in communities. Remove the disproportionate amount of gaming machines in poor communities and introduce additional funds to fund community groups that currently rely on gaming machine funding.