

# **HE ARA ORANGA – MĀNUKA TAKOTO, KAWEA AKE**

UPHOLDING THE WERO  
LAID IN *HE ARA ORANGA*

He kupu whakatau nā Te Kōmihana tōmua  
mō te Hauora Hinengaro, Toiora Hoki

A check-in from the Initial Mental Health  
and Wellbeing Commission

*Pipiri / June 2020*

# HE KUPU WHAKATAKI

*Tākiri te ata ura te ata haehae te ata ka ao ki runga o He Ara Oranga.*

*He rautaki tiaki te hunga hauora hinengaro i ngā pēhitanga o te wā kia piki te ora, piki te kaha, piki te māramatanga.*

*Haere e ngā mate ki tua o Paerau.*

*Rātou ki a rātou, tātou te kanohi ora ki a tātou.*

*Tihei mauriora!*

*Tihei He Ara Oranga!*

*Kia puta ki te whai ao, ki te ao mārama...*

Mai i a mātou Te Kōmihana Tōmua mō te Hauora Hinengaro, Toiora Hoki, he hōnore nui te tuku i tēnei pūrongo ki te Minita Hauora.

I whakatūria te rōpū nei i te Whiringa-ā-rangi o te tau 2019 hei whakaorara i a He Ara Oranga; he uiui ki ngā mate hinengaro me ngā waranga. I tērā wā, e hangaia ana te tuarua o ngā komihana, arā Te Kōmihana Hauora Hinengaro, Toiora Hoki. Ko tētahi o ngā tino mahi he aroturuki, he tohutohu i te pūnaha urupare panoni a te Kāwanatanga mō He Ara Oranga. Ko tēnei pūrongo he wāhi whakatau mō ngā whanaketanga matua e whā:

- He whakatū i Te Kōmihana Hauora Hinengaro, Toiora Hoki.
- He whakaputa i te rautaki ārai mate whakamomori me te whakatū i te Tari Ārai Mate Whakamomori
- He whakahou, he whakakapi i te Ture Hauora 1992
- He kura mahora i ngā ratonga

Ka tuku atu mātou ko ngā rongo kōrero kua tae mai nei i ngā wāhanga moata o te pūnaha panoni, me te tuku tohutohu mō ngā wāhanga hei whakapūmau. Hei te Whiringa-ā-rangi i te tau 2020, ka tukuna tonu e mātou he pūrongo anō mō te urupare a te Kāwanatanga mō He Ara Oranga. E manahau ana mātou ki te whakaatu atu i ēnei kitenga.

E hāngai ana te nuinga o ngā kōrero ki ngā whāinga tōmua e whā a te Kāwanatanga; kei te whanake ngā mahi, ko ngā hāpori hoki kei te taki. Ko te manako ka tū kaha te pūnaha, ka mutu, kia noho tonu te tangata me te whānau ki tōna iho.

E mihi ana ki te ūpoko pakaru a te Kāwanatanga kia panonitia te pūnaha, me te mōhio anō he tawhiti te haere. He pūnaha whīwhiwhi te pūnaha mō te hauora me te toiora, otirā me whakarerekē i te ahurea mahi, me kimi ētahi anō huarahi.

Ko te manako ka noho tēnei pūrongo hei wāhi whakatau, otirā hei whakamahara i te marea me pēhea e whakarerekē ai te pūnaha kia aro kē ki te toi ora, kāpā noa ki ngā māuiui; otirā kia arotahitia te tangata me tōna whānau, e tatū ai ngā haepapa a Te Tiriti o Waitangi, me te whakatutuki i te mana taurite, me te waihanga tūāpapa pakari.

Nō te huatakinga o tēnei pūrongo, kīhai te ao i mārama ki te Mate Korona. Ahakoa kāore anō i te mōhiotia he aha te pānga nui o te Mate Korona ki te motu o Aotearoa, he nui tōna pānga ki te pūnaha hauora hinengaro, toiora hoki. Ko te kupu whakatenatena ki te pūnaha, he paku whakatā he raumahara ki ngā marama kua taha ake nei, i roto i ngā kaupapa mahi tahi e mārama ake ai ki ngā hiahia me ngā putanga. Ko tā mātou urupare ki te Mate Korona, he nui ngā mea ka taea. Kia ita tonu ki tēnei whakaaro.

Otirā tēnei ka mānawa atu ki a koutou katoa i whai wāhi mai ki tēnei pūrongo. Ki a koutou i tautoko, i taunaki, i whakahoki kōrero mai mō te kaupapa nei, nikā rā ngā mihi. Ka whakamihi anō ki te Pae Uiui, nā koutou te huarahi i para, i wātea ki te tautoko mai. Otiia ki a koutou katoa i whai wāhi ki te pūtea whakanakonako o He Ara Oranga, kei te mihi. Ko te koronga ka noho tēnei pūrongo hei maruwēhi ki ngā kaupapa me te urupare a te Kāwanatanga ki te wero i whakatakotoria e koe.

**“He maru ahiahi kei muri te maru awatea. He paki arohirohi kei mua”**

**Hayden Wano**

*Heamana o Te Kōmihana Tōmua mō  
te Hauora Hinengaro, Toiora Hoki*

# FOREWORD

*The dawn breaks on the launch of He Ara Oranga.  
A pathway that supports those with lived experiences,  
bringing support, guidance and understanding to our lives.  
We acknowledge this pathway, and those who have passed on,  
so let's get on with the work!*

On behalf of the Initial Mental Health and Wellbeing Commission, it is a privilege to present this report to the Minister of Health.

We were set up in November 2019 to maintain the momentum of *He Ara Oranga*, the inquiry into mental health and addictions, while a permanent Mental Health and Wellbeing Commission is established. One of our roles is to independently monitor and provide advice on the Government's system transformation response to *He Ara Oranga*. This report provides a check-in on progress of four initial priority areas:

- Establishing the Mental Health and Wellbeing Commission
- Publishing the suicide prevention strategy and establishing a Suicide Prevention Office
- Repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1992
- Expanding access and choice.

We will share what we have heard in these early stages of system transformation and offer advice for areas that could be strengthened. In November 2020, we will share a further report on progress of the Government's response to *He Ara Oranga*. We look forward to sharing this with you.

Overall, what we have heard is relatively consistent across all four of the Government's initial priorities; progress is happening, and communities are leading change from the front. There is strong hope that we can build a wellbeing system with people and whānau at the heart, but there is still a long way to go before people on the ground can see real change.

We acknowledge the brave and bold commitment from Government to transform the system, and we appreciate that it will take time. The mental health and wellbeing system is complex and requires a major paradigm shift in culture and new ways of working. We hope that this report provides a useful check-in for everyone in the system to reflect on



how we can shift from a focus on sickness to wellbeing, from treating symptoms and individuals to the provision of holistic services working with individuals and their whānau, strengthen our commitment to Te Tiriti o Waitangi, achieve equity and build strong foundations for the future.

When we started writing this report, COVID-19 was not the reality it is today. While we don't yet know the full impact COVID-19 will have on the people of Aotearoa New Zealand, it presents both challenges and opportunities for the mental health and wellbeing system. We would like to encourage the system to pause, reflect and embrace the strengths that emerged in the last few months, such as collaboration, high trust and a shared understanding of need and outcomes. Our response to COVID-19 has shown that together, we can achieve great things. Let's not lose this.

From the bottom of our hearts, we thank everyone who contributed to this report. To those who gave us their time, support and honest feedback, thank you. We would also like to acknowledge and thank the Inquiry Panel for paving the way for us, for their openness and support. Last, but not least, to everyone who contributed to *He Ara Oranga*, we thank you. We hope that this report shines a light on Government's response to the wero (challenge) you laid down.

**After the shades of darkness comes  
the dusk of dawn. Whilst before lies  
the shimmering glory of a fair day.**

**Hayden Wano**

*Chair, Initial Mental Health and  
Wellbeing Commission*

# HE ARA ORANGA – TE KAWE I TE MĀNUKA TAKOTO

*Mā roto tonu mai i a He Ara Oranga ka puta te wero, kia kakama ake ki te whakatinana i ngā kitenga ki te panoni i te pūnaha o te hauora hinengaro me te toiora, i runga i te mana taurite me te mauri ora.*

Ko He Ara Oranga (i whakaputaina i te Hakihea i te tau 2018) te pūrongo motuhake a te Pae Uiui ā te Kāwanatanga ki te Hauora Hinengaro me te Waranga mō te tau 2018<sup>1</sup>. I puea ake te pūrongo nei i ngā māharahara whānui mō te pūnaha hauora, waranga hoki o Aotearoa, i runga hoki i te titini o ngā mate whakamomori. Nō te 23 o ngā rā o Kohitātea i te tau 2018 ka whakaterahia e te Tari Hauora te Uiui. Ko āna Taurangi Whai Pānga he titiro whānui, he aropū ki te pūnaha me te hāpori whānui. Ko te mahi a te uiui he whakarongo ki ngā whakaaro a te iwi mō te pūnaha onāiane me ngā mea hei whakapai ake; otirā he whakaputa pūrongo mō te whāwhā, me te urupare a tēnei motu ki ngā take hauora hinengaro, waranga hoki. Ko ōna tūtohunga hei whakapai ake i te whāwhā kaupapa nei.

I kitea e te Uiui te ōrite o ngā whakaaro kia rapua mai he huarahi hou: tētahi e aro ana ki te toiora me te hāpori. Mā tēnei huarahi hou e whakatau i ngā kaupapa pāpori, ōhanga hoki e whai pānga ana ki te hauora; e aro nui ake ai ngā āraitanga mate; te whakatairanga i te hauora, te kura mahora i ngā tautoko moata (tae atu ki te waipiro me ngā pūroi), te whakatairanga i ngā

**“Mānuka takoto, kawea ake!”**

urupare a te hāpori ki te hanganga me te panonitanga o te pūnaha, te mahi ngātahi a ngā tari kāwanatanga me te ū a te Kāwanatanga ki te kaupapa. 40 ngā tūtohu i emia mai e te Uiui hei whakatutuki i te aronga hou. Ko tēnei aronga ka pūtakea mai i te mana tangata, ngā mōtika tangata, me te matapopore ki ngā tini paheketanga o te pūnaha.

Ko te tauāki a He Ara Oranga “ko te moemoeā, mā te katoa tēnei pūnaha hou: otirā ka whai wāhi te katoa ki ngā ratonga hauora hinengaro, kia taurite ngā putanga hauora i te hāpori, kia whai kaha, rauemi, tautoko hoki te hunga māuiui ki te whakamāui ake i a rātou.”

Ka whakaae atu te Kāwanatanga ki tēnei wero – ka pāho atu i te Tahua Pūtea Whai Oranga o 2019 i kōrerotia ai ngā tahua āwhina ki te hauora hinengaro me te waranga. I roto i tēnei whakakitenga “ka whai wāhi te katoa ki ngā kōwhiringa maha puta noa; kia hangaia ngā urupare i runga i te mahi tahi me te iwi Māori, ngā iwi whai mōhio, ngā iwi o Te Moananui-ā-Kiwa, te tamariki me te rangatahi, ngā hāpori me ngā whānau; ā, hei muri ake ka whakatinanahia atu ki te iwi Māori i runga i te pono ki te putanga mana taurite.”<sup>2</sup>



<sup>1</sup> <https://mentalhealth.inquiry.govt.nz/whats-new/resources/>

<sup>2</sup> <https://www.health.govt.nz/system/files/documents/information-release/cab-19-min-0182.pdf>

# UPHOLDING THE WERO LAID IN HE ARA ORANGA

*The wero was laid through He Ara Oranga, for real and decisive action to deliver on the vision of a transformed mental health and wellbeing system with equity and mauri ora (wellbeing) at its heart.*

He Ara Oranga (released on 4 December 2018) was the report of the 2018 independent Government Inquiry into Mental Health and Addiction.<sup>1</sup> The Inquiry was prompted by widespread, and widely reported, concerns from the people of Aotearoa New Zealand about our mental health and addictions system and high suicide rate. The Inquiry was commissioned by the Minister of Health on 23 January 2018. Its Terms of Reference took a holistic approach and focused on the system and wider society. The Inquiry was tasked with hearing what people thought about the current system and what needed to change; reporting on how New Zealand was approaching and responding to mental health and addiction issues and recommending how to improve our approach.

The Inquiry found a striking degree of consensus on the need for a new direction: one that emphasised wellbeing and community. This new direction would include addressing the social and economic determinants of health, greater focus on prevention, taking a health promotion approach to wellbeing, access to early support (including in the area of alcohol and other drugs), involving people and communities in designing and transforming the system, providing expanded access to and increased choice of services, promoting whānau- and community-based responses, integration between government agencies, and collective commitment from Government. The Inquiry made 40 recommendations aimed at achieving this new direction, which would be underpinned by person-centred and human rights approaches with greater leadership and oversight in the system.

He Ara Oranga envisions “the new system should have a vision of mental health and wellbeing for all at its heart: where a good level of mental wellbeing is attainable for everyone, outcomes are equitable across the whole of society, and people who experience mental illness and distress have the resilience, tools and support they need to regain their wellbeing.”

## The challenge has been accepted!

The Government accepted the wero – announcing, alongside significant investment in mental health and addictions as part of the 2019 Wellbeing Budget, the vision that “all New Zealanders will have more options for accessing the support they need, when and where they need it; that responses are designed in partnership with Māori, people with

lived experience, Pacific peoples, children and young people, communities and whānau; and that our future approach delivers for Māori and is grounded in a commitment to equity of outcomes.”<sup>2</sup>

<sup>1</sup> The Government Inquiry also released three summaries of submissions: a general submissions summary report; a summary of submissions featuring Māori voice – Oranga Tāngata, Oranga Whānau; and a summary of submissions featuring Pacific Voice – New Visions: Collective solutions, all available for download at: <https://mentalhealth.inquiry.govt.nz/whats-new/resources/>

<sup>2</sup> <https://www.health.govt.nz/system/files/documents/information-release/cab-19-min-0182.pdf>

Ko ngā haepapa ō mua a te Kāwanatanga i aro ki ngā panonitanga i roto i te pūnaha hauora hinengaro, waranga hoki, me te raupapa haere i ngā toenga tūtohunga ki te panoni i te pūnaha. Nō reira ka tohu te Minita Hauora i a He Ara Oranga hei waerea i te huarahi mō ngā take hauora hinengaro, waranga hoki. Ahakoa kei reira tonu ngā pae tata, kei reira anō ngā pae tawhiti hei ūnga waka. Ko ngā haepapa tōmua e whā ēnei:

*Kia whakaputa te rautaki ārai mate whakamomori me te whakatū i te Tari Ārai Mate Whakamomori*

*Kia whakatū te Kōmihana Hauora Hinengaro, Waranga Hoki*

*Kia whakahou, kia whakakapi, i te Ture Hauora Hinengaro 1992 (Ngā Aromātai me ngā Whakaoratanga)*

*Kia whai wāhi te tangata, otirā ki ngā kōwhiringa maha*

He whakaata ngā haepapa nei o te urupare tōmua a te kāwanatanga me ngā haepapa mohoa mō te tono pūtea. Heoi kāore e āta whakaatahia te whānuitanga o ngā tūtohu panonitanga e whakatakotoria ana ki roto o He Ara Oranga, engari he tīmatanga tēnei.<sup>3</sup>

Nā te Minita Hauora i tono te Kōmihana Tōmua mō te Hauora Hinengaro, Toiora Hoki, i te Whiringa-ā-rangi 2019 hei kaitiaki whakahau i “ngā aromātai motuhake ki ngā whanaketanga” e pā ana ki ngā mahi panoni i te pūnaha hauora hinengaro, waranga hoki. E whakaaro ana hei te Whiringa-ā-rangi 2020 ka whaiwhai ake ērā kōrero. Ko te wawata a te Minita, he whakatau atu i ngā whanaketanga e pā ana ki ngā haepapa tōmua e whā a te Kāwanatanga.

E tutuki ai tēnei, kua huri haere te Kōmihana ki te whakawhiti kōrero me te iwi – neke atu i te 40 ngā uiui kua oti i tēnei wā – otirā he nui ngā mōhiohio kua kohia e pā ana ki ngā whanaketanga mō te whakatutuki i ngā paearu a te Kāwanatanga.

He mākohakoha te tuku mai a te iwi i o rātou whēako, mātauranga hoki, ā, e rite ana te katoa mō ngā panonitanga. Heoi, ka haere tonu ngā mahi whakawhiti kōrero i roto i ngā marama e tū mai nei.

Ko te mahi a tēnei pūrongo he whakaahua i ngā whanaketanga, ara ngā kōrero mai i te iwi. Kāore ōna aromatawaitanga, whakawātanga rānei. Kei roto anō i te pūrongo te huarahi panoni, ahakoa he roa tonu taua huarahi.

Ki tā te kōrero otinga o te pūrongo, ahakoa e whanake ana te kaupapa he roa tonu te huarahi.

<sup>3</sup> Ka taea te pānui i te urupare Kāwanatanga ki a He Ara Oranga ki [https://www.health.govt.nz/system/files/documents/information-release/cbc\\_response.pdf](https://www.health.govt.nz/system/files/documents/information-release/cbc_response.pdf)



The Government's initial priorities have focused on changes within the mental health and addictions system, noting that further prioritisation of the remaining recommendations and system changes would be required. The Minister of Health signalled that *He Ara Oranga* provided a clear way forward for mental health and addiction in New Zealand, and while some changes must be implemented early on, others would take many years to deliver. The four initial priorities are:

Publishing the suicide prevention strategy and establishing a Suicide Prevention Office

Establishing the Mental Health and Wellbeing Commission

Repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1992

Expanding access and choice

These priorities reflect the initial government response and the current priorities for funding. They do not necessarily reflect the full extent of the recommended changes set out in *He Ara Oranga* but they provide a start.<sup>3</sup>

The Minister of Health appointed us, the Initial Mental Health and Wellbeing Commission, in November 2019 as kaitiaki (guardians) to provide “independent scrutiny of progress and advice” on the mahi (work) to transform the mental health and wellbeing system. A further report on progress is expected in

November 2020. However,

the Minister has sought an early check-in on progress with the Government's four initial priorities.

**Every person we spoke to is ready for change, and shared indisputable hope for transformation.**

To do this, the Initial Commission has been talking with people – more than 40 interviews have been completed so far with many more still to come – and has been gathering information on progress, at this early stage, towards achieving the Government's priorities.

People have been generous with their experiences and knowledge. Every person we spoke to is ready for change, and shared indisputable hope for transformation. We will continue conversations with people over the coming months and sharing what we hear.

This report describes progress as we have heard it from the people we spoke with and documents the information gathered. It neither evaluates nor judges. This report also sets out the areas we, the Initial Commission, consider need strengthening.

The report concludes, based on what we have heard, that while progress is happening and there is a unique opportunity to drive change, there is a long way to go.



<sup>3</sup> The full Government response to *He Ara Oranga* can be read at [https://www.health.govt.nz/system/files/documents/information-release/cbc\\_response.pdf](https://www.health.govt.nz/system/files/documents/information-release/cbc_response.pdf)

## Ngā take i mua i te Uiui Kāwanatanga ki te Hauora Hinengaro me te Waranga i te tau 2018

20 ōrau o te iwi o Aotearoa ka pāngia e te mate hinengaro me te waranga (MHW) i ia tau. E whakaaro ana ko te nuinga kāore e rongōtia.

Mō ia 10 tāngata e pāngia ana e te MHW:



E rua ka whai wāhi ki ngā ratonga ngaio

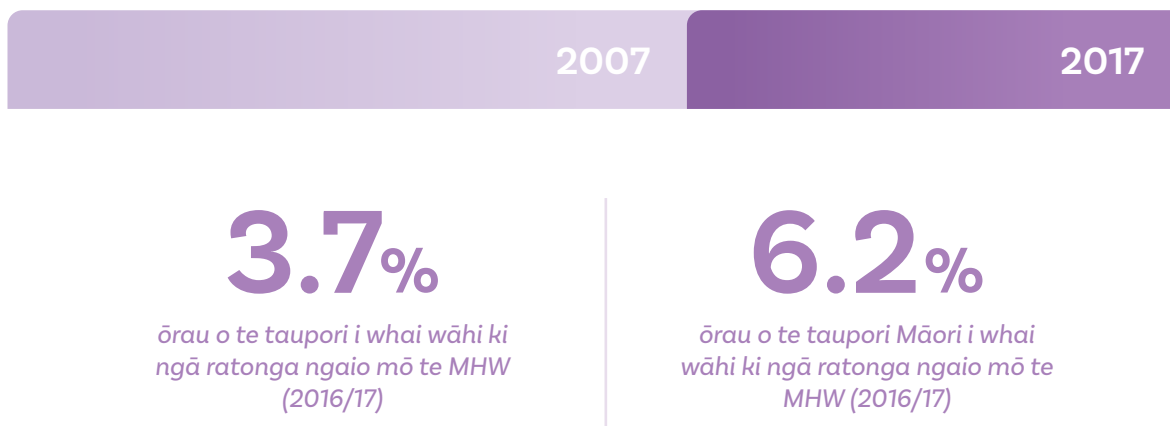
E rima kāore e whai wāhi

### Ngā iwi e kaha pāngia ana i te MHW:

Ko te Rangatahi, ko te Māori, ko ngā iwi o Te Moananui-ā-Kiwa, ko te hunga rawakore, ko te hunga hauā, ko ngā iwi iti, ko ngā manene, ko ngā manene whakaraerae, ko ngā pāpurenga, ko te hunga takatāpui, ko te hunga māuiui i ngā momo mate hauora hinengaro o te whānau, ko ngā mauhere, ko ngā tāngata noho taratahi, ko ngā kaumātua, ko te hunga ahuwhehenua me Ngā Mōrehu Pakanga.

### He nui ake te hunga kei te whai wāhi ki ngā ratonga ngaio mō te MHW:

Otirā kua kake mā te 73% mai i te tau 2007.

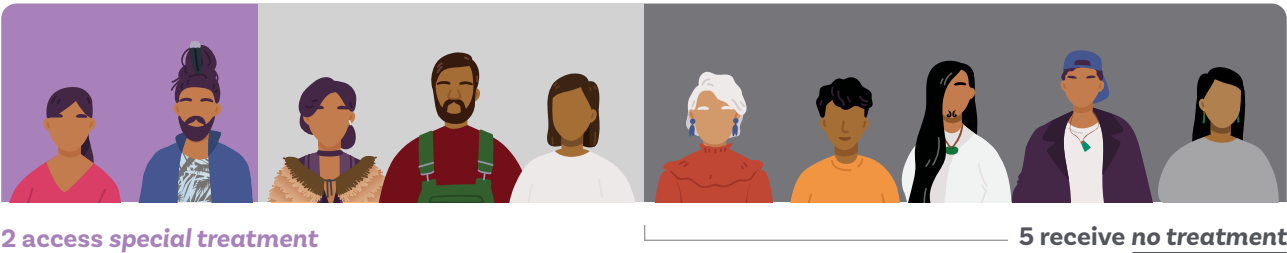




# Issues leading to the 2018 independent Government Inquiry into Mental Health and Addiction

Twenty percent of New Zealanders experience mental health and addiction (MHA) challenges each year, but it's estimated many receive no treatment.

For every 10 people experiencing MHA challenges:

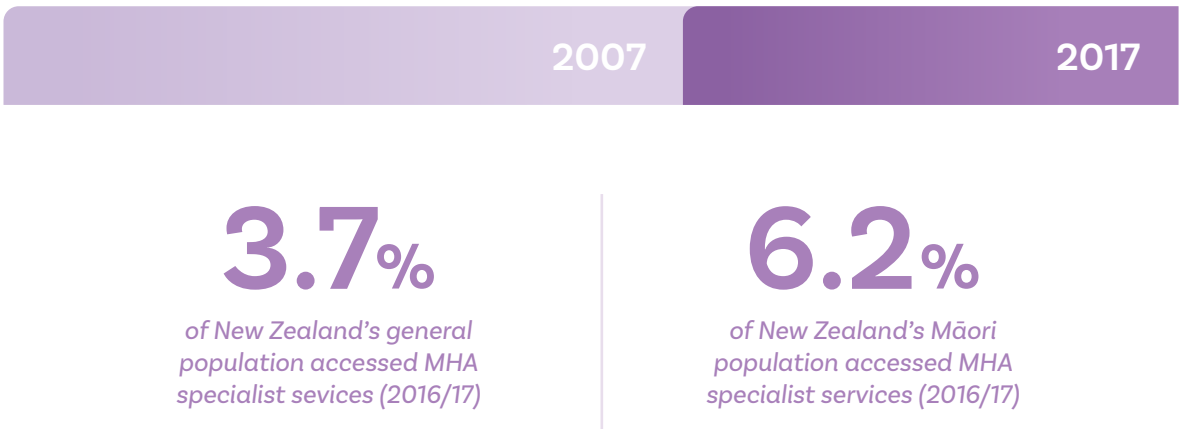


## Populations at higher risk of experiencing MHA challenges include:

Youth, Māori, Pacific peoples, People living in poverty, Disabled people, Minority, Immigrant populations, People with a refugee background, Victims of violence, LGBTIQ+ populations, People with a family history of mental health conditions, Prison populations, socially isolated people, Older people, Rural and farming populations, and Veterans.

## More people are accessing MHA specialist services.

The number accessing MHA specialist services has grown 73% since 2007.



# AHAKOA HE ROA A RARO – KA KOKE WHAKAMUA TONU NGĀ MAHI

## “Whāia te pae tawhiti kia tata”

Mohoa noa nei kua rite a Aotearoa mō ētahi panonitanga motuhake i runga i ngā āki a te ao tōrangapū me te marea. Nā *He Ara Oranga* tonu i waerea te huarahi mō ngā panonitanga, me ngā whakangaotanga i marere ki roto i te pūnaha hauora hinengaro, waranga hoki<sup>4</sup>. Ko ngā hapori hoki kei te arataki i ngā mahi tuku ratonga e whai ana i te mana taurite me te mauri ora. Ko te rongo kōrero e tiaki ana ngā whakahaerenga hapori ki a whakatata atu te Kāwanatanga ki te kounga mahi, heoi kei reira tonu ngā whanaketanga mō ngā panonitanga.

Ko te mahi a ngā whāinga matua e whā he whakatinana i ngā panonitanga tōmua i roto i te pūnaha o te hauora me te waranga o Aotearoa. Ko ētahi atu o ngā mahi panoni kei te hangaia tonutia, ka puta i roto i ngā pūrongo e whai ake ana.

Tāpiri atu, nō te rewanga o *He Ara Oranga* i te Hakihea i te tau 2018, e hanga houhia ana te Manatū Hauora. Nō reira i te pāhotanga o ngā whakangaotanga nui ki te hauora hinengaro, me papateretere te Manatū ki te waihanga hōtaka mahi me te tuari haere i ngā pūtea o te Tahua 2019. Ōrua atu ka ngana ki te whakaū i ōna āheitunga ki te whakatutuki i ngā āwhero a *He Ara Oranga*.

“Ki ōku whakaaro, nā runga i a *He Ara Oranga* me ngā whanaungatanga ratonga ā-kaupapa, kua tīmata te hīkoi. Ko te mea ko te opeope i aua purapura kia tipu kia rea, kia puāwai i roto i te wā.”

(he reo whai whēako)

## Ko te whakatū i Te Kōmihana Hauora Hinengaro, Toiora Hoki te huarahi tika

Nā *He Ara Oranga* te whakahau kia waihangatia Te Kōmihana Hauora Hinengaro, Toiora Hoki hei “kaimatapopore, hei kaiarataki i te wāhanga hauora hinengaro, koiora hoki i Aotearoa.” Ka whakaaetia e te Kāwanatanga kia tū te tari hei kaiarataki, engari ka āta rapuhia anō ngā mahi mā te rōpū. Kua mahuta atu ēnā mahi, ā, e whakatikatika ana kia waihangatia Te Kōmihana Hauora Hinengaro, Koiora Hoki hei whakahaerenga motuhake me tōna anō ture. Nō raro mai i te Ture mō te Hauora Tūmatanui, Hauā Hoki i te tau 2000 ka whakatūhia te Kōmihana tuatahi hei tohutohu i te komiti a te Minita.

## “Waihangatia te whare mai te whenua ki te rangi”

I whakaae te Kāwanatanga, i whakaae mātāpono rānei (i whakaaetia te wairua, engari anō te hanga o te tinana) ki ngā tūtohunga e toru o ngā tūtohunga e whā, ā, kei te whiriwhiri tonutia te tino āhua o Te Kōmihana Hauora Hinengaro, Toiora Hoki.

<sup>4</sup> Mena ka kōrero mō te pūnaha hauora hinengaro, e kōrero ana mō ngā rōpū katoa e taituarā ana i te hauora hinengaro me ngā waranga, tae atu ki ngā tōpito o ngā wāhanga o te hauora me te whakahiatu ora.

# PROGRESS IS HAPPENING – WE HAVE A UNIQUE OPPORTUNITY TO DRIVE CHANGE

## Pursue the distant horizon until it is near

Aotearoa New Zealand is in a unique situation where there is political and public will for change. *He Ara Oranga* provided a pathway to transformation, and investment is flowing into the mental health and addictions system.<sup>4</sup> Communities are leading from the front in delivering responsive services that have equity and mauri ora at their heart. We heard that community organisations have been waiting for the Government to catch up to their ways of working, and that there is progress towards this change.

The four priority areas are about making initial changes within the system that delivers mental health and addiction services and support to New Zealanders. Other work to trigger the broader changes required for transformation are still in the design and development stages and will be the focus of future reports.

In addition, when *He Ara Oranga* was released in December 2018, the Ministry of Health was in the process of an organisation-wide restructure. So, when the significant investment into mental health was announced, the Ministry had to act quickly to establish a work programme and disseminate funding allocated in the 2019 Budget, while also building its capacity and capability to be able to achieve the vision set out in *He Ara Oranga*.

“I think with *He Ara Oranga* and the kaupapa service approaches, we’ve started this journey. So, it’s how to look after those seeds we’ve sown and help them grow and be nurtured, and with us caring for the seeds we’ve sown we can, over time transform things.”

(lived experience voice)

## Establishing a Mental Health and Wellbeing Commission sends the right signals

*He Ara Oranga* called for the establishment of a new Mental Health and Wellbeing Commission to “act as a watchdog and provide leadership and oversight of mental health wellbeing in New Zealand.” The Government accepted that there needed to be an agency to provide leadership but wanted to do further work before deciding what that leader should do. This work has now progressed, and a Mental Health and Wellbeing Commission is in the process of

### Build a strong structure from the ground up

being established as an independent Crown entity with its role set in legislation. The Initial Commission has been set up as a Ministerial advisory committee under the New Zealand Public Health and Disability Act 2000 to operate while legislation is finalised through Parliament.

The Government accepted or accepted in principle (meaning accepted the intent, but not necessarily the mechanism) three of the four recommendations, with further consideration needed to finalise the shape and functions of the Mental Health and Wellbeing Commission.



<sup>4</sup> When referring to the mental health system, we refer to all pieces that provide support for mental health and addictions, including all those across health and social sectors.

Kua whanake ngā mana me ngā mahi a te rōpū. Tāria poto nei ka whakaturehia. E hāngai ana te ture tauira ki ngā tūtōhunga o mua ake, ā, i runga i tēnei ka mana ai te tūnga o tētahi tari tiroiro, aromātai, tuku kōrero hoki mō te hauora hinengaro me te toiora i Aotearoa, ā, ka whai hua anō ngā ratonga hauora hinengaro, toiora hoki. Ko tētahi anō o nga mana a te Kōmihana hou he tohutohu ki ngā whakapaipai, he whakatairanga i te mahi tahi, he whakakanohi i ngā wawata a te iwi e pāngia nei i nga mate hinengaro, waranga hoki, he takawaenga i o rātou whānau. Ko te whakakitenga a *He Ara Oranga* mā te Kōmihana e turuki te tukanga waihanga i runga i te mahi tahi. Engari ki tā te urupare kāwanatanga ko te Manatū Hauora kē ka whakarite i te tukanga panoni i ngā ratonga puta noa, otirā mā rātou e taituara haere i tōna whakamahinga ki te motu, ki ngā rohe me ngā kokonga maha.

Ngā Tūtōhunga a He Ara Oranga	Te Urupare Kāwanatanga	Ngā Paearu me Ngā Mahi Whaiwhai Ake
<b>Tūtōhunga 36A:</b> Kia whakatū te Kōmihana motuhake hei turuki i te mate hinengaro me te waranga i Aotearoa.	Whakaae	<b>Hakihea 2018:</b> Ka whakaaetia a <i>He Ara Oranga</i> i roto i te urupare tōmua a te kāwanatanga. Nō muri ka whiriwhiri Ngā Minita me te Rūnanga Kāwanatanga i ētahi o ngā tohutohu e pā ana ki ngā taipitopito me ngā momo whiringa.
<b>Tūtōhunga 36B:</b> Whakatū i Te Kōmihana Hauora Hinengaro, Toiora Hoki (me ngā mana whakahaere e whakatakotoria ana ki te Whakaahua 4 i te wāhanga 12.2.2).	Me Āta Tirohia Anō Tēnei	<b>Tahua Pūtea 2019:</b> Ka whakaaetia Ngā Whakatau Tata Pōti <sup>5</sup> mō te whakatū i te Kōmihana, \$2 miriona ia tau mō te whā tau ka tīmata i te tau 2019/20.
<b>Tūtōhunga 37:</b> Kia whakatū i tētahi komiti tohutohu i ngā minita hei Kōmihana tōmua. Mā rātou e whakatutuki haere ngā whāinga nui (pēnei i te tukanga panoni ratonga i runga i te mahi tahi).	Whakaae Matapono	<b>Hōngongoi 2018:</b> Ka whakaae tonu te Rūnanga Kāwanatanga ki ngā tono whakamutunga kia whakatūhia Te Kōmihana Hauora Hinengaro, Toiora Hoki (te Kōmihana) hei rōpū kāwanatanga motuhake whai ture [CAB-Min-0329.01]. Ka whakaae anō te Runanga Kāwanatanga kia whakatūhia he Kōmihana Tōmua hei Komiti Tohutohu i Ngā Minita i te wā kei te whiriwhiri tonutia te ture.
<b>Tūtōhunga 38:</b> He tohutohu i Te Kōmihana Hauora Hinengaro, Toiora Hoki (te Kōmihana tōmua rānei) kia pūrongo matawhānuitia ngā urupare Kāwanatanga ki ngā tūtōhunga o te Uiu. Ko te pūrongo tuatahi ka puta Kotahi tau i muri i te urupare a te kāwanatanga.	Whakaae Matapono	<b>Mahuru 2019:</b> <ul style="list-style-type: none"> <li>• Ka whakaae te Rūnanga Kāwanatanga kia whakaputaina te Ture Kōmihana Hauora Hinengaro, Toiora Hoki.</li> <li>• Ka whakaae te Rūnanga Kāwanatanga ki Ngā Kupu Whakaaetanga Tōmua mō te Hauora Hinengaro, Waranga Hoki, ā, ka whakatūhia te Kōmihana Tōmua.</li> </ul>

<sup>5</sup> E kōrero ana Ngā Whakatau Tata Pōti mō te tāpeke moni ka tuarhia ki te wāhanga Hauora me ētahi atu wāhanga (rānei).

These powers and functions have now progressed and are going through the legislative process to become law. The draft legislation is broadly aligned with the original recommendations, and clearly provides for an agency that monitors, assesses and reports on mental health and wellbeing in New Zealand and on the efficacy of the approach to, and services for, mental health and wellbeing. The new permanent commission will also have a clear mandate to advise on improvements, promote collaboration, and advocate for the collective interests of people who experience mental health and addiction distress, and the family or whānau who support them. *He Ara Oranga* envisioned a role for the Initial Commission in leading the co-design process. However, the government response outlined that the Ministry of Health, rather than the Commission, would facilitate a national co-designed service transformation process and provide backbone support for national, regional and local implementation.

<i>He Ara Oranga Recommendation</i>	<i>Government Response</i>	<i>Milestones and Work in Progress</i>
<b>Recommendation 36A:</b> Establish an independent commission to provide leadership and oversight of mental health and addiction in New Zealand.	Accept	<b>December 2018:</b> The establishment of an independent commission was agreed in the Government's initial response to <i>He Ara Oranga</i> . Ministers and Cabinet subsequently considered advice on the detail and options.
<b>Recommendation 36B:</b> Establish the Mental Health and Wellbeing Commission (with the functions and powers set out in Figure 4 in section 12.2.2)	Further Consideration Needed	<b>Budget 2019:</b> Vote Estimates <sup>5</sup> were approved for establishing the Commission, \$2 million per year for four years from 2019/20.
<b>Recommendation 37:</b> Establish a ministerial advisory committee as an interim commission to undertake priority work in key areas (such as the national co-designed service transformation process).	Accept in Principle	<b>July 2019:</b> Cabinet agreed final proposals to establish the Mental Health and Wellbeing Commission (the Commission) as an independent Crown Entity, by legislation [CAB-Min-0329.01]. Cabinet also agreed to establish an Initial Mental Health and Wellbeing Commission as a Ministerial Advisory Committee while legislation is progressed.
<b>Recommendation 38:</b> Direct the Mental Health and Wellbeing Commission (or interim commission) to regularly report publicly on implementation of the Government's response to the Inquiry's recommendations, with the first report released one year after the Government's response.	Accept in Principle	<b>September 2019:</b> <ul style="list-style-type: none"> <li>• Cabinet approved the Mental Health and Wellbeing Commission Bill for Introduction.</li> <li>• Cabinet agreed the Initial Mental Health and Wellbeing Terms of Reference and the Initial Commission was appointed.</li> </ul>

<sup>5</sup> Vote Estimates refers to the amount of money allocated to Health (or other) areas.

## Ngā pārongo tāpiri mō te whakatū i te Kōmihana

### Ngā whanaketanga ture

I whakaputaina te Kōmihana Hauora Hinengaro, Koiora Hoki i te 14 o Noema i te tau 2019, ā, ka tonoa atu ki te Komiti Whiriwhiri Take Hauora. Nō te 24 o ngā rā Poutūterangi 2020 ka whakautu te komiti whiriwhiri. E whakaotioti haere ana te ture i tēnei wā. Tāria i muri i ngā whiriwhiringa ki te Paremata, e whakaaro ana hei te 21 o Huitanguru i te tau 2021 ka mana te ture.

### Te Mahi a te Kōmihana Tōmua

- He aroturuki i ngā whanaketanga me te tuku tohutohu e pā ana ki te urupare panoni pūnaha a te Kāwanatanga ki a *He Ara Oranga* i roto i te kotahi tau o tōna whakatūnga. Kei roto i tēnei ko te tukanga aroturuki ki te whakatinana i ngā whanaungatanga kaupapa Māori.
- He whakawhanake i tētahi angaanga e pā ana ki ngā putanga me ngā aroturukitanga hei Whakaaroarotanga mā te Kōmihana. Me tatū tēnei i mua i te Hōngongoi i te tau 2021.

I whakatū te Kōmihana Tōmua i te Whiringa-ā-rangi i te tau 2019. E rima ngā mema o te Poari. Ko te mahi a tēnei o ngā Poari he whakawhiti kōrero me ngā rōpū whai pānga, he tirotiro i te hōtaka mahi, he tuku tohutohu mō te whakatūnga o te Kōmihana tūturu. Kei roto ngā whakahaerenga a te Kōmihana Tōmua i te Tari o te Poukapua, te Manatū Hauora, otirā he rerekē ki te Poari Hauora Hinengaro, Waranga Hoki. He kupu whakatau tēnei pūrongo mō ngā nekeneke i mua tonu i te putanga o te pūrongo whānui a te Minita Hauora i te Whiringa-ā-rangi 2020.

### Ngā kaupapa ārahi me ngā tūhonohonotanga

Ko Te Arotake i te Wāhanga Hauora, Hauā Hoki tētahi o ngā kaupapa kei te piki ake. E whakaaro ana ka tini ōna whakaawe i ngā mahi a te Kōmihana. Heoi kua pāngia ngā mahi pūrongo i te Mate Korona.

Ko ētahi o ngā whakahaerenga hou e puta mai ana i a *He Ara Oranga*, ko te Tari Ārai Mate Whakamomori (Tūtohunga 35) me te uepū mahi e pā ana ki te hauora hinengaro me te koiora i whakatūhia e te Paremata (Tūtohunga 40). Otirā ka whakapau kaha tonu te Kōmihana o te Hauora, me ngā Take Hauā hei wawao i ngā mōtika tangata i te wā. Ko te mahi a te Kōmihana hou he tirotiro i ngā take whānui puta noa i te pūnaha hauora hinengaro, toiora hoki.



## Additional information on work in progress related to the establishment of the Commission

### Progress on legislation

The Mental Health and Wellbeing Commission Bill was introduced on 14 November 2019 and referred to the Health Select Committee. The Committee reported back 24 March 2020. The Bill is in the final legislative stages. Following a delay in the Parliamentary timetable as a result of COVID-19, the Bill had its second reading on the 28th May 2020. Subject to progress through the Whole of House stages, the Bill is expected to take effect on 21 February 2021.

### The work of the Initial Commission

The Initial Commission Terms of Reference require the Initial Commission to:

- Monitor progress and provide advice on the Government's system transformation response to *He Ara Oranga* within one year of establishment. This includes monitoring progress on the implementation of kaupapa Māori approaches.
- Develop an outcomes and monitoring framework due for the Consideration of the Commission, by February 2021.

The Initial Commission was established in November 2019 with a Board of five members. The Board are engaging with stakeholders, overseeing its work programme and providing advice on the establishment of the permanent Commission. The Secretariat for the Initial Commission sits within the Office of the Director-General, Ministry of Health and is separate from the Mental Health and Addictions Directorate. This report is an early check-in on progress in advance of the report to the Minister of Health in November 2020.

### Related leadership initiatives and interdependencies

The Health and Disability Sector Review is an upcoming consideration for all work and may influence the work of the Commission. The progress of the report has been affected by COVID-19 response.

Other new organisations coming out of *He Ara Oranga*, are the Suicide Prevention Office (Recommendation 35) and a cross-party working group on mental health and wellbeing that has been established in Parliament (Recommendation 40). The Health and Disability Commissioner will continue to work to safeguard the rights of individuals while the new Commission will look at issues across the whole mental health and wellbeing system.

## Mā Te Kōmihana Hauora Hinengaro, Toiora Hoki te huarahi e para

He mānawatanga nui te whakatūnga o te Kōmihana Tōmua. Ka kite tonu te iwi i te wawe o te tahuri a te Kōmihana Tōmua ki ngā ārahitanga.

“...he āheinga tēnei kua riro mai ki te Kōmihana hei whakatipu i te pai kei roto i te pūnaha. E ōrite ana ngā hiahia a te katoa, engari he rerekē ngā whakaaro ki te whakatutuki haere i ngā moemoeā.”

(reo wāhanga hauora)



## I taunakihia a Te Kōmihana Hauora Hinengaro, Toiora Hoki hei kaiarataki

I roto i ngā uiui ka kōrero ētahi mō te mahi a te Kōmihana, ōna kawenga me tōna aro atu ki te huarahi e takahi ana i Aotearoa nei.

“Ko tētahi o ngā kaupapa manahau a te Kōmihana, ka pōhiritia koe ki te tuku amuamu mō ngā whanaketanga Kāwanatanga. Nō reira kua whai angitū koe i te ngana a te Kāwanatanga kia āta tirohia rātou. Nō reira au i tumeke ai ki tēnei tukanga.”

(reo o te Māori)

“Pīrangi au te whakaū i te whai hiranga o ngā mahi a te Kōmihana i runga i te mahi tahi. He mea nui te kotahitanga, koinā te āhua kei te ngaro i tēnei wā.”

(reo wāhanga hauora)

Ko ētahi whakapae he iti rawa ngā whakawhitiwhiti kōrero ki te hunga Māori whai wheako.

“Ākene tonu pea [...] kāore rawa i kakama ki te kōrerorero ka mutu kua kore te tangata e aro ko wai a wai.”

(reo whai wheako)

## Mental Health and Wellbeing Commission provides someone to lead the way

The establishment of the Initial Commission was welcomed. People noted that the Initial Commission was already acting to provide leadership.

“...the Commission has an unbelievable opportunity to build on the goodwill that exists in the system. Because everyone believes in the same outcomes, it’s just they have different perspective of how to get there.”

(health sector voice)

## There is support for an independent leadership and monitoring role for the Mental Health and Wellbeing Commission

During our interviews, people talked about the role of the Commission, the responsibilities it should have, and where it should focus its efforts to support the journey towards transformation of how Aotearoa New Zealand approaches mental health and addictions.

“One of the exciting things about the standpoint that’s been taken by the Commission, I think, is that you’re invited from your place to apply scrutiny of the Government’s progress. So you’re almost set up to succeed from the start because the motivation of the Government is to say look closely at us, what are we doing, how are we succeeding. So I’m struck by that from the outset.”

(Māori voice)

“I really want to stress and make this point around the importance of the role for the Commission around collaborate, fostering collaboration. The kotahitanga and it’s just so important because it’s what’s missing in the sector.”

(health sector voice)

Others criticised the lack of communication and commented on the need to work in partnership with Māori and people with lived experience.

“I think there’s probably [...] been a little bit of a lack of communication and people don’t really know who’s who and who’s where.”

(lived experience voice)

# Kua takoto te tūāpapa waihanga Ārai Mate Whakamomori

## “Hangaia te kaupapa kia tū tika te whare”

Nā He Ara Oranga te whakahau kia whakaoti wawehia te rautaki ārai mate whakamomori o te motu, me te whakatū i tētahi tari ārai whakamomori. Ki tā He Ara Oranga kia kaha ake te tautokohia o ngā whānau pani me ngā whānau e pokea tonu nei i te mate whakamomori, ā, kia arotakehia ngā tukanga tūhura i ngā mate whakamomori. Tautoko tonu atu te Kāwanatanga me te whakaae kia whakatakotoria ngā kaupapa ki te whakapiki i te mana ārahi, te whakahaeretanga me te whakarauemitanga o te ārai mate whakamomori. Ka whakaae atu te Kāwanatanga ki ngā tūtohunga e toru a He Ara Oranga, engari anō te tuawhā. I roto i tērā te tono kia heke iho ngā mate whakamomori ki te 20 ōrau i mua i te tau 2030 (tūtohunga 31). Ki tā ngā whakahokitanga a te Kāwanatanga, ka taea tonu te whakaheke i ngā tatauranga whakamomori me te kore atu o tērā tauira – kāore te tauira i te whakaatu i te mana taurite; kei pōhēhē he pai noa iho te whakamomori, arā atu ōna pānga muna.

Ngā Tūtohunga a He Ara Oranga	Te Urupare Kāwanatanga	Ngā Paearu me Ngā Mahi Whaiwhai Ake
<b>Tūtohunga 30:</b> Kia tere whakaotihia te rautaki ārai mate, te mahere whakatinana me te whakaū kia tautokona te rautaki ki ngā rauemi ārai mate whakamomori, whakaora whānau pani hoki.	Kua Whakaaetia	<b>Hakihea 2018:</b> Ka whakaaetia te rautaki ārai mate whakamomori i roto i te urupare tōmua a te kāwanatanga. <b>Haratua 2019:</b> Ka whakaae te kāwanatanga ki te nuinga o ngā tūtohunga engari ka whakahē i te keu o te whakaheke i ngā whakamomori. <b>Tahua 2019:</b> I tērā wā ka whakataua te \$40 miriona ki te Ārai Whakamomori me te Tautoko i Ngā Whānau Pani mai i te tau 2019/20 ki te tau 2022/23 (i muri atu hoki). <b>10 Mahuru 2019:</b> Ka whakaputaina te Rautaki Ārai Mate Whakamomori: <i>Every Life Matters</i> He Tapu te Oranga o ia tangata, Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024.
<b>Tūtohunga 32:</b> Kia whakatūhia te tari ārai mate whakamomori hei whakapūmau ake i ngā mana ārahi ki te ārai atu i te mate whakamomori.	Kua Whakaaetia	
<b>Tūtohunga 33:</b> Whakahaungia ngā tari o te Ture me te Hauora, kia arotakehia ngā tukanga tūhura mate whakamomori tae atu anō ki te pae tūhono i te tukanga tiroiro tūpāpaku, i ngā Poari Hauora Ā-Rohe me ngā arotake a te Kōmihana Hauora, Hauā Hoki. Me whai wāhi hoki ngā tohutohu mai a te Kōmihana Kōunga Hauora, Haumarū Hoki, me ngā whakawhitihiti taha ki ngā whānau.	Kua Whakaaetia	Kua whakakotahitia atu te Tūtohunga 33 ki roto i a <i>Every Life Matters</i> , kei te Wāhanga Mahi 8. E whakamahere tonutia ana ngā mahi mō te tau 2020/21, ā, ko te Tari Ārai Mate Whakamomori kei te ārahi. <b>10 Mahuru 2019:</b> I pāho te kāwanatanga ka hangaia te Tari Ārai Mate Whakamomori, otirā ka whai tari ki te Rangapū Whakahaere i te Hauora Hinengaro, Waranga Hoki ki te Manatū Hauora. <b>27 Whiringa-ā-rangi 2019:</b> Ka whakatuwheratia te Tari Ārai Mate Whakamomori. I tēnei wā kei roto te tari i te Rangapū Whakahaere o te Hauora Hinengaro, Waranga Hoki a te Manatū Hauora. Ko Carla na Nagara te Kaitohutohu. Kāore anō kia tau mārika te āhua me te tūnga whakamutunga o tēnei tari.

# Building blocks are now in place to improve Suicide Prevention

## Build a foundation to withstand the rigours of time

*He Ara Oranga* called for the urgent completion of a national suicide prevention strategy, and for the establishment of a suicide prevention office. *He Ara Oranga* stated that more needs to be done to support bereaved families and whānau, who are at increased risk of suicide themselves, and to review the processes for investigation of deaths by suicide. The Government agreed and has put the building blocks in place to improve leadership, coordination and resourcing for suicide prevention. The Government accepted three of the four recommendations from *He Ara Oranga* but did not accept the recommendation to set a target of 20% reduction in suicide rates by 2030 (recommendation 31). The Government considered that reduction can be achieved without a target – a target does not show equity, can imply that any suicide is OK, and generally have unintended consequences.

He Ara Oranga Recommendation	Government Response	Milestones and Work in Progress
<b>Recommendation 30:</b> Urgently complete the national suicide prevention strategy and implementation plan and ensure the strategy is supported by significantly increased resources for suicide prevention and postvention.	Accepted	<p><b>December 2018:</b> The completion of the suicide prevention strategy was agreed in the government's initial response to <i>He Ara Oranga</i>.</p> <p><b>May 2019:</b> The government agreed the remaining recommendations but rejected the suicide reduction target.</p> <p><b>Budget 2019:</b> initially \$40 million over four years, from 2019/20 to 2022/23 (and ongoing after that) for Preventing Suicide and Supporting People Bereaved by Suicide.</p>
<b>Recommendation 32:</b> Establish a suicide prevention office to provide stronger and sustained leadership on action to prevent suicide.	Accepted	<p><b>10 September 2019:</b> Publication of the Suicide Prevention Strategy: Every Life Matters He Tapu te Oranga o ia tangata, Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024.</p> <p>Recommendation 33 has been incorporated into <i>Every Life Matters</i> under Action Area 8. Work is planned for 2020/21, led by the Suicide Prevention Office.</p>
<b>Recommendation 33:</b> Direct the Ministries of Justice and Health, with advice from the Health Quality and Safety Commission and in consultation with families and whānau, to review processes for investigating deaths by suicide, including the interface of the coronial process with DHB and Health and Disability Commissioner reviews.	Accepted	<p><b>10 September 2019:</b> The government announced that the Suicide Prevention Office would be created, with an initial office in the Mental Health and Addictions Directorate at the Ministry of Health.</p> <p><b>27 November 2019:</b> The Suicide Prevention Office was officially opened. The office is initially situated within the Mental Health and Addictions Directorate, Ministry of Health, led by Carla na Nagara, Director. Decisions about the final location and form of the office are yet to be made.</p>

## Ētahi atu pārongo mō ngā mahi e whai pānga ana ki te ārai mate whakamomori

E mahi tahi ana te Manatū me ngā kaiwhakarato ki te tapitapi i ngā ture ārahi ao pāpāho o te mate whakamomori me te tāpiri atu i ngā waranga pāpori, tākaro kēmu hoki.

E ū ana a Every Life Matters ki te whakapai ake i ngā āhuatanga Māori me te tautoko kia riro mā te Māori e whakahaere tōna anō toiora. E mārama ana tēnei rautaki ara atu ētahi rautaki mahi me mahia hei urupare, hei tautoko ake i ngā momo iwitanga.

Ko tētahi kawenga tōmua a te Tari Ārai Mate Whakamomori he whakawhānui i te mātauranga Māori e pā ana ki te ārai me te whakaora i ngā hāpori Māori. Otirā he kaitohutohu Māori tō te Tari Ārai Mate Whakamomori. Ko tāna he mahi tahi me ngā hāpori Māori ki te tuku i te tirohanga Kaupapa Māori, ki te whakamōhio i te aronga rautaki me te whakanoho i ngā rauemi hou mā te Māori.

Kua hangaia anō te rōpū Māori (ko Tā Mason Durie te heamana) hei tohutohu i te Tari Ārai Mate Whakamomori. Nō te Huitanguru i te tau 2020 ka hui tuatahi te rōpū.

### Ngā tuaritanga pūtea i te Huitanguru 2020:

\$7 miriona o te \$10 miriona. Ko ētahi o ngā hōtaka:

- Ko ngā tautoko tāpiri ki Nga Poari Hauora Ā-Rohe: \$1.5 miriona i roto i te 18 marama atu i te 1 o ngā rā o Paengawhāwhā i te tau 2020.
- Ko ngā pūtea āwhina ki te hāpori Māori me ngā iwi o Te Moananui-ā-Kiwa: \$3.1 miriona i roto i te 12 marama.
- Ko te ratonga whānau pani: \$2.3 miriona, tāpiri atu ki ngā ratonga ipurangi i rewaina i te Haratua i te tau 2020. Hei te puku o Hōngongoi i te tau 2020.
- Ētahi atu tautoko mā ngā whānau pani me ngā whanaketanga rauemi: \$0.6 miriona.



## Additional information on work in progress related to suicide prevention

The Ministry is working with providers on rewriting the suicide media guidelines, with the addition of social and entertainment media.

Every Life Matters commits to doing better for Māori and supporting Māori to take a leadership role and control of their wellbeing. The strategy also recognises that different approaches may be needed to respond to and support the needs of different population groups.

An early priority of the Suicide Prevention Office has been to expand kaupapa Māori expertise and knowledge of suicide prevention and postvention in Māori communities. A senior Māori advisor has been appointed to the Suicide Prevention Office. This advisor will work with Māori communities and leaders to provide a Kaupapa Māori perspective, inform strategic direction and ensure new services and resources deliver for Māori.

An expert Māori advisory panel (chaired by Sir Mason Durie) has also been formed to give guidance to the Suicide Prevention Office. The panel had its first meeting in February 2020.

### **Budget allocation as at February 2020:**

\$7 million of \$10 million. Programmes initiated include:

- Additional DHB postvention support: \$1.5m invested over 18 months from 1 April 2020.
- Māori and Pacific suicide prevention contestable community fund: \$3.1m over 12 months.
- National suicide bereaved response service: \$2.3m with online services which started in May 2020 and face to face services expected to start in mid-July 2020.



## He waihanga i te Tari Ārai Mate Whakamomori hei pokapū

I kaha tautoko te nuinga o ngā kaikōrero ki te whakatūnga o te Tari Ārai Mate Whakamomori. I mea ētahi he nui tonu ngā āwhina i te tūnga mai o te tari, ara i nui ake ngā kōrero me te hapori.

“Kua kite au i te mahere a te Tari Ārai Mate Whakamomori, me te mahere ārai, e toro atu ana rātou ki te rapu i ngā whakaaro a te iwi. He pai tēnei, he ahunga whakamua.”

(reo o Te Moananui-ā-Kiwa)

I tautokohia te whanaketanga o te rautaki ārai mate whakamomori. Otirā mā te areare o te taringa ki te hunga matatau ka koi ake ngā mahi ārai mate. Nō reira i tino arohia te hunga kua pāngia i te mate whakamomori.

“He mea nui kei te tuku kōrero mai te hunga kua pāngia i tēnei mate. Ki

ōku whakaaro he mārama te mahere. He wero nui te whakatinana i ērā kōrero.”

(reo tari kāwanatanga)



Heoi i rongō anō mātou i ngā āwangawanga, ara mō te mahi tahi me te iwi Māori, ngā whānau me te hunga whai wheako.

“...ko te nuinga o te hunga whai wheako kei te mahi kē, nā reira me whakawātea i te mahi mō te kotahi rā. Ko ērā atu ka tae ki ngā hui he kaimahi mo ngā poari rohe, ā, ka utua rātou. Nō reira i waimeha te reo a te hunga whai wheako.”

(reo whai wheako)

Ki tā ētahi, kia kaha ake ngā whakawhitiwhiti kōrero me te hunga kei te mura o te ahi e mārama ake ai ki ngā whakanekeneke.

“Kia pono, tē aro i a au. I rongō au kua puta tētahi mahere hou, engari kāore anō i whakatairangahia. Kāore he paku rerekētanga i taua wāhanga.”

(reo whai wheako)

## The Suicide Prevention Office provides a focal point

Those we spoke to strongly supported the establishment of the Suicide Prevention Office. There was discussion that, even in the early stages of the Suicide Prevention Office, there was more kōrero with the community, and that was feeding through into their work.

“I’ve noticed in the new Suicide Prevention Office and the new suicide prevention action plan that they are having a community bottom-up view on things, so that’s really refreshing and I do think that’s a step forward.”

(Pacific voice)

There was support for the fact that a suicide prevention strategy has been developed. Improving our suicide prevention efforts means listening to those that know best, especially those affected by suicide or those who have lived through suicidal distress themselves.

“I think it’s really important that our work is informed by the perspectives of people that have been affected by suicide, bereaved by suicide or struggled with suicidal distress. And I think that’s really clear in the strategy and action plan. Putting that into action brings its own challenges.”

(government agency voice)

However, we also heard concerns that some voices weren’t fully engaged during that development process, particularly a lack of meaningful co-design with Māori and whānau, as well as those with lived experience.

“...the people with a lived experience are either in employment so they have to take a day’s annual leave. All the other people that attend those meetings they get paid to attend those meetings because they’re under the DHB employment. So therefore the lived experience voice is diluted out.”

(lived experience voice)

Others told us that there needs to be more communication with those on the front line so they understand what is happening and what the plans are.

“I have to be really honest, I don’t know what’s happening in that space. I believe there’s a new plan that was circulated but I haven’t, it hasn’t really like, you know, gone up in flashing lights on my desk. [...] I think it’s just business as usual in that space.”

(lived experience voice)

## Ko te iwi kei te para i te huarahi ki te kaupare i te mate whakamomori

Waihoki ki ētahi atu wāhanga, ka rongo mātou ko te hāpori kei te para i te huarahi ki te āwhina i te hunga pōkaikaha. I rongo atu mātou i ngā kupu manako i roto i ngā kōrerorero me ngā kaiwhakarato, ā, kua hikina te mānuka a *He Ara Oranga* ki te mahi tahi me ngā rōpū maha ki ngā urupare whawhati tata e horapa whānui ai ngā ratonga mō te hunga pōkaikaha.

I rangona hoki ngā kōrero e pā ana ki ngā whakahaerenga e mahi tahi ana kia noho rangatira te tangata. Ko te aronga nui a ngā kōrero kia whānui ake ngā mahi ārai mate whakamomori.

“...he nui ngā hōtaka ko te iwi kē kei te ārahi ... Ko te nuinga o ngā kaupapa he tūhono i te rangatahi ki ngā mea papai o ēnei rā, pērā i ngā hākinakina me te puta ki waho i te taiao. Mā konei ka whai wāhi rātou ki ngā huarahi rangatira me te whakapiki anō i a rātou. Tāpiri atu hoki ko te tauawhi a te whānau i roto i te ahurea taketake me te ahurea hāpori.”

(reo o te Māori)

“Ki ōku anō whakaaro he taratahi rawa te tū, ā, e noho wehe ana ngā whakaaro ki te mate whakamomori. Me tiro kē ki te whānuitanga nātemea ko ngā take whai pānga nui ēnei; pērā i te noho whare me te mahi. Nā ko taku īnoi kia kaua e tū taratahi ngā kaupapa, engari ruku hōhonuhia hei āwhina ake i ngā hāpori.”

(reo wāhanga hauora)

I rongo anō mātou i te hikaka a ngā kaiwhakarato hei tītari i ngā wheako a-rohe hei whakapai ake i ngā mahi. E whakamātau ana mātou kia tiro ki ngā tūhonotanga nui e taurahia ana i te motu hei whakapakari i ngā hononga puta noa i ngā rohe.

## Ngā pārongo, raraunga hoki mō te ārai mate whakamomori

E mahi tahi ana te Kōmihana Tōmua me te Tari Ārai Mate Whakamomori ki te tautohu i ngā mōhiotanga e pā ana ki te mate whakamomori me ngā tatauranga hoki. Kei roto i a Every Life Matters te whānuitanga o ēnei kōrero.<sup>6</sup>



<sup>6</sup> <https://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2029-and-plan-2019-2024-v2.pdf>

## Communities are leading the way in improving suicide prevention efforts

As with other areas, we heard that the community is leading the way in improving how they respond to people in need. We heard promising signs in our discussions with providers that they have taken on board the call for improvement made in *He Ara Oranga* and are already working with other providers to improve their crisis response and provide more options to help people in distress.

We heard other stories about organisations working together to put the needs of people first. There was a strong view that Aotearoa New Zealand needs to take a broad, holistic view of suicide prevention.

“...many of our programs are community led ... And most of their programs have been around connecting with rangatahi in the mediums or things that they’re interested [in], whether that’s through sport or outdoor activities or whatever, and through that they’re delivering them opportunities for leadership, yeah, building self-esteem and resilience and giving them really cool experiences. Connecting their whānau in and certainly all linked to culture and their community as well.”

(Māori voice)

“But I just think, broader picture, we’re still a bit siloed, we’re not as siloed as we were but we tend to talk about suicide in separation to other parts, and it’s about the whole, and we have to get more talking about the whole because we know these determinants are absolutely critical; housing, employment, they’re all a big part of the game. So I’d just make a plea to try and be less siloed and more holistic in our approach and trying to get services out into the community.”

(health sector voice)

We have heard about the willingness of frontline service providers to share experiences at the local level to improve how they work together. We are interested in looking at how these pockets of partnership can be modelled across the country so that partnership becomes ingrained in all regions.

## Suicide prevention information and data

The Initial Commission is working with the Suicide Prevention Office to identify appropriate information and data on suicides and suicide rates. General context is provided in *Every Life Matters*.<sup>6</sup>

<sup>6</sup> <https://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2029-and-plan-2019-2024-v2.pdf>

# KUA WHAKATEREHIA NGĀ MAHI WHAKAHOU, WHAKAKAPI HOKI I TE TURE HAUORA HINENGARO 1992

## “Mā te hē ka kitea te tika”

I whakaraupapahia atu e *He Ara Oranga* ki te Pae Uiui ngā waikuratanga o te Ture Hauora Hinengaro (Ngā Aromatawai me ngā Whakaoranga Whakature) 1992, ka rongo hoki rātou i ngā ngaukino a ētahi i te noho here i ngā pēhitanga o te ture whakaoranga.

Kātahi ka whakahau a *He Ara Oranga* me whakahou, me whakakapi hoki te Ture Hauora Hinengaro. Ka whakaae te Kāwanatanga, inā rā koinei tētahi o ōna haepapa matua e whā. Ahakoa kua tīmata kē ngā mahi ki te whakahou me te whakakapi i te Ture Hauora Hinengaro, he nui tonu ngā mahi hei whakatutuki i ngā hiahia. Ka whakahau anō a *He Ara Oranga* kia whakatūhia he wāhi ūnga kōrero mā te motu ki ngā take hauora hinengaro.

Ngā Tūtohunga a He Ara Oranga	Te Urupare Kāwanatanga	Ngā Paearu me Ngā Mahi Whaiwhai Ake
<b>Tūtohunga 34:</b> Whakahoungia, whakakapihia hoki te Ture Hauora Hinengaro (Ngā Aromatawai me ngā Whakaoranga Whakature) 1992	Kua Whakaaetia	<p><b>Hakihea 2018:</b> I whakaaetia te arotakenga o te Ture i roto i te urupare tōmua a te Kāwanatanga ki a <i>He Ara Oranga</i>. Ko te manako kia oti te tonono whānui i te Hōngongoi i te tau 2019.</p> <p><b>Tahua 2019:</b> Kāore i whai pānga. Kua tīmata tonu ngā whakanekeneke me te whakamahi i ngā raraunga paewhenua a te Manatū Hauora.</p> <p><b>1 o Hōngongoi 2019:</b> Ka whakaaetia e te Rūnanga Kāwanatanga ngā mātāpono ki te whakahou me te whakakapi i te Ture [CAB-19-Min-0329, SWC19-Min-0070<sup>7</sup>]. Ka tahuri ki te whakarite i te wā e oti ai te mahi. Kāore anō i puta ngā taipitopito, engari ka aua atu te mahinga nei. Ko ēnei ngā mātāpono i whakaaetia mō te Ture hou:</p> <ul style="list-style-type: none"> <li>• Ngā mōtika tangata</li> <li>• Kia noho motuhake, kia tūhono ki te hāpori, kia noho haumarua te tangata me ō rātou whānau, hāpori anō hoki</li> <li>• Kia hāngai katoa ki Te Tiriti o Waitangi</li> <li>• Kia whakapai ake te mana taurite i roto i te mahi manaaki, whakaoranga hoki</li> <li>• Te āta opeope i te mahi manaaki, whakaora anō hoki</li> <li>• Te whai wāhi ki ngā momo ratonga, kōwhiringa hoki</li> <li>• Ki te tuku i ngā whakaoranga hauora kore here nei</li> <li>• He whakaute ki ngā whānau.</li> </ul>

<sup>7</sup> [https://www.health.govt.nz/system/files/documents/information-release/swc-19-min-0070\\_minute\\_-\\_redacted.pdf](https://www.health.govt.nz/system/files/documents/information-release/swc-19-min-0070_minute_-_redacted.pdf)



# WORK IS UNDERWAY TO REPEAL AND REPLACE THE MENTAL HEALTH ACT 1992

## Through error judgement is rectified

*He Ara Oranga* outlined how the Mental Health (Compulsory Assessment and Treatment) Act 1992 is out of date and the Inquiry Panel heard of the trauma and harm people experienced from being under a compulsory treatment order.

*He Ara Oranga* called for the repeal and replacement of the Mental Health Act. The Government accepted this recommendation and it is one of its four initial priorities. The work to repeal and replace the Mental Health Act has started but is expected to take some time. *He Ara Oranga* also called for a national dialogue about mental health and risk.

He Ara Oranga Recommendation	Government Response	Milestones and Work in Progress
<b>Recommendation 34:</b> Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992	Accepted	<p><b>December 2018:</b> The review of the Act was agreed in the Government's initial response to <i>He Ara Oranga</i>. The Government sought a more detailed proposal by July 2019.</p> <p><b>Budget 2019:</b> Not applicable. Work is being undertaken from within existing Ministry of Health baselines.</p> <p><b>1 July 2019:</b> Cabinet considered and agreed principles for the repeal and replacement of the Act. [CAB-19-Min-0329, SWC19-Min-0070<sup>7</sup>] and considered a timeframe. The timing for this work is yet to be released and confirmed, but it is expected to take some time. Principles agreed for a new Act are:</p> <ul style="list-style-type: none"> <li>• Human rights approach</li> <li>• Maximum independence, inclusion in society and safety of individuals, their whānau and the community</li> <li>• Alignment with the principles of Te Tiriti o Waitangi</li> <li>• Improved equity of care and treatment</li> <li>• Recovery approach to care and treatment</li> <li>• Timely service access and choice</li> <li>• Provision of least restrictive mental health care</li> <li>• Respect for family and whānau.</li> </ul>

<sup>7</sup> [https://www.health.govt.nz/system/files/documents/information-release/swc-19-min-0070\\_minute\\_-\\_redacted.pdf](https://www.health.govt.nz/system/files/documents/information-release/swc-19-min-0070_minute_-_redacted.pdf)

Ngā Tūtohunga a He Ara Oranga	Te Urupare Kāwanatanga	Ngā Paearu me Ngā Mahi Whaiwhai Ake
<b>Tūtohunga 35:</b> Whakatenatenahia ngā whanaungatanga i waenganui i te wāhanga hauora hinengaro, arā ngā rōpū, ngā kaiārahi, te hunga whai wheako, ngā whānau, ngā whare takiura ngaio, ngā tumuwahakarae o Ngā Poari Hauora Ā-Rohe, ngā kaitirotiro tūpāpaku, te Toihau Hauora, Hauātanga hoki, ngā Pirihimana me te Kōmihana Whakakoi Hauora, Haumaruru Hoki.	Kua Whakaaetia	Kua tohu Te Manatū Hauora ki ngā whakawhitiwhiti kōrero ka tū a tōnā wā, taha i ngā rōpū whai pānga.  Kua tīmata kē ētahi hui me ngā kaiwhakarato e pā ana ki te momo reo ka whakamahia (pērā i te “tūraru” me te “haumaruru”). He hononga tō ērā whakawhitiwhiti ki ngā hui mō te arotake i te Ture.

### Ētahi pārongo mō ngā mahi whakahou i te Ture Hauora Hinengaro

E rua ngā wāhanga tukanga e tirohia ana e te Manatū:

1. He whakawhanake i ngā kōwhiringa mō ngā whakapaitanga poto e hāngai ana ki te mahi a te Ture i tēnei wā tonu
2. Waihangatia he tukanga roa hei whakahou i te ture, ā, kia kore ai e kāhahiki te haere.

Kei te arotakehia hoki Ngā Ture Ārahi i te Ture Hauora Hinengaro (Ngā Aromatawai me ngā Whakaoranga Whakature) 1992. Atu i te pito o te tau 2019 ki te ūpoko o te tau 2020 i te tuwhera ngā rapunga korero mō ngā whakarerekētanga. Ko te mahi a ngā whakahoutanga he whakatau i ngā take a He Ara Oranga me ērā i tautohua i te aromatawai o te hauora hinengaro me ngā mōtika tangata he mea whakahaere e te Manatū Hauora i te tau 2017. He wāhanga tērā nō te Rautaki Takoto Hauātanga 2014-2018.

Ka rongo mātou i ngā wawata kia noho tapu te mōtika tangata i roto i te pūnaha. Koia nei hoki tētahi whāinga matua e whakahoungia ana te Ture Hauora Hinengaro.

“Ki tā ngā whakahoki kōrero mai, ko te ‘hanga hou’ he rāwekeweke kaupapa. Engari anō ngā kupu ‘whakahou me te whakakapi’. Ko tērā ki a au, ‘Kei te tīmata hou tātou’. He mea nui te whakaaro pono ki te tukanga whakahaere. E tino ū ana rātou ki tā rātou i kī ai. Mei kore tēnei, kāore e whakapono ka whai kiko te kaupapa nei.”

(reo whai wheako)

I āta whai whakaarotia te pānga a te ture hou ki te iwi Māori.

Ki tā ngā tōwai a te iwi me tautokona ngā panonitanga ki ētahi atu kaupapa e angitū ai.

“...he rawe noa iho te whakaputa ture engari me whai kiko tonu, ara me hangaia te whare kia tū tika. Nā reira ka kore ana te whakawhānui i Ngā Whai Wāhitanga me Ngā Kōwhiringa, ka mahue atu ētahi.”

(reo tari kāwanatanga)

He Ara Oranga Recommendation	Government Response	Milestones and Work in Progress
<b>Recommendation 35:</b> Encourage mental health advocacy groups and sector leaders, people with lived experience, families and whānau, professional colleges, DHB chief executive officers, coroners, the Health and Disability Commissioner, New Zealand Police and the Health Quality and Safety Commission to engage in a national discussion to reconsider beliefs, evidence and attitudes about mental health and risk.	Accepted	<p>The Ministry of Health has indicated that targeted discussions with some key stakeholder representatives are underway, and more is planned in this space.</p> <p>Some initial discussions are underway with some providers about the use of language (e.g. “risk” and “safety”).</p> <p>These initial conversations are linked with discussion about the review of the Act.</p>
<i>Additional information on work in progress related to the repeal and replacement of the Mental Health Act</i>		
<p>The Ministry of Health is looking at a two-stage process to:</p> <ol style="list-style-type: none"> <li>1. Develop options for short term improvements to the way the Act functions now</li> <li>2. Establish a longer-term process for full repeal and replace to avoid rushing legislative change.</li> </ol> <p>The Guidelines for the Mental Health (Compulsory Assessment and Treatment) Act 1992 are also being reviewed. Consultation on draft amendments was open during late 2019 and early 2020. The proposed revisions attempt to address issues identified through both <i>He Ara Oranga</i>, as well as ones identified in the mental health and human rights assessment conducted by the Ministry of Health in 2017, as part of the 2014-2018 Disability Action Plan.</p>		

We heard genuine hope for a rights-based system with more accountability, underpinned by the repeal and replacement of the Mental Health Act.

“The feedback we’ve been getting is that when people hear the word ‘reform’ it sounds like we’re going to take what we’ve got and fiddle with it a bit. Whereas ‘repeal and replace’ says ‘We’re getting rid of what we’ve got and we’re starting again’. And that is critically important for people to have faith in the process. They really want to know and understand that that is going to genuinely happen. Because if it doesn’t there’s going to be a complete loss of faith.”

(lived experience voice)

The need to improve how the new legislation would affect Māori was specifically noted.

People reiterated that new legislation won’t itself be transformative—it must be supported by other changes.

“...it’s not enough to get a nice shiny piece of legislation but then the system hasn’t been built up to support that framework that you put in place, so if you don’t have that expanded Access and Choice then you’re not going to really be able to catch the people who potentially fall out of a compulsory treatment under a tighter, more restrictive framework.”

(government agency voice)

## Mā te iwi anō hei āki i te ture hou

E eke ai te ture hou, he mea nui kia whai wāhi te marea whai pānga ki te hanganga o te Ture hou.

“Ko te Ture Hauora Hinengaro tētahi [...] kāore au e tino mārama i aha i muri i te hui, engari i noho mātou ā he nui ngā whakahoki kōrero. Ana i tutuki ngā hiahia, kua panonitia. He rawe hoki ka kī mai ana tētahi, ‘Ehara he nui ngā hapa, tēnā whākina mai ngā hapa hei whakatika.’”

(reo o te Māori, reo whai wheako)

I rongo atu anō mātou i ngā kōrero a ētahi i takawaretia i roto i te tukanga.

“Hei tauira, i hui mātou i te mahi mō ngā whakahoutanga o te Ture Hauora Hinengaro te take, ā, ka tukuna atu ā mātou tāpaetanga. Kāore mātou i whiwhi tētahi paku whakahoki kōrero mai. Nā ka waeahia ngā tāngata e tauawhi nei mātou, inā ko rātou ka pākia. Engari kāore he paku whakautu mai.

(reo whai wheako)

## Ngā whakarāpopoto raraunga mō te whakakapinga o te Ture Hauora Hinengaro

He nui ngā auau o te noho whakahere me te noho momotu i Aotearoa. I te tau 2018, o ngā tāngata e whakamahi ana i ngā ratonga o te hauora hinengaro me te waranga, 5.8 ōrau i herea ki tētahi whakaoranga whakature. I te tau 2018, ko te tau toharite ia rā mō tēnei hunga, e 5349 te tokomaha. Kua kake tēnei mai te 4259 i te tau 2017 me te 4085 i te tau 2016. 12 ōrau o ērā whakaoranga whakature he tūoro hohipera. E wha whakarea te nui o te Māori ka herea ki te whakaoranga whakature, ā, 3.7 ōrau te rahi ake mō te whakaoranga whakature ki rō hohipera.

Hei te tau 2020 ka puta te Pūrongo Ā-Tau a te Tari o te Kaitohu Hauora Hinengaro mō te tau 2018. Kei roto ko ngā raraunga e pā ana ki ngā tono whakaoranga (inā ka whakatau te kōti me whiwhi te tangata māuiui ki ētahi whakaoranga mō te ono marama). I te rangi whakamutunga i te tau 2018 e 2497 ngā tāngata i whakahaua ki ngā tono whakaoranga.

## There is support for a partnership approach to designing new legislation

For new legislation to meet the needs of Aotearoa New Zealand, it is important that the people most affected by the current Mental Health Act have opportunities to provide input into the design of the new Act.

“Mental Health Act was probably one of them [...] although I don’t know really know what happened after our meeting, but we did sit in there and a lot of us had a lot of feedback about that, and they did, they’ve changed and reworked a lot of things that were in that initial document based on what was there. And it’s quite nice when you do go into something and somebody goes, ‘Oh shoot, yeah, we have got lots of this wrong, tell us where we need to change it.’”

(Māori voice, lived experience voice)

However, we also heard from those on the front lines that they did not feel like they are an ongoing partner in the process.

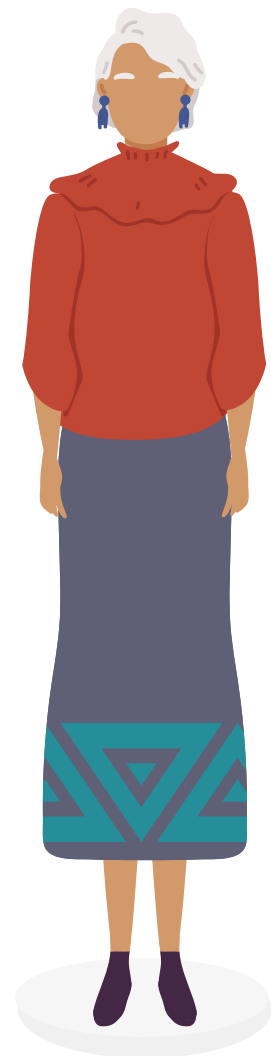
“Even the Mental Health Act for instance, the changes, we have meetings at work, submissions were put forward. You never hear anything back. So we call on the people that we support because they’re the people who are affected and the families. But we don’t hear where it’s at, but we have to say, ‘What’s happening with some—?’ We don’t know.”

(lived experience voice)

## Mental Health Act repeal and replacement priority data summary

New Zealand continues to have high rates of compulsion and seclusion. In 2018, 5.8% of people using mental health and addiction services were subject to a community treatment order. On an average day in 2018, 5349 people were subject to a community treatment order. This is up from 4259 people in 2017 and 4085 people in 2016. Inpatient treatment orders were 12% of all compulsory treatment orders. Māori were 4 times more likely than non-Māori to be subject to a community treatment order, and 3.7 times more likely to be subject to an inpatient treatment order.

The 2018 Office of the Director of Mental Health Annual Report, due to be published in 2020, will include data about indefinite treatment orders (when a court orders that a person with a mental health disorder must receive treatment for up to 6 months) for the first time. On the last day of 2018 there were 2497 people subject to indefinite compulsory treatment orders.



He nui ngā māuiui i Aotearoa mō te whakaaauau me te noho tatahi

5,349

E tatari ana i te Whakahau Rongoā Hapori

5.8%

ōrau te iwi i whai wāhi ki  
ngā ratonga mō MHW (2018)

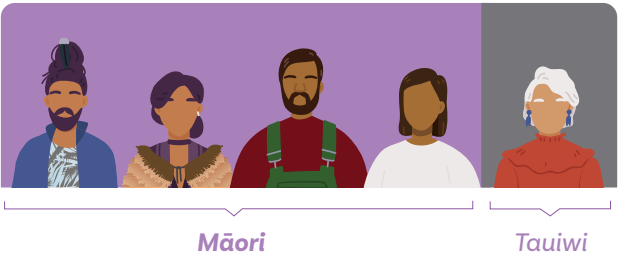
He reawhā te nui ake o te Māori ka herea ki te  
Whakahau Rongoā Hapori tēnā i te hunga tauīwi (2018)



ōrau o ngā Whakahau Rongoā Whakature he  
Whakahau Rongoā mō ngā Tūroro (2018)



He 3.7 te reatanga o te Māori ka herea ki te  
Whakahau Rongoā Tūroro (2018)



2,497

I whakahaungia ki te Rongoā Whakature tuarea (31 o Hakihea 2018)



New Zealand continues to have high rates of compulsion and seclusion

5,349

Subject to a Community Treatment Order

5.8% of people using MHA services (2018)

Māori were 4x more likely than non-Māori to be subjected to a Community Treatment Order (2018)



Inpatient Treatment Orders were 12% of all Compulsory Treatment Orders (2018)



Māori were 3.7x more likely than non-Māori to be subjected to an Inpatient Treatment Order (2018)



2,497

Subject to indefinite Compulsory Treatment Orders (31 December 2018)

# KUA WHAI PŪTEA WHAKANGAO KI TE WHAKAWHĀNUI I NGĀ MAHI

“Mā te huruhuru te manu ka rere”

He whānui ngā huatau o te whai wāhi me te kōwhiringa me āta whakamārama. I te nuinga o te wā, e pā ana te whai wāhi ki te nui tangata ka whai wāhi ki ngā ratonga.

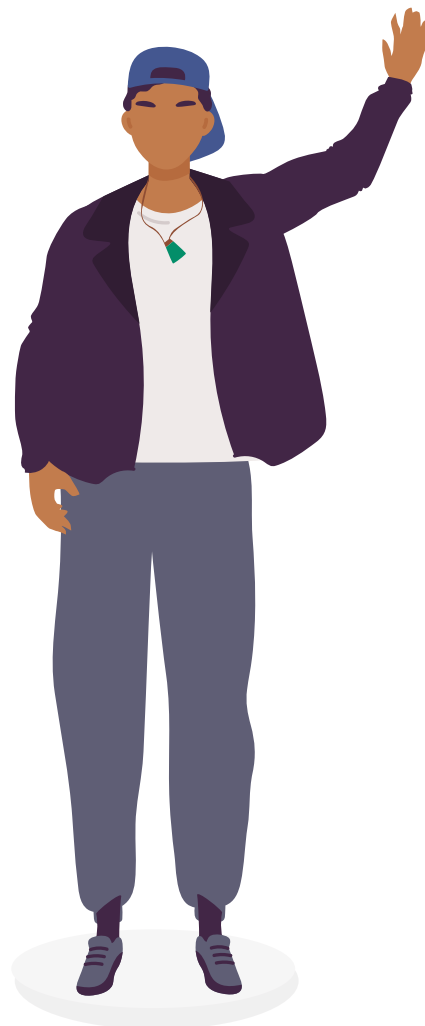
Ko te takune matua o ngā tūtohunga a *He Ara Oranga* mō te whakapiki i te whai wāhi he whakawhānui mai i te 3 ōrau ki te 20 ōrau.

Ka tūtohu anō a *He Ara Oranga* kia nui ake nga kōwhiringa o ngā momo tautoko hei pānga atu. Ko te whāinga ka nui ake ngā kōwhiringa ratonga pērā i te putanga tuatahi o *He Ara Oranga*. Mā te whakamahi i ngā tūtohunga nei ka whai wāhi nui te iwi ki te kōrero mō nga tautokotanga puta noa i ngā momo taumata māuiuitanga katoa; otirā kia whakaratoa ki ngā tūmomo wāhi, ki ngā tauira ahurea rerekē hoki. Ākene ko ētahi o ngā ratonga hou he whakawhiti whakaaro, he ratonga waipiro, pūroi hoki, me ngā wānanga ahurea Māori ka horapa ēnei ratonga ki ngā tāngata puta noa.

I runga i te mahi tahi ka horapa te whai wāhitanga me te kōwhiringa maha. Ko tētahi o ōna waehanga ko te whai wāhi o te tangata whaiora me ngā mātanga hanga ratonga. E ai anō ki ngā paerewa mohoa, ka kaha te uru atu a te hunga kaihoko ki ngā mahi whai pūtea, aroturuki, arotake, hanga ratonga anō hoki.

12 ngā tūtohunga a *He Ara Oranga* i horaina hei kura mahora i ngā whai wāhitanga me ngā kōwhiritanga. Ka whakaae, ka whakaae mātāpono (kua whakaae ki te mahi, engari anō tōna mahinga) te Kāwanatanga ki ngā tūtohunga nei, ā, ka tōwaitia te panonitanga – kia horapa ngā ratonga hauora hinengaro, koiora hoki ki te whānuitanga o te taupori.

Ki tā te Manatū Hauora e aropū ana ēnei kawenga whakawhānui ki te whai wāhi me te mana kōwhiri i roto i ngā ratonga hauora hinengaro, waranga hoki, otirā mō te hunga e āhua taumaha ana, ka mutu kāore i te rite ki ngā tūtohunga whānui kei roto i a *He Ara Oranga*.



# SIGNIFICANT INVESTMENT HAS BEEN PROVIDED TO EXPAND ACCESS AND CHOICE

## With feathers the bird takes flight

Referring to access and choice is a broad concept that needs defining. In general, access refers to the number of people getting access to service.

The main intent of the *He Ara Oranga* recommendations about increasing access was to expand access “from the current target of 3% of the population being able to access specialist services, to provide access to the ‘missing middle’ of people with mental illness or significant mental distress who cannot access the support and care they need.” This missing middle is estimated to be around 20% of the population in any single year.

*He Ara Oranga* also recommended that individuals have greater choice in the types of support they receive. The goal for choice is that people will be able to access a much broader range of services than available at the outset of *He Ara Oranga*. Implementing the recommendations of *He Ara Oranga* would mean people have more say about the support they receive across the entire spectrum from mild to moderate through to severe needs, and that support being delivered in a range of settings within different cultural service models. A wider menu of services would, for example, include talk therapies, alcohol and other drug services and culturally aligned therapies – these expanded services would be available to people across the spectrum of need.

Co-design is an enabler of expanded access and choice. A core component of this is the participation of tangata whaiora (people seeking wellness) and people with lived experience in service design, and the existing standards for the sector already expect that consumers should be involved in funding, monitoring and evaluation, and service design.

**Co-design is an enabler of expanded access and choice.**

*He Ara Oranga* put forward 12 recommendations to support expansion of access and choice. The Government accepted or accepted in principle (meaning accepted the intent, but not necessarily the mechanism) all the access and choice recommendations and endorsed transformation – to broad-based mental health and wellbeing services for a larger proportion of the population.

The Ministry of Health has told us that the initial priority for expanding access and choice is primarily focused on access to and choice of primary mental health and addiction services for people with mild to moderate needs, rather than necessarily the full suite of recommendations in *He Ara Oranga*.

## Te Whai Wāhi me Ngā Kōwhiringa – Te Urupare Kāwanatanga me Ngā Paearu

**Hakihea 2018:** I roto i te urupare tōmua a te Kāwanatanga ki a *He Ara Oranga* ka whakaae te Kāwanatanga me whakauruhia ki te Tahua 2019 ngā pūtea tautoko ki te panoni i te pūnaha hauora hinengaro, toiora hoki – engari kia aropū tonu ki a rātou e tino taumaha ana.

**Haratua 2019:** I roto i te urupare whānui ki a *He Ara Oranga* ka whakaae te Kāwanatanga ki te whakakitenga hou, “kia whai wāhi te marea whānui ki ngā tauawhitanga, ahakoa ko wai, ahakoa kei hea; kia mahi tahi ki te Māori, ki te tangata whai wheako, ki ngā iwi o Te Moananui-ā-Kiwa, ki te hunga taitamariki, rangatahi hoki, ki ngā hāpori me ngā whānau; ki a hāngai ngā mahi o āpōpō ki te whakarato i te iwi Māori i runga i te ū me te pūmau ki ngā putanga mana taurite.” [CAB-19-MIN-0182]. I whakaaetia, i whakaae mātāponotia rānei ngā tūtohunga 12 a *He Ara Oranga*.

**Nā te Tahua Toiora 2019 i whakatakoto ngā tuaritanga pūtea whakawhānui i ngā whai wāhitanga me ngā kōwhiringa: Te Whakawhānui i Ngā Whai Wāhitanga me Ngā Kōwhiringa Hauora Hinengaro, Koiora Hoki (\$455.1 miriona te tuaritanga)** Mā tēnei kaupapa hei whakakaha i ngā urupare ki ngā take hauora hinengaro, waranga hoki puta noa i Aotearoa. Otirā e whānui ake ai ngā whai wāhitanga me ngā kōwhiringa mā te hunga e āhua taumaha ana. I roto i te rima tau ka kōkirikiringia ēnei kaupapa e whiwhi tautoko ai te marea ki ngā wāhi maha, pērā i te tākuta, i te hāpori, i ngā huihuinga a te iwi Māori me ngā iwi o Te Moananui-ā-Kiwa, me ngā hui rangatahi hoki (tae atu ki ngā haumanu). Ko tētahi wāhanga o te tahua pūtea ka haere ki ngā ringaringa me ngā waewae o te ratonga.

### 2022/23 Ngā Tau Toharite Pōtitanga Hauora

Ngā tau toharite (tōpū \$455.1 miriona): \$48.138 miriona i te tau 2019/20, \$97 miriona i te tau 20/21, \$133 miriona i te tau 21/22, \$176 miriona i te tau 22/23.

Wāhanga	2019/20	2020/21	2021/22	2022/23
Te tuku i te ratonga	\$25.000	\$70.781	\$101.250	\$141.875
Te whakawhanake i te kāhui mahi	\$13.888	\$18.186	\$22.330	\$22.664
Ngā Kaiāhei	\$9.250	\$8.250	\$10.050	\$11.550
<b>Tāpeke</b>	<b>\$48.138</b>	<b>\$97.217</b>	<b>\$133.630</b>	<b>\$176.089</b>

**Ngā tuaritanga pūtea mō te Whakawhānui i Ngā Whai Wāhitanga me Ngā Kōwhiringa Hauora Hinengaro, Waranga Hoki i te marama o Huitanguru 2020: Kua hangaia te Pōtitanga Toharite Hauora mō te tau 2019/20:**

- Te Tuku Ratonga: \$25 miriona (i te marama o Huitanguru 2020, \$14 miriona te tuaritanga)
- Te Whakawhanake i te Kāhui Mahi: \$14 miriona (i te marama o Huitanguru 2020, \$11 miriona te tuaritanga)
- Ngā Kaiāhei me Ngā Huihui: \$9 miriona (i te marama o Huitanguru 2020, \$3 miriona te tuaritanga).

**Te rautaki whakawhānui:** Kua whakamahere haere te Manatū Hauora i ngā tahua pūtea mō te tau 2023/24. E whakaaro ana ka nui ake te tokomaha ka whai wāhi ki ngā ratonga, nā reira ka whakatauhia te \$177.5 miriona mō te tau 2023/24. Ko te whāinga tawhiti kia 325,000 ngā tāngata e whakamahi ana i ngā ratonga hauora hinengaro, waranga hoki i ia tau. I roto i ngā tauritanga pūtea kei reira anō ngā toharite mōkito ka whakapaua ki ngā rōpū whai hiranga, pērā i te Māori, Ngā Iwi o Te Moananui-ā-Kiwa me te Rangatahi.

## Access and Choice – Overall Government Response and Milestones

**December 2018:** In the initial response to *He Ara Oranga* the Government agreed that Budget 2019 should be developed to include funding to support transformation of mental health and wellbeing – but still maintain a focus on those with severe needs as well.

**May 2019:** In the full response to *He Ara Oranga* the Government agreed a new vision, “all New Zealanders will have more options for accessing the support they need, when and where they need it; that responses are designed in partnership with Māori, people with lived experience, Pacific peoples, children and young people, communities and whānau; and that our future approach delivers for Māori and is grounded in a commitment to equity of outcomes.” [CAB-19-MIN-0182]. The 12 recommendations of *He Ara Oranga* were either accepted or accepted in principle.

**The 2019 Wellbeing Budget set out the allocated funding to expand access and choice: Expanding Access and Choice of Primary Mental Health and Addiction Support (\$455.1 million allocated)** This initiative will enhance primary mental health and addiction responses across New Zealand to expand access and choice of mental health and addiction support, in particular, for New Zealanders with mild to moderate needs. This will involve a national rollout phased over five years, which will make support available in a range of settings, including general practices, community settings, kaupapa Māori organisations, Pacific organisations and youth settings (including access to integrated therapies). The allocated budget also includes funding for the enablers and workforce development to support service delivery.

### Vote Health Estimates to 2022/23

Votes estimates (total \$455.1 million): \$48.138 million 2019/20, \$97 million 20/21, \$133 million 21/22 and \$176 million 22/23.

Component	2019/20	2020/21	2021/22	2022/23
Service delivery	\$25.000	\$70.781	\$101.250	\$141.875
Workforce development	\$13.888	\$18.186	\$22.330	\$22.664
Enablers	\$9.250	\$8.250	\$10.050	\$11.550
<b>Total</b>	<b>\$48.138</b>	<b>\$97.217</b>	<b>\$133.630</b>	<b>\$176.089</b>

**Allocation of funding for Expanding Access to and Choice of Primary Mental Health and Addiction Support as at February 2020: The 2019/20 Vote Estimate for Health has been structured:**

- Service Delivery: \$25million (as at February 2020, \$14 million allocated)
- Workforce Development: \$14 million (as at February 2020, \$11 million allocated)
- Enablers and Engagement: \$9million (as at February 2020, \$3 million allocated).

**Planned expansion:** The Ministry of Health has mapped funding and estimated access out to 2023/24. There is anticipated growth every year in the number of people able to access services, with \$177.5 million of service delivery funding available in 2023/24, with a longer-term goal of around 325,000 people accessing primary mental health and addiction services per year. Within funding models there are estimated minimum spend on priority population groups, Māori, Pacific and Youth.

**MATE KORONA:** Ko te Manatū Hauora e ārahi ana i te urupare tātari i ngā whakaaro ā-iwi e pā ana ki te Mate Korona. E raupapahia ana ēnei kōrero i roto i a Kia Kaha, Kia Māia, Kia Ora Aotearoa – COVID 19 psychosocial and mental wellbeing recovery plan. I roto i te urupare ka kōkiringia ngā whakatairanga toiora, ka whakapikihia te waea tāoranga (telehealth) me ngā rauemi mō ngā hunga whakaraerae. Kua oti kē i te Manatū Hauora te whakangao haere i te urupare Mate Korona. E whakaaro ana te Manatū ka pāngia te āheinga ki te whakaputa haere i ngā ratonga hou, ā, e whakapau kaha ana ki te mahi tahi me ngā kaiwhakarato kia hāngai ngā tuaritanga ki ngā taumata ōhiti o te Mate Korona (pērā i ngā whakangungu kanohi ki te kanohi).

**Ngā Whakangao Whakamihi a te Kāwanatanga<sup>8</sup>:**

He tahua rangiwhāwhā a Tahua 2019 i pā nui ai ki te hauora hinengaro me te toiora. Ko te matū o tēnei wāhanga o te pūrongo he tiro ki te tahua e hāngai ana ki te “whakawhānui i ngā whai wāhitanga me ngā kōwhiringa i roto i te pūnaha tautoko hauora hinengaro, waranga hoki.” Otirā ka haere te tahua (\$455.1 miriona): ki te tuku ratonga, ki te whakawhanake i ngā kaimahi me ngā kaiāhei (pērā i runga ake). Kei raro iho ētahi atu taipitopito mō ngā tuaritanga.

Ara atu anō ngā pūtea i tuaritia i roto i taua wāhanga tahua o “Hauora Hinengaro – he ratonga aroākapa hou”. Ko ēnei pūtea ka tuari atu ki nga ratonga kura, ngā ratonga waea tāoranga (\$20.8 miriona i roto i te whā tau), te tautoko ake i te hunga mate hinengaro (\$8 miriona i roto i te whā tau), te tautoko ake i ngā mātua me ngā whānau (\$7 miriona i roto i te whā tau) me ngā hōtaka kura (\$2.2 miriona i roto i te whā tau). I whakaaetia anō te tahua mō te ārai mate whakamomori (\$40 miriona i roto i te whā tau) tae atu ki te whakarato i Te Kōmihana Hauora Hinengaro, Toiora Hoki (\$8 miriona i roto i te whā tau).

Ko tētahi atu tahua whai pānga mō ngā ratonga hauora hinengaro mohoa: kei roto i tēnei ko te ratonga tātari hauora hinengaro mō te pakeke (\$15 miriona i roto i te whā tau), ko te pūtea rangatahi (\$19 miriona i roto i te whā tau), ko te pūtea tautoko i a Ōtautahi (\$5.480 miriona).

**Kei roto i te Tahua Toiora 2019 ētahi atu whakangaotanga e waihangia ana i te urupare whānui ki a He Ara Oranga:** Ko ngā pūtea tāpiri ēnei:

- Te tautoko i te hunga e whakawhiua ana i te kai pūroi tae atu ki ērā e mate waranga ana: te whakakaha i ngā urupare waranga (\$14 miriona i roto i te whā tau), me te whakakoi i ngā ratonga motuhake mō ngā mate waipiro, mate pūroi hoki (hui katoa e \$44 miriona i roto i te whā tau, tae atu ki te \$2 miriona mai i Ara Poutama Aotearoa).
- Te tautoko i te hauora hinengaro o te wāhanga ture: ara mō ngā whakaoranga pūroi, mō te whakapiki i te whai wāhi ki ngā tautoko hauora hinengaro, waranga hoki mō te hunga kei roto i te pūnaha ture (he kaupapa nui tonu, kei te takiwā o te \$123 miriona tae noa ki te tau 2022/23) me te kaupapa ārai mate Pī ki te Tai Tokerau (Te Ara Oranga, \$4 miriona i roto i te whā tau).
- Te whakangao i ngā take pāpori matua o te hauora hinengaro – ko ngā tuaritanga pūtea nunui ērā a te Tari Whakahiato Ora me te Kāhui Whakawhanake i ngā Whare me ngā Taone: hei tautoko i te toiora o te hunga hauā, te hunga māuiui, te hunga wairangi me te tautoko anō i ngā kāinga ora (pērā i te whakawhenua i ngā kainoho, me ngā nekenga ki whare kē).

<sup>8</sup> Mō ētahi atu pārongo, haere ki [https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives\\_1.pdf](https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives_1.pdf) Mō ētahi atu pārongo haere ki [https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives\\_1.pdf](https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives_1.pdf)

## Access and Choice – Overall Government Response and Milestones

**COVID-19:** The Ministry of Health is leading the psychosocial response for COVID-19, as outlined in Kia Kaha, Kia Māia, Kia Ora Aotearoa - COVID-19 psychosocial and mental wellbeing recovery plan. The response will include wellbeing promotion activities, increased telehealth capacity, and resources for vulnerable populations. The Ministry has sought to continue investment already under way and accelerate investment that improves the COVID-19 response. The Ministry expects some impact on the ability to roll out new services and has been working with providers to adjust delivery as required with different COVID-19 alert levels (e.g. face-to-face group training).

### **Complementary Government investment<sup>8</sup>:**

Budget 2019 was much more extensive about mental health and wellbeing. The focus of this part of the report is the specific budget on “expanding access and choice of primary mental health and addiction support” as noted above (\$455.1 million) and structured for: services delivery, workforce development and enablers (as above). More detail on this allocation is provided below.

There were additional budget allocations alongside the access and choice initiative, and within the same budget area, “Mental Health - a new frontline service”. These were for expanding school-based services, expanding telehealth services (\$20.8 million over four years), improving support for those experiencing a mental health crisis (\$8 million over four years), parenting and whānau support (\$7 million over four years), and school-based programmes (\$2.2 million over four years). The suicide prevention and support budgets (\$40 million over four years) were also approved in this area, and funding for the new Mental Health and Wellbeing Commission (\$8 million over four years).

Another related budget allocation was for strengthening existing mental health services: Increased forensic mental health services for adults (\$15 million over four years), for young people (\$19 million over four years), and for continuation of support in Christchurch (\$5.480 million).

**The Wellbeing Budget 2019 included other investment that also forms part of the wider response to He Ara Oranga** Additional investment includes:

- Supporting people who experience harm from their use of substances, including people with addiction issues: enhancing primary addiction responses (\$14 million over four years) and enhancing specialist alcohol and other drug services (collectively \$44 million over four years, including \$2 million of Corrections funding).
- Supporting mental health within the justice sector: alcohol and drug treatment, increasing access to mental health and addiction support for those within the justice system (significant initiative, funding approximately \$123 million up to 2022/23) and continuation of a meth harm related initiative in Northland (Te Ara Oranga, \$4 million over four years).
- Investing in the social determinants of mental health - significant budget allocations via Social Development and Housing and Urban Development portfolios to: provide support for the wellbeing of disabled people and people with health conditions, including mental health, as well as support for housing (e.g. support for sustaining tenancies, transitional housing).

<sup>8</sup> For more information, see [https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives\\_1.pdf](https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives_1.pdf) For more information, see [https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives\\_1.pdf](https://treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives_1.pdf)



Tūtohunga a He Ara Oranga	Urupare Kāwanatanga	Kei te Mahi Tonu
<p><b>Tūtohunga 1:</b> Kia whakaae ki te whai wāhi a te marea ki ngā ratonga o te hauora hinengaro me te waranga, mō te hunga e āhua taumaha ana, mō ērā e taumaha ana, mō erā hoki e tino taumaha ana i te mate hauora hinengaro me te waranga.</p>	<p>Kua Whakaaetia</p>	<p>Mō te tukutanga atu o ngā ratonga, ko ngā terenga ēnei mai i te Hōngongoi 2019 ki te Huitanguru i te tau 2020:</p> <ul style="list-style-type: none"> <li>• Te rautaki hora i ngā ratonga hauora hinengaro, waranga hoki ka whakaratoa e ngā kaupapa mahi tahi taha i ngā rōpū i waho o te Kāwanatanga, ngā rōpū hauora matua me Ngā Poari Hauora Ā-Rohe. Ko tēnei te putanga tuatahi o te tukanga rima tau te roa. Hei te Poutūterangi 2020 ka tau te inati 1 mō ngā kirimana, hei te 30 o pipiri 2020 ka tau te inati 2.</li> <li>• Te whakawhānui i ngā ratonga waea tāoranga (tōna 58,000 kirimana i ia tau),</li> <li>• Te hōtaka Te Ara Oranga (te whakamahū i ngā whiunga o te taimiri Pī. I kake atu i te 500, ā, neke atu i te 700 i whakapāpāngia).</li> </ul> <p>Kua whakawhenuatia ngā kaupapa matua me ngā terenga whakatauiria ki te nuinga o Ngā Poari Hauora Ā-Rohe. Ko ētahi tauira ko Te Ara Oranga (Te Tai Tokerau), ko Te Kūwatawata (Te Tairāwhiti), ko Piki Pilot (ki te Taone Matua, me te Taimoana), ko Mana Ake (Waitaha).</p> <p>E mahi ana te Manatū Hauora (mai te Huitanguru i te tau 2020) ngā tukanga Whakatakoto Tono mō: te whai tauira i ngā ratonga hauora hinengaro, waranga hoki a te Māori me Ngā Iwi o Te Moananui-ā-Kiwa, te hanga hou i ērā ratonga (i whakamāramahia i rō hui, tirohia te Tūtohunga 7 kei raro iho) me te hanga hou i ēnei ratonga mā te hunga rangatahi. Nō te Huitanguru i te tau 2020 tīmata ai te tukanga whiwhinga mō ngā wāhanga e toru nei.</p>

He Ara Oranga Recommendation	Government Response	Work in Progress
<p><b>Recommendation 1:</b> Agree to significantly increase access to publicly funded mental health and addiction services for people with mild to moderate and moderate to severe mental health and addiction needs.</p>	<p>Accepted</p>	<p>With reference to service delivery, initiatives in progress between July 2019 and February 2020 include:</p> <ul style="list-style-type: none"> <li>phased roll out of integrated primary mental health and addiction services delivered by collaborations of NGOs, PHOs and DHBs in defined geographical areas. This is the first stage of a five year rollout of these services. Contracts for tranche 1 were expected to be in place by March 2020, with contracts for tranche 2 expected to be in place by 30 June 2020.</li> <li>expansion of telehealth services (some 58,000 contacts per annum),</li> <li>Te Ara Oranga programme (meth harm reduction, exceeding goal of 500, more than 700 seen),</li> </ul> <p>Priority initiatives or pilot programmes are in place at nearly all DHBs. Examples are Te Ara Oranga (Northland), Te Kuwatawata (Tairāwhiti), Piki Pilot (Capital and Coast), Mana Ake (Canterbury).</p> <p>The Ministry of Health (as at February 2020) is working on RFP processes for: extension of the GP access programme, expanding and replicating existing Māori and Pacific primary mental health and addiction services, and creating new Māori and Pacific primary mental health and addiction services (informed by hui- refer Recommendation 7 below), as well as new youth specific primary mental health and addiction services. Procurement processes for all 3 were underway as at February 2020.</p>

<i>Tūtohunga a He Ara Oranga</i>	<i>Urupare Kāwanatanga</i>	<i>Kei te Mahi Tonu</i>
<b>Tūtohunga 2:</b> Hangaia he whāinga hou mō te whai wāhi ki ngā ratonga hauora hinengaro, waranga hoki e kapi ai te whānuitanga o ngā hiahia.	Kua whakaae mātāponotia	‘Ko te tikanga o te ‘Whāinga’ ki a tahuri te aroaro ratonga hauora mai te taupori toru ōrau ki te taupori nui tonu. Ka whakawhanaketia ngā whāinga me ngā mahi mō ngā tūmomo ratonga, tautoko, hui hoki, puta noa i ngā momo taumata māuiui.
<b>Tūtohunga 3:</b> Whakahaungia te Manatū Hauora me Te Kōmihana Hauora Hinengaro, Toiora Hoki ki te whakahoki korero mō te whāinga hou a ngā ratonga hauora, waranga hoki.	Kua whakaae mātāponotia	Ka whai wāhi atu Te Kōmihana Hauora Hinengaro, Toiora Hoki ki ngā whanaketanga. Ka ngana anō rātou ki ngā kōrerorero e pā ana ki te hauora o te hinengaro me te toiora (e whanaketia ana) mā roto tonu i te Hanganga Putanga, Aroturuki Hoki. I tēnei wā, e mea ana te Manatū ki te whakawhānui ake i roto i ngā tau ruarua e heke mai nei. Otirā e hāngai ai ki Ngā Pōtitanga Toharite (tirohia te Mahere Whakawhānui kei runga).
<b>Tūtohunga 4:</b> Kia whakaae me hāngai ngā ratonga o te hauora hinengaro me te toiora ki a rātou e kaha pāngia ana, nā reira: <ul style="list-style-type: none"> <li>• he whānui ngā ratonga, ka arotauhia ngā momo māuiui pērā i ētahi o ngā ratonga hauora matua</li> <li>• ko ērā e tino taumaha ana ka arotaungia.</li> </ul>	Kua Whakaaetia	Ka whakaae te Kāwanatanga, ā, ka puta te tirohanga arowhānui hou i te Tahua Pūtea Ara tonu ngā tuaritanga pūtea, \$8 miriona mō te hunga mate hinengaro me ngā tūraru whakamomori, \$15 miriona mō ngā ratonga hauora hinengaro mō te hunga pakeke i roto i te whā tau, \$19 miriona mō ngā ratonga hauora hinengaro o te hunga rangatahi i roto i te whā tau. Kāti kua taiapatia ētahi pūtea ki Ngā Poari Hauora Ā-Rohe mō ngā ratonga hauora hinengaro, waranga hoki.
<b>Tūtohunga 5:</b> Kia ū ki te whakapiki kōwhiringa hei whakawhānui i ngā momo ratonga hauora hinengaro, waranga hoki e wātea ana.	Kua Whakaaetia	Tirohia te <b>Urupare Kāwanatanga</b> me te <b>Tūtohunga 1</b> kei tēnei papatau.

<i>He Ara Oranga Recommendation</i>	<i>Government Response</i>	<i>Work in Progress</i>
<b>Recommendation 2:</b> Set a new target for access to mental health and addiction services that covers the full spectrum of need.	Accepted in principle	‘Target’ refers to moving from a focus on specialist mental health services for around three percent to a broader population measure. Appropriate access targets and measures for the range of services, supports and interventions across need levels will be developed alongside systemic change and rollout of expansion of access and choice.
<b>Recommendation 3:</b> Direct the Ministry of Health, with input from the new Mental Health and Wellbeing Commission, to report back on a new target for mental health and addiction services.	Accepted in principle	The Mental Health and Wellbeing Commission will have a role in development and seek to initiate dialogue through the Outcomes and Monitoring Framework for the mental health and wellbeing system (in development). In the interim, the Ministry plans for expansion over the next few years in line with Vote Estimates (see Planned Expansion above)
<b>Recommendation 4:</b> Agree that access to mental health and addiction services should be based on need so: <ul style="list-style-type: none"> <li>• access to all services is broadbased and prioritised according to need, as occurs with other core health services</li> <li>• people with the highest needs continue to be the priority.</li> </ul>	Accepted	<p>The Government agreed to the broad-based approach and initiated through multi-year Budget.</p> <p>Regarding priority for those with highest needs, there are distinct budget allocations and initiatives, with \$8 million over four years for those experiencing mental health crisis or at risk of suicide, \$15 million over four years for increase in forensic mental health services for adults, \$19 million over four years for forensic mental health services for young people, and an increase in DHBs’ funding ringfenced for mental health and addiction services.</p>
<b>Recommendation 5:</b> Commit to increased choice by broadening the types of mental health and addiction services available.	Accepted	Refer <b>Government Response</b> and <b>Recommendation 1</b> in this table.

Tūtohunga a He Ara Oranga	Urupare Kāwanatanga	Kei te Mahi Tonu
<p><b>Tūtohunga 6:</b> Whakahaungia te Manatū Hauora kia tere whakawhanakehia he tono ki te Tahua 2019 kia wātea ake ai ngā kororero hiki wairua, ngā ratonga waipiro, pūroi hoki, me ngā ahurea pikinga wairua. Ka mātauria ēnei i ngā tauira mai te hunga mahi, i te horopaki o Aotearoa me ngā āhua mahi i tāwāhi hoki.</p>	<p>Kua Whakaaetia</p>	<p>Tirohia te <b>Urupare Kāwanatanga</b> me te <b>Tūtohunga 1</b> kei tēnei papatau.</p>
<p><b>Tūtohunga 7:</b> Whakahaungia te Manatū Hauora me Te Kōmihana Hauora Hinengaro, Toiora Hoki (tētahi rōpū tōmua rānei) kia:</p> <p><b>7A</b> turukihia tētahi tukanga panoni me te hunga whai wheako mō te oranga hinengaro me te waranga, Ngā Poari Hauora, ngā mahinga matua, Ngā Whakahaerenga i waho atu i te Kāwanatanga, ngā ratonga Kaupapa Māori, ngā ratonga hauora mō ngā iwi o Te Moananui-ā-Kiwa, ngā ratonga Whānau Ora, ngā kaiwhakarato, ngā rōpū māngai, ngā rōpū ngaio, ngā whānau, ngā kaimahi me ngā umanga kāwanatanga.</p> <p><b>7B</b> waihangatia te rautaki whakangao a te kāwanatanga mō ngā ratonga hauora hinengaro, waranga hoki</p>	<p>7A Kua whakaae mātāponotia</p> <p>7B Kua Whakaaetia</p>	<p>E whakaaro ana ka aua atu te panonitanga, ā, kua oti kē ngā hoahoa mahi ngātahi i waenganui i ngā kaiwhakarato hapori tūroto, ngā kaupapa Māori, me ngā kaupapa o ngā iwi o Te Moananui-ā-Kiwa.<sup>9</sup></p> <p>Ara tonu ngā tauira pērā i a Te Kūwatawata i ngātahi ai te hanganga me te arotakenga hei wāhanga o te kaupapa Fit for the Future<sup>10</sup>. Ko te iho o ngā mahinga ngātahi i te ratonga o te hauora hinengaro me te waranga i takea mai i a Fit for the Future, he kaupapa i mahia mai i runga i te mahi tahi me te arotake ōkawa. Nō kona ka wātea mai ngā pūtea mō ngā tauira 22 te maha, ā ka puta te Whakatakoto Tono o ēnei ratonga ki ngā takiwā me ngā rohe puta noa i Aotearoa.</p> <p>E whakapau kaha ana te Manatū Hauora ki te whakauru i te tukanga mahi ngātahi, ā, ka whakamātau i tētahi huarahi whiwhinga hou hei wāhanga o ngā Whakatakoto Tono mō ngā ratonga kaupapa Māori e pā ana ki te hauora hinengaro me te waranga. I hua mai te hoahoa o ngā tukanga nei i ngā hui me ngā rōpū Māori, ngā tāngata whaiora, whānau hoki. Ko te tono a te Manatū he urutau haere i ngā tukanga i runga anō i ngā whakahoki kōrero mai. I tū ngā hui tuatahi atu i te Mahuru ki te Whiringa-ā-nuku i te tau 2019. Ko te manako ka puta ngā tukanga hou i te Huitanguru i te tau 2020.</p> <p><b>7B</b> I te kātātanga ki te Tahua Toiora 2019 ka maharatia ngā āhuatanga maha o te toiora pērā i te tauira o ngā tuaritanga ki ngā kāinga. He āhua muna mena he ngako kei roto i te rautaki whakangao. Kei te whai kiko ngā mahi ahakoa kāore anō i kitea i te rāngai mahi.</p>

<sup>9</sup> Kua whakaputa a HQSC he tohutohu ki ngā kaihoko poari hauora, wāhi matua anō: <https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/publication/2162/> and <https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/publication/3777/>  
<sup>10</sup> <https://www.hauoratairawhiti.org.nz/ourservices/mental-health-and-addictions-services/te-kuwatawata/>

He Ara Oranga Recommendation	Government Response	Work in Progress
<p><b>Recommendation 6:</b> Direct the Ministry of Health to urgently develop a proposal for Budget 2019 to make talk therapies, alcohol and other drug services, and culturally aligned therapies much more widely available, informed by workforce modelling, the New Zealand context and approaches in other countries.</p>	Accepted	Refer <b>Government Response</b> and <b>Recommendation 1</b> in this table.
<p><b>Recommendation 7:</b> Direct the Ministry of Health, in partnership with the new Mental Health and Wellbeing Commission (or an interim establishment body) to:</p> <p><b>7A</b> facilitate a national co-designed service transformation process with people with lived experience of mental health and addiction challenges, DHBs, primary care, NGOs, Kaupapa Māori services, Pacific health services, Whānau Ora services, other providers, advocacy and representative organisations, professional bodies, families and whānau, employers and key government agencies.</p> <p><b>7B</b> produce a cross-government investment strategy for mental health and addiction services.</p>	<p>7A Accepted in principle</p> <p>7B Accepted</p>	<p>This is expected to be a long-running aspect of transformation. Co-design is already embedded in some inpatient, kaupapa Māori, Pacific and community providers for the services they deliver.<sup>9</sup></p> <p>Existing models, such as Te Kuwatawata, have previously been co-designed and evaluated as part of the Fit for the Future initiative.<sup>10</sup> The core features of the integrated primary mental health and addiction services are drawn from the Fit for the Future initiative which had an extensive co-design element and a formal evaluation. Funding was made available to sustain 22 pilot sites while an RFP was issued for the roll out of these services to additional sites and geographical regions across Aotearoa New Zealand.</p> <p>The Ministry of Health is working to include co-design in processes and will trial a new procurement approach as part of Access and Choice RFPs for new kaupapa Māori primary mental health and addiction services. The design of these new processes was informed by hui with Māori stakeholders, tangata whaiora, and whānau. The Ministry proposes ongoing adaption of processes based on feedback. The initial hui were held in September and October 2019. New processes are expected after February 2020.</p> <p><b>7B</b> The approach to the Wellbeing Budget 2019 reflected some integration and recognition of multiple aspects of wellbeing, for example, significant budget allocations around housing, it is unclear if the ongoing investment strategy is in progress or not. There is work underway but it is not yet visible to the sector.</p>

9. HQSC has published guidance on working with consumers in DHBs and primary care settings, see: <https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/publication/2162/> and <https://www.hqsc.govt.nz/our-programmes/partners-in-care/publications-and-resources/publication/3777/>.

10. Access to mental health and wellbeing services via primary health and GP services is an early programme, as is the Te Kuwatawata pilot. Access to Te Kuwatawata can be from GPs, social services, whānau or self-referral, and has an indigenous mātauranga (knowledge/understanding) approach. <https://www.hauoratairawhiti.org.nz/ourservices/mental-health-and-addictions-services/te-kuwatawata/>

<i>Tūtohunga a He Ara Oranga</i>	<i>Urupare Kāwanatanga</i>	<i>Kei te Mahi Tonu</i>
<p><b>Tūtohunga 8:</b> Kia ū ki te whakarato i te tukanga panoni ā-motu me Te Kōmihana Hauora Hinengaro, Toiora Hoki, hei taituara i ngā whakamahinga ā-motu, ā-rohe hoki.</p>	<p>Kua whakaae mataponotia</p>	<p>Tirohia te <b>Urupare Kāwanatanga</b> me te <b>Tūtohunga 1</b>. Ko ētahi o ngā mahi he whakangao i te kōtuinga whakawhiti mātauranga me ngā whakahaerenga pūtaiao. Ko te Manatū Hauora kei te ārahi i ngā mahi ngātahi me ngā panonitanga. Ko te mahi a te Kōmihana hou he aroturuki i ngā tukanga panoni.</p>
<p><b>Tūtohunga 9:</b> Whakahaungia te Kawa Mataaho kia mahi i te taha o te Manatū Hauora hei whakatū i ngā tino mahinga ngātahi puta noa i te kāwanatanga, e tautokongia ai te tukanga hoahoa ngātahi mō ngā ratonga hauora hinengaro, waranga hoki.</p>	<p>Kua whakaae mātāponotia</p>	<p>Tirohia hoki te <b>Tūtohunga 7</b>. Ko te huarahi koinēi tētahi o ngā āhuatanga nui o te panonitanga. Ko tā te Kawa Mataaho he tautoko i te mahi tahi puta noa i ngā tari kāwanatanga. Ko ētahi o ngā rōpū whai pānga ko te Poari Toiora, ko te Kapa Ārahi Ratonga Kāwanatanga me te Tari Toiora otirā e tipu ana te māramatanga ki te āhua o te pūnaha hauora hinengaro, ā, he wāhi pai ēnei hei whakawhiti whakaaro mō te huarahi atu ki ngā panonitanga hauora. Ka whakawhiti korero tonu te Kōmihana, te Kawa Mataaho me te Manatū Hauora. Otirā kua hangaia te rōpū kāwanatanga hei peka o te urupare Mate Korona.</p>



He Ara Oranga Recommendation	Government Response	Work in Progress
<p><b>Recommendation 8:</b> Commit to adequately fund the national co-design and ongoing change process, including funding for the new Mental Health and Wellbeing Commission to provide backbone support for national, regional and local implementation.</p>	Accept in principle	<p>Refer also <b>Government Response</b> and <b>Recommendation 1</b>. Work underway includes investment in the knowledge exchange network and implementation science. The Ministry of Health is leading the co-design and change programme. The new permanent Commission will have a role in monitoring the ongoing change process.</p>
<p><b>Recommendation 9:</b> Direct the State Services Commission (SSC) to work with the Ministry of Health to establish the most appropriate mechanisms for cross-government involvement and leadership to support the national co-design process for mental health and addiction services.</p>	Accept in principle	<p>Refer also <b>Recommendation 7</b>, this is expected to be a long-running aspect of change. The SSC has ongoing work to support cross-government collaboration. Current groups are the Social Wellbeing Board, the State Services Leadership Team and the Social Wellbeing Agency – awareness of the systemic nature of mental health is growing and these are good forums for promoting a systemic approach to mental health and wellbeing. The Initial Commission will continue dialogue on this topic with the SSC and Ministry of Health. A cross-government group has been established as part of the COVID-19 response, but the co-design strategy is not clearly visible to people across the system yet.</p>

Tūtohunga a He Ara Oranga	Urupare Kāwanatanga	Kei te Mahi Tonu
<p><b>Tūtohunga 10:</b> Kia whakaae ko ngā mahi tautoko whakawhānui whai wāhitanga me whai arotake, me whakatū hoki:</p> <ul style="list-style-type: none"> <li>• Ngā whanaketanga mō te rōpū mahi 10A me ngā whāinga matua mō te toiora kaimahi</li> <li>• Ngā mōhiohio, arotake, aroturuki matua hoki 10B (tae atu ki te aroturuki i ngā putanga)</li> <li>• Nga ture tahua pūtea, kia whakahāngai ngā tūtohu Poari Hauora, ratonga hauora hinengaro matua, me te taiapa hauora hinengaro ki te rautaki takoto hei panoni i te ratonga hauora hinengaro, waranga hoki.</li> </ul>	<p>10A Kua Whakaaetia</p> <p>10B Kua Whakaaetia</p> <p>10C Kua whakaae mataponotia</p>	<p>Tirohia te <b>Tahua 2019</b> me te <b>Tūtohunga 1</b></p> <ul style="list-style-type: none"> <li>• Ka whai hua a 10A i te hanganga o Tahua 2019. E hāngai ana ōna tahua ki te whakapakari i ngā kaimahi e rite ai rātou mō ngā panonitanga. Ko ngā kaupapa a te hunga mahi i te Huitanguru i te tau 2020, he whakangao i te whanaketanga o ngā kaimahi a ngā Ratonga Hauora Hinengaro, Waranga Hoki, mā roto mai i te whakatūnga o Ngā Kaiako Hauora, me Ngā Kaimahi Hauora huri noa. Ko ētahi atu tautoko he whakangungu me te tono pūtea, he whakatū wānanga mō te Waranga 101 me te MH101 i waenganui i ngā mahi whakangungu, me te awhi i te hunga tauira me ētahi kaupapa anō.</li> <li>• Ko ngā mahi aroturuki i ngā putanga o 10B, ka whakatauhia ki te Hanganga Aroturuki Putanga a Te Kōmihana Hauora Hinengaro, Toiora Hoki. Ko tana tino mahi he whakawhanake i te mahi tahi i waenganui i ngā rāngai kāwanatanga me te tūmatanui. Ko te hiahia mō te arotake ō-waho hei wāhanga mō ngā kaupapa hou 'whai wāhi, kōwhiringa hoki.</li> <li>• E hanga tonu ana a 10C, ā, he wāhanga nō te tukanga tātari panoni.</li> </ul>
<p><b>Tūtohunga 11:</b> Whakaae ki te kawae i ngā whakahoutanga ki te tirohanga whānui hauora hinengaro, waranga hoki.</p>	<p>Kua whakaae mātāponotia</p>	<p>Kei te whakaoti tonu. Ko te whakaaro e rua, e toru tau rānei te roa o te hanga i te tirohanga whānui hou (tirohia ngā <b>Tūtohunga 2, 3</b> hoki kei runga, me Te <b>Kōmihana Hauora Hinengaro, Toiora Hoki</b>).</p>

<i>He Ara Oranga Recommendation</i>	<i>Government Response</i>	<i>Work in Progress</i>
<p><b>Recommendation 10:</b> Agree that the work to support expanded access and choice will include reviewing and establishing:</p> <ul style="list-style-type: none"> <li>• 10A workforce development and worker wellbeing priorities</li> <li>• 10B information, evaluation and monitoring priorities (including monitoring outcomes)</li> <li>• 10C funding rules and expectations, including DHB and primary mental health service specifications and the mental health ringfence, to align them with and support the strategic direction of transforming mental health and addiction services.</li> </ul>	<p>10A Accepted</p> <p>10B Accepted</p> <p>10C Accepted in principle</p>	<p>Refer also <b>Budget 2019</b>, and <b>Recommendation 1</b>.</p> <ul style="list-style-type: none"> <li>• 10A is addressed through the way that Budget 2019 was structured, with a funding stream for workforce development, and recognition of the importance of workforce development for any change. Workforce initiatives as at February 2020 include the investment in Integrated Primary Mental Health and Addictions Services workforce development through the establishment of Health Coaches and Health Improvement Practitioners nationwide. Other workforce support includes training and funding, including Addiction 101 and MH101 workshops among competency training, additional support for those studying, and other initiatives. The monitoring of outcomes in 10B will be addressed in the Outcomes and Monitoring Framework the Mental Health and Wellbeing Commission is to develop in collaboration with agencies, non-government agencies, and the public. External evaluation is intended to be a component of the new 'access and choice' initiatives.</li> <li>• 10C is in progress and is part of an iterative process of change.</li> </ul>
<p><b>Recommendation 11:</b> Agree to undertake and regularly update a comprehensive mental health and addiction survey.</p>	<p>Accepted in principle</p>	<p>In progress. Design of a new survey is expected to take two to three years (refer <b>Recommendations 2 and 3</b> above, and <b>Mental Health and Wellbeing Commission</b>).</p>

<i>Tūtohunga a He Ara Oranga</i>	<i>Urupare Kāwanatanga</i>	<i>Kei te Mahi Tonu</i>
<p><b>Tūtohunga 12:</b> Me ū ki ngā putuputunga pūtea e whai kiko ai ngā tūtohunga whakarahi ake i ngā whai wāhitanga me ngā kōwhiringa, pērā i:</p> <p><b>12A</b> Te whakawhānui i te whai wāhi atu a te marea e āhua taumaha ana, rātou e taumaha ana me te hunga e tino taumaha ana i te mate hinengaro me ngā waranga</p> <p><b>12B</b> Kia rahi ake ngā kōwhiringa hui whakamahea tae atu ki ngā ratonga waipiro, pūroi hoki, me ngā ratonga whai ahurea.</p> <p><b>12C</b> Te waihanga me te whakatinana i ngā whakahoutanga kia hua ko te mana tangata me ngā ratonga, me te whakarahi ake i ngā whai wāhitanga me ngā kōwhiringa.</p>	Kua Whakaaetia	<p>Tirohia a Tahua 2019 me te Tūtohunga 1. E pā ana tēnei tūtohunga ki te whakamana i te katoa o ngā tūtohunga whai wāhitanga, kōwhiringa hoki. Ka whakatauhia hoki te āhua o ngā kōwhiringa e hangaia tonu ana.</p>

He Ara Oranga Recommendation	Government Response	Work in Progress
<p><b>Recommendation 12:</b> Commit to a staged funding path to give effect to the recommendations to improve access and choice, including:</p> <p><b>12A</b> expanding access to services for significantly more people with mild to moderate and moderate to severe mental health and addiction needs.</p> <p><b>12B</b> more options for talk therapies, alcohol and other drug services and culturally aligned services.</p> <p><b>12C</b> designing and implementing improvements to create more people-centred and integrated services, with significantly increased access and choice.</p>	Accepted	<p>Refer also <b>Budget 2019</b> and <b>Recommendation 1</b>. This recommendation is about enabling all of the access and choice recommendations and sets the type of access and choice initiatives to be developed.</p>

## Kua hora te tahuaroa whāngai i te oranga hinengaro o te iwi

I roto i ngā uiui ka tino kōrerotia te tipu o te tahua tautoko i roto i te Tahua Toiora 2019, me tōna whakapiki i ngā momo ratonga rerekē.

“...he reatanga nui te Tahua Toiora ki a mātou te hunga mahi o te wāhanga Whai Wāhi, Kōwhiringa hoki. Ko tēnā te rerekētanga tino whai kiko e hāngai nei ki ā mātou mahi.”

(reo wāhanga hauora)

I whakapono ētahi kōpā ko te moni noa iho hei takahuri i te pūnaha. Ka mutu ko ngā tahua pūtea nei me haere ki ngā whakawhanaungatanga i waenga i ngā kaiwhakarato e tino huri ai te pūnaha.

“Ōna whakarerekētanga – kīhai au e mōhio mena he pai, he kino rānei – kua tākaia te pūnaha ki te moni pūtea. He pai tērā, engari ka uaua te ine i te kiko o ngā whakapaunga pūtea.”

(reo o te Māori)

I wero ētahi e haere ana ngā pūtea ki hea, mena hoki e haere ana ki te wāhi tika.

“...kei te pātai tonu koutou he aha ngā whāinga matua puta noa i te pūnaha mō Ngā Whai Wāhitanga me ngā Kōwhiringa. Hoki atu, hoki atu, ko taua pātai anō. He māraake te kite atu me aha tātou, auare ake. Inā ka huaina te pātai, i haere ngā moni ki hea? ‘He nui te pūtea whiwhi – i haere rānei ki hea?’”

(reo whai wheako)



## There is money flowing into mental health to support more people

The growth in funding to support increased access to allow more and different mental health and addiction services announced in the Wellbeing Budget was clearly noted in the interviews.

“...the Wellbeing Budget I guess for us it’s been a huge growth in the working area of Access and Choice. That would be the most tangible change in terms of what we’re doing.”

(health sector voice)

There was a strong sentiment that money alone will not cause transformation, and that any new funding needs to be spent in new ways that foster partnership between providers, to result in the transformation in services called for.

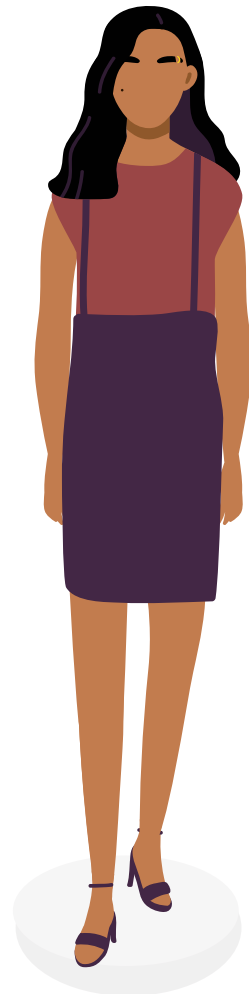
“Where it has made a difference out there – which I don’t know is a good or a bad thing yet – is that there is money flooding the sector, which in one way that is great but you can’t map where all this money links in with each other and how it’s integrated.”

(Māori voice)

Some questioned where the money was going, and whether it was going to the right things.

“...you guys are still asking what are the priorities across the system for expanding Access and Choice. I mean that’s been told numerous times over and over. I mean I think that is quite clear what should be happening and it’s not happening. And the question is where did the money go? ‘Cause they got a lot of – where did the money go?”

(lived experience voice)



## Kei konā anō ētahi angitūtanga e pā ana ki te whai wāhi atu ki ngā ratonga nui (tae atu ki ngā whanaungatanga a ngā tūmomo ratonga)

I tua atu i ngā take moni, ka tuku kōrero te iwi mō te huarahi ki te whakawhānuitanga o ngā ratonga whai wāhitanga, kōwhiringa hoki. Ko tētahi o ngā mea papai o te pikinga whai wāhitanga ki ngā ratonga, ko ngā whakapaipai ki ētahi wāhanga e pā ana ki te nekeneke haere i a tangata whaiora i ngā kaiwhakarato rerekē.

“...ka whānui ake ngā mahinga matua i te motu whānui e āhei ai te marea te whakapāpā atu ki tētahi rōpū mahi, nē, nōtemea ka whiwhi rātou ki ngā ngaio me ngā Kaiako Hauora.”

(reo wāhanga hauora)

“He tino tau ngā tauira mahi. He nui ngā tāngata e rongō nei i te mahana o ngā tūwhitinga, i te kāhoretanga atu o ngā tonotanga, i te kāhoretanga hoki o te huri heahea a te iwi i te pūnaha. He mea pai te rongō me te kite i te mahana o te tangata kei roto noa iho i te kauhanga whare. Tēnā ka hia āwhina te tangata, ka arahina rātou ki taua ratonga āwhina. Anō te pai. He tino pai ngā whakahoki kōrero a ngā Tākuta, ngā tūroto, me ngā kaimahi hoki.”

(reo wāhanga hauora)

Heoi i rongō anō mātou ki ngā nanu e pā ana ki te kōpā rawa o ngā whai wāhitanga atu.

“Ki a hau nei he pai ake te mahi a te Tairāwhiti ki te wāhanga o ngā Whai Wāhitanga me ngā Kōwhiringa. Otirā he pai ake i ngā kaupapa o te tauira kaiako hauora. Ko te tūmahi a te Tai Rāwhiti i taurahia mai i te Tiriti o Waitangi.”

(reo whai wheako)



## There are pockets of success to improve access to services (and improved access between services)

Beyond the amounts of money, people talked about steps underway to expand access to services. The most important positive aspect of increased access to services was in improvements in some areas about how tangata whaiora moved between different providers, especially from general practice as a first point of entry.

“...there will be a lot more general practices around the country where people will have access to that team approach won't they, because they'll have health improvement practitioners and health coaches within the practice.”

(health sector voice)

“The pilots have been fantastic in terms of the model works so well for so many people, having that warm handover, not having referrals, not wasting time bouncing people around the system but instead of having a real human you can see and touch, who's down the corridor, that if someone needs some help they can be led to and supported to use that service. It's worked so well, we've had really good feedback from GPs and patients and from the people working in it.”

(health sector voice)

However, we also heard disappointment from multiple perspectives about the limited way that access was being understood and enabled through a medical model centred on general practices.

“The Tairawhiti approach to Access and Choice, I think is really a far better model than what's just been rolled out by, under this health coach model. The Tairawhiti approach is an example of a Treaty approach.”

(lived experience voice)



## Kua kouna ake te mana kōwhiri ratonga

He tawhiti tonu te huarahi haere hei whakarerekē i te āhua o ngā tono pūtea, te hunga mahi, te hanganga ratonga, e āhei ai te whakawhānui kōwhiringa e whakakitea ana e *He Ara Oranga*. Engari ka rongo tonu mātou ki ngā mea papai a ngā momo ratonga e tauawhi nei i te whakawhānuitanga o tangata whaiora ki ngā putunga ratonga. Heoi i te pēnei kē ētahi o ngā kaiwhakarato i mua i a *He Ara Oranga*.

“...he nui tonu te hunga ka whakauru i a rātou anō, ā, ka āhei te kuhu mai me te whakawhiti korero i roto i te ahurea mōwai rokiroki. Ka mea atu mātou ‘He aha ōu hiahia?’ Mena kāhore i a mātou te whakautu, ka tauawhi atu mātou. Ka awhi atu mātou kia kimi i te huarahi ki te ora.”

(reo o te Māori)

“Nā kua pātai atu mātou ‘Kei te hiahia kia tirohia koe? E pīrangī ana rānei ki te waea atu ki tētahi? Me pēhea tā mātou whakaora i a koe?’ Nā reira kei te ngana mātou ki te tuari i ngā kōwhiringa maha mā rātou anō e tohu mai me pēhea.”

(reo whai wheako)

Ka tuku kōrero ētahi mō te pūrangiaho a te marea ki ngā mahi, ki ngā mātauranga wheako e puritia ana e te Māori hei whakapai ake i te toiora o Aotearoa whānui.

“...he huhua ngā tauira tau a te Māori, pērā i te mātauranga Māori, ā, ka noho hei maruwehi mō ngā whakaaro toiora. Ki ōku whakaaro he huarahi pai tēnei hei puna kōrero e mārama ake ai mātou ki te horopaki o te tū mahi.”

(he kaimahi rāngai kāwanatanga / he Māori)

“Ki ōku anō whakaaro he whetū mārama ngā kaupapa Māori [...] i a au e mātaki atu nei, he nui te tauwiwi kei te kimi huarahi anō. Ki a au kei roto i ngā kaupapa Māori te huarahi e kimi nei ētahi.”

(he Māori)

I te tau 2018 ka tū te rangahau ahurea<sup>11</sup> ki ngā ratonga hauora hinengaro, waranga hoki, ā, ka tōwaitia ngā mea papai o ngā ratonga kaupapa Māori. E ai ki ngā kitenga, he pai ake ngā whakaaro mō ngā kaimahi Māori i ērā atu o ngā kaimahi, he kouna ake, he haumarua ake i ngā kaimahi o ratonga kē. I whakawāngia hoki te mārama ki te ahurea me ngā huatau pū o te manaaki tangata, pēnā i te tiaki pai i ngā tangata whaiora me ngā whānau i runga i te ngākau whakaute, te hanga tahi i ngā mahere manaaki me te whakaū i ngā hiahia, ngā uara me ngā mahere manaaki i te tangata whaiora.



<sup>11</sup> Te Kōmihana mō te Kōunga Hauora me te Haumarua. He rangahau tēnei nā ngā kaimahi o Ngā Poutama, he mea whakaputa i te Hakihea 2018 <https://www.hqsc.govt.nz/assets/Mental-Health-Addiction/Publications/Nga-Poutama-national-report-Dec-2018.pdf>

## There are some improvements in providing choice in services

We heard that there was a long way to go to make the changes to funding, workforce, and service structures to enable the expansion in choice envisioned in *He Ara Oranga*. But we also heard about positive examples of specific services that were embracing expanded choice for tangata whaiora within their service offerings, which was often already happening in some providers before *He Ara Oranga*.

“...we have a percentage of our enrolments who are self-referrals and they can walk into the door and we sit with them with a cultural framework in mind and a wellbeing framework and we say ‘What do you need? What do you need from us?’ And if it’s something we can’t provide we will take their hand, not literally. We will awahi them to find that, to find whatever that is and support them through that.”

(Māori voice)

“So we’re starting to ask people ‘Do you want to be seen? Do you want someone to ring and talk you through some counselling on the phone? You know, what can we do to make your life better?’ So we’re trying to give the choices back to the people that use our services rather than us telling them how to do business with them.”

(lived experience voice)

People talked about the growing realisation that Māori ways of working, knowing and being could provide important insights for improving the wellbeing of everyone in Aotearoa New Zealand.

“...we have all these amazing Māori models, mātauranga Māori, that actually give us a lot of places to go in terms of thinking about wellbeing. So I sort of

think we’ve got this unique opportunity to really draw on that knowledge and that understanding that’s so well established for this unique context that we’re in.”

(government agency voice / Māori voice)

“And I also think that kaupapa services are the beacon of hope [...] what I’m noticing in general society that the, there’s a lot of non-Māori that are looking for a lot more than what they’re getting. And I think that kaupapa offers some of those answers and solutions that others are looking for.”

(Māori voice)

Data from a nationwide 2018 culture survey<sup>11</sup> of mental health and addiction services backs up the positive views of kaupapa Māori services, with staff in kaupapa Māori services being rated more positively in nearly all areas of quality and safety culture than staff in other services. This includes cultural competency and fundamental concepts of delivering care and support, such as treating tangata whaiora and whānau with respect, co-creating care/support plans and actively incorporating tangata whaiora needs, values and beliefs in care/support plans.

<sup>11</sup> Health Quality and Safety Commission, Ngā Poutama staff survey, published Dec 2018, <https://www.hqsc.govt.nz/assets/Mental-Health-Addiction/Publications/Nga-Poutama-national-report-Dec-2018.pdf>

“...e rea ai ngā pukenga kaimahi, me pakari ake ngā mātauranga ahurea a tauwi ki te whakawhanaunga atu ki ngā whānau o ngā iwi o Te Moananui-ā-Kiwa, kia riro mai ngā ratonga kounga...nā reira i tipu ai ā mātou whakangungu ahurea...ka mutu kua rearua te nui o ngā pūtea hei tautoko i ngā whakangungu. I pā mai ērā hua i a *He Ara Oranga*.”

(reo o Te Moananui-ā-Kiwa)

He āwangawanga anō tō te hunga whai wheako he ngoikore rawa te whakapai ake i ngā whai wāhitanga me ngā kōwhiringa i te mahi tākuta matua me ngā mahi manaaki matua. Ko tōwaitia te tukutanga o ngā kōwhiringa matua, ngā huarahi mahi tahi me te whai wāhi atu i te mana taurite. Tae rawa ake ki ngā māharahara kei hea e tuarhia ana ngā pūtea e whai ake nei.



“Kāore e kore ka tū ngā ringa o ētahi me te kī ‘He maha ngā whakatutukitanga i roto i ngā manaaki matua, ā, kua whānui ake ngā Whai Wāhitanga me ngā Kōwhiringa. Heoi ka āhua hōhā au ki ngā kaiārahi whai wheako e mea nei nā rātou mātou i aukati atu”

(reo whai wheako)

### Ngā whakarāpopoto o ngā raraunga matua ki te whakawhānui

Ko te tiro atu ki ngā raraunga mohoa tētahi o ngā puna mōhiohio hei tātari mena he nui ake ngā tāngata e whakamahi nei i ngā ratonga hauora hinengaro, waranga hoki. E whakaraupapa ana te pūnaha hou ki roto i a *He Ara Oranga*. Kei tōna iho ko te whakakitenga mō te pūnaha hauora hinengaro, toiora hoki. Heoi ko ngā pūnaha kohi raraunga o nāianei ka tiro noa iho ki ngā putanga a ngā ratonga haumanu o te hauora hinengaro, waranga hoki. Otirā he moroiti ngā raraunga mohoa e arotake ana i te whai wāhi atu a te marea ki ēnei ratonga.

Mō tēnei wā ka tiro noa mātou ki ngā raraunga e wātea ana, engari ka whakamārama atu he wāhanga noa tēnei e mārāma ake ai me pēhea.

The challenge of improving choice, especially with regards to the growing need for improved cultural competency within mainstream organisations, was noted, with a few commenting on positive improvements since *He Ara Oranga*.

“...to grow workforce skills we need to enhance the cultural responsiveness of the mainstream workforce to better engage with Pacific families, so that they receive the best quality services possible... so our cultural competency training programme has grown a lot ...in fact it’s doubled in terms of funding to train more people on how to engage better. And that increase happened as a result of *He Ara Oranga*.”

(Pacific voice)

People with lived experience expressed concern that the work to improve access and choice was limited, focusing on general practice and primary care. People stressed the need to deliver genuine choices, co-designed approaches and equitable access, especially in the current uncertainty about where subsequent rounds of funding would be directed.

“I’m sure people will hold up their hands and say that ‘We’ve done all this in primary care and Access and Choice has been expanded. But I experience a lot of frustration with lived experience leaders saying that they just really shut us out”

(lived experience voice)

## Expanded access and increased choice priority data summary

Another source of information to assess whether more people are accessing mental health, addiction and wellbeing services is to look to existing data. The new system outlined in *He Ara Oranga* sets the vision of mental health and wellbeing at its heart. However, the current data collection systems capture and report on largely mental health and addiction clinical service delivery. Very little existing data, if any, is currently available to assess whether people are accessing services with a wellbeing approach. Going forward we support an overhaul to current data collection systems to enable the measurement of system transformation.

For now, we can only report on what data is currently available, with emphasis that this data is only a part of the picture to understand how access is improving. It does not serve as the whole.

E ai ki ngā raraunga mohoa, kāore anō i rerekē te nui tangata e whai wāhi ana ki ngā ratonga hauora hinengaro, waranga hoki. Ko ētahi o ngā puna raraunga ko:

### Ngā haerenga ki ngā Mahi Rata Matua mō ngā take hauora hinengaro, waranga rānei:

Kāore he raraunga ā-motu e wātea ana. Ahakoa e mōhio nei mātou i te tokomaha o ngā tāngata haere ki te tākuta, kāore mātou i te mōhio i ngā take i haere rātou ki te tākuta. Hei tiroiro i ngā whakawhānuitanga whai wāhi, me arotake i ngā rerekētanga, otirā kāore e tutuki tērā me ngā kohinga raraunga o ēnei rā. Heoi i kite ai te rangahau hou a Te Whare Tohu Rata o Aotearoa tahi hātoru o ngā uiuinga rata mō te hauora hinengaro me te waranga.<sup>12</sup>

### Ngā whakahau rongoā hāpori e pā ana ki te hauora hinengaro:

Ko ngā rata te taiapa tūtaki o ngā tūro e pāngia nei i te mate hinengaro me te waranga. Ka āhei ngā rata te tuku rongoā, te whakauru ki ngā raru poto me te whakapā atu ki tētahi mātanga hauora hinengaro, waranga hoki. Ahakoa kāore anō i mātāuria te rarahi o te tangata ka kite i te rata mō te hauora hinengaro me ngā waranga, ko tētahi o ngā huarahi paetata he arotake mena kua kake te nui o ngā rongoā ka tukuna. I te tau 2019, e 494,900 ngā tāngata o te hāpori i whakahaungia ki te rongoā ā-hinengaro.<sup>13</sup> Kāore anō i tino rerekē, mai ka whakaputahia a *He Ara Oranga*.

### Ngā ratonga hauora hinengaro matua:

ka whakarato anō Ngā Poari Hauora Ā-Rohe i ngā momo ratonga whakaora ki ngā wāhi matua – e kiia nei hoki ko ngā ratonga hauora hinengaro matua. Ki te whakaaro a te Manatū Hauora, 132,525 te rahi o te marea i whakapā atu ki te ratonga hauora hinengaro matua o te matua i te tau 2018/19.<sup>14</sup> Ahakoa kua heke iho tēnei tatauranga mai i te tau 2017/18, kāore anō i tino rerekē mai i te tau 2015/16.

### Ngā ratonga mātanga mō te hauora hinengaro, waranga hoki:

Ko tētahi o ngā whāinga nui ki te whakawhānui i te whai wāhi atu a te tangata whaiora, ko te whakauru moata i ngā raru i mua i te tipu hei mate noa atu. Heoi e ai ki ngā rangahau kei te raru tonu ngā ratonga mātanga nei. I waenganui i ngā tau 2008/09 me 2018/19, ka kitea te piki piki haere o ngā whakapātanga ki ngā ratonga mātanga – i te tau 186,453 te nui o te iwi i whakamahi i ēnei ratonga.<sup>15</sup> E kake hoki ana ngā whakapātanga ki ngā Tari Whawhati Tata mō te mate hinengaro (i te tau 2018/19, 16,799 te rahi o te marea).<sup>16</sup>

### Ngā ratonga kei waho i te kāwanatanga:

Ko te hunga i whakamahi anō i ngā ratonga a ngā Poari Hauora me ngā rōpū kei waho atu i te kāwanatanga, kei roto anō i taua 186,453 tāngata i whai wāhi ki ngā ratonga mātanga mō ngā mate hinengaro me ngā waranga. He whānui ake ngā ratonga a ngā rōpū kei waho i te kāwanatanga, pērā i ngā whare haumarū. Ōrua mai ko ngā kawenga haumanu a tētahi Poari Hauora Ā-Rohe mō te tangata. E ai ki ngā rangahau o te tau 2018/19, e 40 ōrau o te hunga whakapā ki ngā ratonga, i haramai i ngā rōpū kei waho i te kāwanatanga.<sup>17</sup>

E pā ana ēnei rangahau ki ngā rōpū kei waho i te kāwanatanga me Ngā Poari Hauora Ā-Rohe. I ngā tau 2016/17 me 2017/18 i noho ngā tatauranga ki te 39 ōrau.

<sup>12</sup> RNZCGP 2019, i tikina i Rata o Aotearoa <https://www.nzdoctor.co.nz/article/news/mental-health-and-addiction-consults-make-nearly-third-gps-work>

<sup>13</sup> I tikina i ngā kohinga rongoā a te Manatū Hauora (PHARMS). Kei ēnei raraunga te nui tangata i whiwhi ki tētahi tuhinga hauora mō ngā rongoā hauora hinengaro, waranga hoki. Ka pā tēnei ki ngā pūtea tāpiri anake kei waenga i te hāpori.

<sup>14</sup> Ngā puna raraunga a te Manatū Hauora mai te Pūrongo Aroturuki, Takawaenga Hoki. E ki ana tēnei pūrongo ka pā ēnei tatauranga ki ngā tahua hauora hinengaro kua whitia mā ngā Poari Hauora kē e korero. Ka mutu he whakatau tata noa ēnei. Ko ngā tāngata i haere ki ngā poari hauora e rua, neke atu rānei ngā wā, ka kaute anōhia.

<sup>15</sup> I ahu mai i te Hōtaka a Te Manatū Hauora e pā ana ki te whakaurunga o ngā raraunga Hauora Hinengaro (PRIMHD). Rā tango, 20 Kohitātea 2020.

<sup>16</sup> Ibid, rā tango, 3 o Huitanguru 2020.

<sup>17</sup> HDC MHA Pūrongo Aroturuki, Takawaenga Hoki, e tārewa tonu nei.

The current available national data indicates there is not yet significant change in the number of people accessing mental health and addiction services. Details of the various data sources include:

### Visits to General Practices for mental health and/or addiction reasons:

There is no national data available. While we know how many people visit their general practitioner, we do not have national data to understand the reason for visiting their general practitioner. To monitor expanded access, we need to assess this change over time, which is not possible with current data collections. However, a recent point-in-time survey by the Royal New Zealand College of General Practitioners found that about one third of all general practice consultations are for mental health and/or addiction reasons.<sup>12</sup>

### Community dispensed mental health related prescriptions:

General practitioners often provide the first place of clinical intervention for mental health and/or addiction issues. General practitioners can prescribe medication, provide brief intervention and can refer people to specialist mental health and addiction services. Whilst we cannot nationally quantify how many people see their general practitioners for mental health and/or addiction related reasons, a proxy but limited approach is to assess whether medication prescription has increased. In 2019, there were 494,900 people who were dispensed in the community a psychiatric medication.<sup>13</sup> There is no significant change in this number of people since *He Ara Oranga* was released.

### Primary mental health services:

District Health Boards also fund treatment options for delivery in a primary care setting – referred to as primary mental health services. The Ministry of Health estimates that 132,525 people accessed primary mental health services in 2018/19.<sup>14</sup> While down slightly from the 2017/18 estimate, the number of people accessing these services has not changed significantly from 2015/16.

### Specialist mental health and addiction services:

One of the objectives for expanding access to the full spectrum of need, is that early intervention may help prevent more serious mental health crises. However, the data tells us that New Zealand's specialist mental health and addiction services continue to be under pressure. Between 2008/09 and 2018/19, the number of people accessing specialist services continues to increase – in 2018/19 there were 186,453 people accessing these services.<sup>15</sup> The number of people accessing Emergency Departments for mental distress also continues to increase (in 2018/19 this was 16,799 people).<sup>16</sup>

### NGO services:

The 186,453 people who accessed specialist mental health and addiction services in 2018/19 includes access to District Health Board and/or non-government organisation services. We can look specifically to data on access to non-government organisation services. Non-government organisations often provide broader wellbeing support such as housing, alongside a District Health Board with clinical responsibility for the individual. The 2018/19 data shows that 40% of people who accessed mental health and addiction services were engaged with a non-government organisation.<sup>17</sup> This includes people who saw both a non-government organisation and District Health Board. This figure is largely unchanged from approximately 39% in both 2016/17 and 2017/18.

<sup>12</sup> RNZCGP 2019, sourced from NZ Doctor <https://www.nzdoctor.co.nz/article/news/mental-health-and-addiction-consults-make-nearly-third-gps-work>

<sup>13</sup> Sourced from the Ministry of Health Pharmaceutical collection (PHARMS). This data includes the number of people with a least one prescription for mental health and addiction related medicine. It only covers subsidised, community-dispensed prescriptions. It does not include prescription forms that were not filled (e.g. patient receives a prescription from the doctor but does not go to the pharmacy to get it filled). The includes prescriptions as per a Ministry of Health list of medicines (chemical formulations) associated with mental health and addiction.

<sup>14</sup> Ministry of Health data sources from upcoming HDC Monitoring and Advocacy Report. This report caveats that these figures relate only to the devolved primary mental health funding which DHBs report against and are estimates only as the unique number of clients seen in New Zealand is not reported. Clients seen by more than one DHB, and in more than one quarter of the year or more than one service are double-counted.

<sup>15</sup> Sourced from the Ministry of Health Programme for the Integration of Mental Health data (PRIMHD). Extraction date 20 January 2020.

<sup>16</sup> Ibid, extraction date 3 February 2020.

<sup>17</sup> HDC MHA Monitoring and Advocacy Report, upcoming.



## Kāore i tino rerekē te nui tangata i whai wāhi ki Ngā Ratonga Matua mō te Hauora Hinengaro mai i te tau 2015

# 132,525

Ka whai wāhi ki Ngā Ratonga Matua mō te Hauora Hinengaro (2018-2019)

I te tau 2019, kotahi o ngā hui Rata e toru i pā ki ngā take hauora hinengaro, waranga hoki



I te tau 2019, 10 ōrau o ngā tāngata katoa (e 494,000) ka whiwhi i te rongoā hinengaro



## I roto i te 10 tau, kua kake te nui tangata ka whai wāhi ki ngā ratonga Ngaio mō te MHW

# 186,453

Ka Whai Wāhi ki Ngā Ratonga Ngaio mō te MHW (2018/19)

40 ōrau o ngā tāngata i whai wāhi ki ngā ratonga Ngaio mō te MHW, i haere mai i Ngā Rōpū Kei Waho i te Kāwanatanga. E pā ana tēnei ki a rātou hoki i kite i tētahi o ēnei rōpū me Ngā Poari Hauora Ā-Rohe.



## Kua kake anō te tokomaha o te hunga o Aotearoa e whai wāhi ana ki Ngā Tari Whawhati Tata mō ngā pōrarua te hinengaro

# 16,799

Ka whai wāhi ki Ngā Tari Whawhati Tata mō ngā pōrarua te hinengaro (2018/19)

E whakaatu ana ēnei raraunga ā-motu kāore anō i tino rerekē te nui tangata e whai wāhi ana ki ngā ratonga hauora hinengaro, waranga hoki. Heoi ka rongo tonu mātou i ngā kōrero a te Manatū Hauora ki ā rātou whakapeto ngoi. He maha ngā take kāore anō i tino mātauria ngā raraunga ā-motu. Tuatahi kei reira ngā āputa hauora, ā, kāretahi ngā kohikohinga raraunga ā-motu e tataua i ngā hui a Ngā Rata Whakapai Hauora me Ngā Kaiako Hauora. Kei raro iho nei ngā putunga raraunga o ngā hui me te nui tangata i tae ki ngā hui a Ngā Rata Whakapai Hauora me Ngā Kaiako Hauora. Tuarua, he putuputu nei te putanga o ētahi o ngā kaupapa, ā, tīmata rawa ētahi i te pito o te tau 2019, me te ūpoko o te tau 2020. Nō reira he moata rawa te kite i ngā rerekētanga i waenga i te tau pūtea 2018/19 me te tau 2019. Tuatoru, ko ētahi kaupapa he kaupapa tauira noa iho, i whakahaerehia rānei ki ngā rohe. Nā whai anō kāore e whakaatuhia nga angitūtanga o ngā rohe i konei.



The number of people accessing Primary Mental Health Services has not changed significantly since 2015

132,525

Accessed Primary Mental Health Services  
(2018-2019)

*In 2019, one in three GP consultants were for mental health and/or addiction reasons*



*In 2019, 10% of New Zealanders (494,900) were dispensed a psychiatric medication*



In the last ten years, the number accessing Specialist MHA services has increased

186,453

Accessed Specialist MHA  
(2018-2019)

*40% of those accessing Specialist MHA services was with an NGO. This includes people who saw both an NGO and DHB*



The number of New Zealanders accessing Emergency Departments for mental distress has also increased

16,799

Accessed Emergency Departments for  
Mental distress (2018-2019)

All this available national data indicates no significant change yet in the number of people accessing mental health and addiction services. However, we heard about the Ministry of Health initiatives underway for expanding access of primary mental health and addiction support. The national data may not yet be telling us the full picture for a few reasons. First, there are data gaps and national data collections do not count some initiatives such as sessions delivered by Health Improvement Practitioners and Health Coaches. Data that is manually reported to the Ministry of Health on the number of sessions and people seen by Health Improvement Practitioners and Health Coaches is shown below. Second, there has been a phased rollout, including some initiatives starting late 2019 and early 2020. Hence it is too early to see change in data between the 2018/19 financial year and 2019 calendar year. Third, some initiatives have been pilots and/or regional, and so national data does not demonstrate regional pockets of success.

## Nga hui me ngā tatauranga nui tangata o ngā hui a Ngā Rata Whakapai Hauora me Ngā Kaiako Hauora mai i te Hōngongoi 2019 ki te marama o Poutūterangi 2020\*

Month	Hunga kua kitea	Ngā hui
Hōngongoi	1260	2045
Hereturikōkā	1357	2188
Mahuru	1299	2125
Whiringa-ā-nuku	1550	2448
Whiringa-ā-rangi	1398	2079
Hakihea	1280	1785
Kohitātea	1261	1745
Huitanguru	1543	2167
Poutūterangi	1572	2194
Hui Katoa		18777

\*Nā runga i te Mate Korona ka tōmuri ngā raraunga mō Paengawhāwhā.

E whakaatu ana ēnei raraunga ngā ratonga puta noa i ngā whare matua 22 te maha, kei Ngā Poari Hauora Ā-Rohe e waru. He mea whakatō ēnei kaupapa i ngā whakangaotanga hauora hinengaro hou o te Tahua 2019. E āta putuputuhia ana ngā ratonga hou i te rima tau. He mea tuku mai ēnei raraunga e ngā kaiwhakarato ki te Manatū Hauora i ia marama.

## People seen and number of sessions delivered by Health Improvement Practitioners and Health Coaches from July 2019 to March 2020\*

Month	People seen	Sessions
July	1260	2045
August	1357	2188
September	1299	2125
October	1550	2448
November	1398	2079
December	1280	1785
January	1261	1745
February	1543	2167
March	1572	2194
Total YTD		18777

\*COVID-19 has delayed the reporting of April data

This data represents service access across the initial tranche of 22 general practice sites, spanning 8 District Health Board areas, funded with new Budget 2019 investment in primary mental health and addiction services. New services are being rolled out in a phased way, so the number of practices that these services are accessed through will increase over the course of the five-year rollout. This data is reported by the providers directly to the Ministry of Health on a monthly basis.

# HE ROA TE HUARAHI – Ā, HE ŌRITE TONU TE ĀHUA O TE HUARAHI

“Kāpuia kia kore e whati”

Ahakoā ngā whanaketanga i roto i ngā tau e pā ana ki ngā whāinga matua e whā, he roa tonu te huarahi. I hōhā ētahi i runga i te whakaaro he pōturi rawa ētahi o ngā whakanekeneke.

“Ko tētahi o ngā wero nui, 40 ngā tūtohunga. Ko te āhua nei me tohu i ērā mea e toru. Heoi e hāngai katoa ana ngā tūtohunga.”

(reo kōkiri)

I rongo atu mātou kua rite te iwi – engari ka rongo anō mātou mai te whakaaro a te nuinga mō te urupare ki a *He Ara Oranga* – ara kei te ‘ōrite tonu ngā mahi’.

I rongo anō mātou me rerekē te ahurea, ngā waiaro me ngā whanonga e eke ai te mana taurite. Ko ētahi kua hōhā kāore anō i rerekē ngā whanonga a te kāwanatanga me ngā poari hauora ā-rohe. I kōrero ētahi kihai rātou i kite i te atawhai, te aroha, te whakarangatira, te whakamana, te hononga pūmau, kāretahi i whakarongo. Ka pā kē mai ko te ngākaukino, ko te kaikiri, ko te whakamanamana me te ‘mahi tohutohu’. I rongo mātou kāore te panonitanga e pā noa iho ki ngā ratonga, ka pā hoki ki te ahurea me te whakamana i ngā hanganga me ngā mahi. He panonitanga tikanga whakaaro kē.

He tino rerekē ngā whanaketanga whakaatu ki te panonitanga pūmau. Ka whakahau a *He Ara Oranga* kia tika te mahi, kia ū ki te mahi.

“...koinā tonu te āwangawanga, me panoni te tikanga whakaaro o te hauora hinengaro me te toiora, ā, kia kaua e tiro noa iho ki ngā whakaratonga.”

(reo kōkiri)

“Otirā ka whai mahara tonu ki tā tātau āhei ki te kōrero mō ngā tuhinga me te whakakitenga me te ahu whakamua o te rautaki. Engari mena i whai wāhi mai ngā kaimahi 300 te rahi, ngā kaiwhakarato me ngā tāngata whaiora kei whakautuhia e rātou te pātai ‘He aha ngā panonitanga’? Korekore ana.”

(kaimahi reo hauora)

Ko te kaupapa a *He Ara Oranga* ko te tangata. He nui ngā whakaputanga kōrero ko te nuinga o ngā mahi hou o te urupare a *He Ara Oranga* e noho pū tonu nei ki te hauora, ki ngā whakatau māuiui me ngā māuiui – he rite tonu te waimehatia o ngā kaupapa toiora i ngā kaupapa me ngā tukanga kāwanatanga.

(reo whai wheako)

# THERE IS A LONG WAY TO GO – TO MANY PEOPLE THE PATHWAY STILL LOOKS THE SAME

Unite the strands, so they may be strong and will withstand

While we heard about progress that has been made in the four priority areas, it was clear that there is a long way to go. Many expressed frustration at what was seen as a lack of meaningful progress towards transformation.

“I guess one of the challenges is that it’s got 40 recommendations and it feels a bit, just pick those three and we’ll do those three first. But of course actually everything all fits together.”

(advocacy voice)

We heard that people are ready for change, but we also heard – from most of the people we spoke to – that much of the activity in response to *He Ara Oranga* has been ‘more of the same’.

We heard that culture, attitudes and behaviours need to change to ensure equity and responsiveness are front and centre. Many we spoke to expressed disappointment that there has not been a change in behaviour by government and district health boards. These people spoke of the need for *atawhai* (kindness), *aroha* (love) and *whakarangatira* (respect), empowerment, partnership and *whakarongo* (listening) instead of bias, racism, control and ‘show and tell’. We heard that transformation is not just about services, it is about culture and enabling structures and practices. It is a shift in mindset.

A natural tension exists between demonstrable progress and genuine transformation. *He Ara Oranga* implores us to do the right thing and not the usual or quickest thing.

“...that’s probably our overarching concern is that we desperately do need to see a major paradigm shift in the way we approach mental health and wellbeing, and that paradigm shift means that it’s not just about service delivery.”

(advocacy voice)

“And in that, I’m just really mindful that we are in a fortunate position that we can talk about these documents and the vision and where we’re going and the strategy around it, but I think if we had this meeting with our 300 staff and the community providers and even with the *whaiora* they might have said that, in response to your question ‘What has changed’? Nothing has changed.”

(health sector voice)

“Even without the funding, even without a process of system transformation, we’re still not seeing an impact at a human level behind the behaviours the families are reporting; ‘I didn’t feel listened to.’ ‘Who do I talk to?’”

(lived experience voice)



## Ka hua te panonitanga i ngā tono a *He Ara Oranga*, ā, ka tōwaitia i tōna whakatinanatanga

I whakatakoto te Pae Uiui āna tūtohunga i te āhua o ngā kaupapa whānui. Ka whakamihi ake mātou mō ā rātou mahi ki te para i te huarahi mō ngā panonitanga. Ka rongo mātou i ngā inoi kia kaua e warewaretia te ngako o ngā kōrero i whakaputaina i roto o *He Ara Oranga* i te āwangawanga kei waimeha te matū o ēnei huatau.

Nā te uaua me te roa o ngā mahi, ka rongo mātou i ngā auheke e pā nei ki ngā panonitanga

“...kei ngaro ngā kaupapa matua mena ka aropū noa iho tātou ki ngā tūtohunga a *He Ara Oranga*.”

(reo whai wheako)

“He pono katoa ngā kōrero a *He Ara Oranga*, otirā e para nei rātou te huarahi hou. Ka mārama ana te iwi ki tērā, kua kaha tautokona te huarahi hou e raupapahia ana i te pūrongo. Ko te māharahara kei wetewetekia ōna mahi pai i mua i tōna whakatinanatanga.”

(reo kōkiri)

## Transformation will occur not only from the recommendations of *He Ara Oranga* but also from the intent behind them

The Inquiry Panel made practical recommendations for action based on a set of broad themes. We sincerely thank them for their mahi to start clearing the pathway for transformation. We heard pleas not to forget the rich detail at the heart of the themes and recommendations in *He Ara Oranga* and concerns that the meaning of some of these are at risk of being lost in translation and becoming empty concepts.

Given the complexity and long-term nature of the journey ahead, we heard acknowledgement of the significant barriers to transformation and the need to manage our expectations.

“...if there’s a focus purely on the recommendations of *He Ara Oranga*, some of the really key themes that are picked up in the report could get lost if we just focus on the recommendations.”

(health sector voice)

“I think *He Ara Oranga* does what it says, it’s setting a pathway, a new direction and I think once people have come to terms with it then I think there is pretty strong support for the direction that’s outlined in the report. I think we have quite a big concern that it’s going to get cherry-picked and that it’s not going to be implemented as a total package, and it’s very clear in the report that it’s written as a total package.”

(advocacy voice)



## Me kaha ake te tautoko i ngā mahi angitū i waenganui i te hapori

Ki te nuinga o ngā whakahaerenga hapori, pērā i ērā a ngā Māori me ngā iwi o Te Moananui-ā-Kiwa, ko te tangata te hā o te kaupapa. Ka rongo atu mātou ki ngā kōrero whakamānawa a te hunga whakapau kaha, ahakoa karekau he pūtea. E tiaki ana rātou kia whakatata mai te kāwanatanga me ngā poari hauora ā-rohe.

“...ahakoa kei a koe ngā pūtea, he rerekē ngā kōrero tēnā ki te arohia ngā kōrero mai te hapori. Me pēhea e tatū ai tētahi whakaaetanga? Ko tēhea tirohanga te mea tōtika? Kāore e kore, ko ngā kaiwhakarato.”

(reo o Te Moananui-ā-Kiwa)

“Kāore au i te kite i ngā mea hou. Ko te āhua nei kei te whawhai rātou ki te ia o te wai, nāwai ka noho ko rātou anō te papa.”

(reo kōkiri)

“E kī ana ngā raraunga ko ngā rōpū Māori kei muri rawa e haere ana mō te tuku tahua pūtea i te motu katoa. Kei wīwī, kei wāwā, kei ngā pito katoa ā rātou whakapeto ngoi. Ko koe tonu te kaiwhakarato. Ka taea e koe te whakahuri mō āpōpō, haere ake nei.”

(reo o Te Moananui-ā-Kiwa)

“...e mahi tahi ana mātou me ngā whānau ki te whakaea i ngā raruraru o te ao. Ko ētahi kei te ngana ki te tiro i ngā huarahi kē atu hei whakaora i te toiora o ngā whānau engari ko te mutunga kē mai o te hōhā i te kore aro atu ki ngā kaupapa kōrero.”

(reo o te Māori)

“...ka pōhēhētia ka nui ngā āwhina me ngā rauemi hei tautoko i te kaupapa mahi. Engari auare ake. Nā whai anō ka kawa katoa mātou. Ahakoa tērā, e ū tonu nei mātou kia arohia te huarahi hou.”

(reo wāhanga hauora)



## We need to do more to support the successful work already happening in communities

Many community organisations, especially kaupapa Māori and Pacific organisations, put people, whānau and holistic principles at the centre of everything they do. We heard heart-warming examples of how these people do what it takes, regardless of funding, to make a measurable difference for the people they support. These people told us they are waiting for government and (most) district health boards to catch up.

“...okay, you have the money funder but actually if I listen to my community, they’re saying A, B, C but you’re saying X, Y, Z. So how do we negotiate that? Whose views is higher, valued more? So when you get to it, of course it’s the funders.”

(Pacific voice)

“I do see people trying some stuff. It feels like it’s against the tide rather than with the tide, so they’re doing it at personal cost.”

(advocacy voice)

“We’ve got data that says Māori NGOs are being paid less than anybody else in, across New Zealand. We know where they are, they’re there, there, there, and there, and you’re the funder. You can do something about this tomorrow.”

(Pacific voice)

“...we’re working directly with whānau on their challenges in life, but we’ve also had [others] who are trying to do things differently to achieve wellbeing for whānau and it’s with some frustration that the sector doesn’t appear to pick up on those initiatives.”

(Māori voice)

“...there was a lot of expectation that we would see stuff happen, particularly for us, that we would see the resources come in behind the programme of work that we were already underway with. And to be frank we haven’t seen that. And that’s been pretty disappointing and frustrating. What we haven’t done though is that that hasn’t lessened our commitment to the direction of the review.”

(health sector voice)

## Me aropū te pūnaha ki te toiora o te tangata, kāpā ki ngā hauora me ngā māuiui anake

Ko te kaupapa a *He Ara Oranga* ko te tangata. He nui ngā whakaputanga kōrero ko te nuinga o ngā mahi hou o te urupare a *He Ara Oranga* e noho pū tonu nei ki te hauora, ki ngā whakatau māuiui me ngā māuiui – he rite tonu te waimehatia o ngā kaupapa toiora i ngā kaupapa me ngā tukanga kāwanatanga.

Ka rongo anō mātou ki te urupare ki a *He Ara Oranga* me te tiro i ngā take whakaawe hauora. Ki te kore tērā, kāore e taea tētahi paku panonitanga. He ōrite hoki ngā kōrero mō tēnā mea te toiora – ara kia noho ko te tangata ki tōna iho, kia tiro whānuihia ngā take e pā nei ki te tangata, ki te whānau me te hapori. Otirā kia whai kanohi, kia mākohakoha, kia whai whakaarotia te ahurea tangata, me te hanga i te whare kia rite ki te tangata.

“Koia, ko ngā putanga pāpori o te hauora  
hinengaro te mea nui mō te panonitanga.”

(reo o Te Moananui-ā-Kiwa)

“Ki a au nei he kaha rawa te whai whakaaro  
ki ngā tauira mate hinengaro – he mea nui  
tērā engari ki te tiro kē ki ngā tauira toiora,  
he whānui ake ōna urupare ki te hauora  
hinengaro me te toiora.”

(reo wāhanga hauira)

“He kaimahi au nō tētahi rōpū kei waho atu i  
te kāwanatanga. Ehara ko te hauora hinengaro  
anake te kaupapa ... ko te tangata tonu.”

(reo o Te Moananui-ā-Kiwa)



## We need a system focussed on wellbeing instead of on health and illness

The vision of *He Ara Oranga* is about the whole person. We heard that much of the new activity in response to *He Ara Oranga* is still oriented in health, diagnosis and illness – that too often, the kaupapa of wellbeing runs into the kaupapa of deficits and government systems and processes.

We heard the response to *He Ara Oranga* needs to address social and economic determinants, without that there will not be change, let alone transformation. There were consistent comments on what constitutes wellbeing – we need to place people at the centre, take a holistic individual, whānau and community approach of wellbeing, be responsive, flexible and culturally appropriate, and design services that work with the person rather than fitting them into deficit-driven boxes.

“Actually, it’s the social determinants of mental health that are most critically important to transformation.”

(Pacific voice)

“I still think that the system is still too driven by a psychiatric model – and I know that’s really important but if you think about wellbeing models, they’re much broader than just the psychiatric type response and we need to have a much more holistic response around mental health and wellbeing, I think.”

(health sector voice)

“I’m an NGO, we deal with people. We don’t deal with mental health. Mental health is not what we look for ... we see people. We don’t see primary care, mental health, we don’t see all those barriers. We see people and we offer them help.”

(Pacific voice)

## Kāore anō i rerekē ngā pūnaha me ngā tukanga e hāngai ai mō te panonitanga

I rongo atu mātou i ngā kōrero kia kaha ake ngā whakawhanaungatanga (te mahi tahi me te hanga tahi), ngā urupare, ngā raungāwari ki te tuku pūtea, ngā whiwhinga me ngā inenga pūnaha. Ko ēnei o ngā tukanga mohoa he whakahōhā, he whakararu, he whakatiwehewehe he whakakino i ngā whakataetae e noho kehe tonu ai te mana taurite.

“Kei te tonoa te panonitanga engari kei te whakamahi tonu i ngā taputapu ō mua.”

(reo kaikōkiri)

“Mena ka kī tātou ‘Anei mārika tētahi pūnaha’ hei urunga mā te Māori me ngā iwi o Te Moananui-ā-Kiwa. Ko te painga atu tēnā i te kōrero ‘Anei te Māori me ngā iwi o Te Moananui-ā-Kiwa, kia pēhea te āhua o te pūnaha?’ Kāore e paku neke tētahi mea.”

(reo o Te Moananui-ā-Kiwa)

“Mena karekau ngā kōtuinga i te mahi tahi, he tukituki te mahi. Ka uaua ake mena he hou koe ki tēnei pūnaha.”

(reo wāhanga hauora)

He nui ngā momo rerekē puta noa i te motu. I kōrerotia mai he pai tēnā e uruparetia ai ngā tūmomo mate katoa. Engari kāore e whai hua mena ka hoki ki te āhua ō mua.



## Systems and processes have not changed enough to support transformation

We heard a lot about the need for greater partnership (including collaboration and co-design), responsiveness, and flexibility in how we fund, procure and measure as a system. The current processes are resulting in frustration, despondency, fragmentation, and unsustainable competition, not to mention unmet need and inequity.

“So we’re asking for transformation but yet we’re using the same levers as we always have.”

(advocacy voice)

“So I think as long as we say ‘Here’s a system’ and fit Māori and Pacific into it, rather than say ‘Here’s Māori and Pacific, what does the system need to look like?’ We’re going to be the same.”

(Pacific voice)

“If you haven’t got existing networks that are working together, then you’re in a competitive process. If you’re new to working in that way, it creates extra challenges for people.”

(health sector voice)

Variation occurs across the motu (country). We were told that variation is good if it is responding to different needs, but not if it is driven by continuing to work as we always have.



# TE MANA TAURITE ME NGĀ WHANAUNGATANGA

## “Poua te hoe whakaterere”

*Ka rongo mātou ki ngā whanaketanga mō te whakaraupapa haere i te panonitanga. Ināianei me ihonui i roto i ngā mahi ki te whakakamakama i te tukanga, me te whai wā kia whai hononga me te hunga ngaio ki te hanga i ngā kaupapa hou.*

He manahau te iwi ki ngā panonitanga, ahakoa ngā āwangawanga ki ngā urupare ki a He Ara Oranga. Mena ka moata te aro ki te toiora me te pūnaha whānui ka angitū te pūnaha.

I rongo anō mātou mō ngā āputa i waenga i ngā whāinga a te kāwanatanga mō te whakangao, me te hiahia kia wawe tutuki ngā panoni i roto o He Ara Oranga. I tino rongohia tēnei momo korero i ngā whakawhitiwhiti kōrero mō ngā whai wāhitanga me ngā kōwhiringa, tae atu ki te whakahoki a te kāwanatanga, ara tana aro ki te whakawhānui i ngā ratonga hauora matua o naianei mō te hunga e āhua kaha ana ngā mate hinengaro me ngā waranga. I kitea hoki ngā rerekē i te huaatanga mai o ngā haumi mahi ngātahi, tae raewa ake ki te kaupapa o tangata whaiora.

E ono ngā wāhanga matua a te Kōmihana Tōmua i kōrerotia e te iwi me whakapakari. E mōhio nei mātou he pae tawhiti tēnei.

## Wāhi 1: I takea mai i Te Tiriti o Waitangi me te mana taurite

Nā He Ara Oranga ka whai hiranga ake te noho kehe o te pūnaha ki te iwi Māori. I whakamārama ngā tātanga whaiora Māori, ngā kaikōrero whānau me ngā kaimahi me panoni te pūnaha e eke ai ngā wawata toiora a te Māori. I whakaahua rātou i te pūnaha manaaki ka takea mai i Te Tiriti o Waitangi, i te tikanga Māori, i te whānau me te tiro whānui ki te toiora me te ora.

Me ū Te Tiriti o Waitangi hei manatunga mō ngā panoni pūnaha. Me noho koia hei whakapūmau i ngā putanga a te Māori, mō te Māori.

Me ū anō ki te muku i te mana tauwehe puta noa i te pūnaha mā te whakangao i te hononga a ngā rōpū kua roa e tāmia nei i ngā putanga hauora ngoikore.

## Wāhi 2: Ko te whānau me te iwi te iho o te kotahitanga

Ko te karanga a He Ara Oranga kia noho ko te tangata ki te iho e uru mai te reo o te tangata whai wheako ki ngā whakahaere, ki ngā whakamahere, ki ngā hanganga ture me ngā whanaketanga o ngā ratonga hauora hinengaro, waranga hoki. Ko te whakahau, he opeope i ngā whānau mā rātou anō rātou e manaaki. Mena ko te tangata te iho o ngā mahi, ka āhei te whakahāngai kē i te pūnaha ki te hā o te tangata me te whānau. Ka aroha hoki ki ngā kōrero i rangona i te iwi e pā ana ki te korekore o ngā kaupapa hanganga tahi me ngā kaupapa whakawhitiwhiti whakaaro hoki. Me marama mōhio te tangata ki ngā huarahi hanganga tahi, ka mutu me purua te hunga whakangungu ki ēnei āputa. Tāpiri anō, ko te opeope me te me te whakarato ētahi anō kaupapa nui hei whai reo ai ki te taumata kōrero.

# EQUITY AND PARTNERSHIP—KOTAHITANGA— NEED TO COME FIRST

**Nothing can be achieved without unity, a plan,  
workforce and a way of doing things**

*We heard there has been progress with laying foundations for transformation. There is a need for balance between making swift progress that was expected to implement Budget 19 initiatives, and making the time to partner with people to design and develop new ways of working that respond to people's unique needs.*

People are engaged and passionate about the opportunity for change but concerned the response to *He Ara Oranga* could lose its momentum if we don't start doing things differently now. If we focus on wellbeing and take a whole of system approach in these early days, we can set our system up for success.

We heard that there are some gaps opening between the government's initial priorities for investment and the intent for transformation that was set out in *He Ara Oranga*. This came up most strongly in the discussions about access and choice, and the reaction to the government initially focusing on expanding access and choice to existing integrated primary mental services for those with mild to moderate mental health and addiction needs. There were also differences emerging in how co-design and co-production were being rolled out, particularly with respect to how tangata whaiora can be supported to take their seat at the governance table in addition to roles in service design and delivery.

The Initial Commission takes this opportunity to highlight six areas that people tell us, and we ourselves believe, need to be strengthened. We know system transformation will take time and we are only just at the beginning.

## Area 1: A system grounded in Te Tiriti o Waitangi and equity

*He Ara Oranga* highlighted a system that has for generations failed Māori. The voices of Māori tangata whaiora, whānau advocates and kaimahi were clear in their call for system transformative change in order to achieve optimal wellbeing for Māori. They described the ideal system as one in which all care and treatment is underpinned by Te Tiriti o Waitangi, is grounded in tikanga Māori values and practices, is whānau centred and decolonising, and takes a life course approach to wellbeing and wellness.

The commitment to Te Tiriti o Waitangi needs to be strengthened and should form the basis for the way the system transforms, as well as ensuring that solutions made for Māori, by Māori are championed and supported.

Commitment to eliminating inequities across the system also needs to be strengthened through dedicated investment and by working in genuine partnership with groups that have disproportionately poorer mental health and wellbeing outcomes.

## Area 2: People and whānau at the centre of a unified and inclusive system

*He Ara Oranga* calls for people to be placed at the centre to strengthen the voice of those with lived experience in the governance, planning, policy and development of mental health and addiction services. It explicitly calls for whānau to be supported to be active participants in care. Placing people at the centre can reorient the system towards one with improved outcomes based on what is important to people and their whānau. We heard disappointment from people about the lack of progress on co-design, especially around ongoing meaningful engagement. People need the skills and knowledge to use co-design approaches and filling this capability gap needs to be a priority. In addition, genuine support and resourcing is needed to enable people to take their seat at the table.

### Wāhi 3: Kia pakari ake, kia kanohi kitea i roto i ngā tini whanaungatanga

Ko ētahi anō karanga ki a *He Ara Oranga* kia kaha ake ngā mana turuki me ngā hononga. Ko tā te iwi me pakari te hautū i te waka, kia kitea mai ōna hua i te pūnaha whānui. Otirā kia kotahi te waihoe, kia mahi tahi, kia ngākau tahi, kia whakaaro tahi. I kōrerotia mai me horapa tēnei ki ngā taumata katoa o te tōrangapū, o te kāwanatanga, o Ngā Poari Hauora Ā-Rohe, e tipu ake i te onematua ngā rangatira mō āpōpō.

Ko tā ētahi, kei te tārai tahi i tētahi waka. Otirā kia kotahi te waihoe ki te wāhi i tūmanakohia hei whāriki i te katoa. Engari me huri koaro ngā whakaaro, me manawatina te urupare mō ngā kaupapa me te mauri ora o te iwi.

Ara anō ngā inoi i rangona e mātou kia mahi tahi mai – ki te whakakaha i ngā wāhanga katoa o te pūnaha me ngā tukanga hei tautoko i ngā tūhonohono me tēnei mea te kotahitanga. Koia pea te mea nui i roto i te whanaungatanga a te Kāwanatanga me te Māori. Me whai wāhi rawa te Māori, ngā iwi o Te Moananui-ā-Kiwa me te hunga whai wheako ki te tepu whiriwhiri e eke ai te mana rite tahi.

### Wāhi 4: He rautaki mauroa ka hua mai i te mahi tahi

Ko te āwhero nui kia ora te iwi o Aotearoa, otirā kia tautokona ki te oranga puta noa. Ko te rongo korero e tutuki ai tēnei āwhero me pakari te mahere whāroa ka hangaia tahi mai – otirā kia mārama pū te iwi ki te mahere kia rere ngātahi ngā wāhanga katoa o te pūnaha. Me mārama ngā mahere kia mārama pū ki ngā whakanekeneke katoa.

### Wāhi 5: He rautaki takoto mō te whakapakari kaimahi

Ka rongo mātou me mārama te hunga mahi ki te atawhai, te aroha me te whakarangatira i te tangata. Kāore e kore kei roto tonu ēnei uara i te pūnaha i tēnei wā, otirā kei te ngākaunui te hunga mahi ki te mahi.

Āhua kawa nei ētahi o te hunga mahi ki te panoni, nō reira me tautoko hoki te hunga mahi, me whakapakari hoki ngā rautaki kaimahi e hāngai ai ki te toiora, ki te māramatanga ahurea hei poutokomanawa. Ka whai hiranga tēnei ka pakari ana tō mātou ū ki ngā huarahi kaupapa Māori.

Ko te hiahia kia riro i te tangata ngā taputapu me te kaha e takatū ai ki ngā huarahi ka takahia e ia. Kei reira anō ngā huarahi hei whakawhanake i te haporī me ngā hunga mahi. Me whai hiranga anō ko ngā tūranga tohutohu kaihoko, ngā tūranga takawaenga me te taituarā i ngā mahi tauawhi e hāngai ana ki ngā uara Māori me te tirohanga ao Māori.

### Wāhi 6: Kia whakangao ki te whakawhānui i ngā huarahi a te Māori me ngā iwi whakaraerae ki ngā tini kōwhiringa.

Me kaha whakangao ki te whakawhānui i ngā whai wāhitanga me ngā kōwhiringa mā te Māori ka tahi, ngā iwi o Te Moananui-ā-Kiwa ka rua, ngā momo haporī rawakore ka toru. Me nui ake ngā kōwhiringa ki ngā wāhi katoa o te pūnaha mō te hunga e hia tautoko ana.

## NGĀ KUPU WHAKAKAPI

Nikā rā ka whakamihi ki te ōnamata. Nau mai e te anamata. Heoi, mā te mahi tahi ki te iwi me te haporī ka pūrangiaho ngā mea papai, ka ako ki ngā tūhonohono a te tangata ki te pūnaha hauora hinengaro, toiora hoki, ka opeopetia ngā huarahi kaupapa a te Māori me ngā iwi o Te Moananui-ā-Kiwa. Ko tā te iwi, me ruruku te whare pūnaha me ngā tukanga e tū tika ai te whare i runga i ngā whanaungatanga me te kotahitanga.



### Area 3: Stronger, more visible leadership and genuine partnership

The call for strong leadership and partnership were common themes in *He Ara Oranga* and continued to shine in our conversations to inform this report. People told us that transformation needs strong, consistent and visible leadership across the system that demonstrates and drives integration, embodies a collaborative/partnership approach, sets an enabling environment and engages hearts and minds. We heard this is needed at all levels including political, government, and District Health Board, and that more support is needed for the organic community leadership already emerging.

People have talked about the need to build a waka together. We heard that people want a more inclusive approach and a more unified system – a waka that we collectively build and paddle in the same direction together, one with a whāriki (mat) for all. This relies on a cultural shift and a commitment to a collective response with the kaupapa of people and mauri ora.

We heard consistent pleas to work in partnership – to strengthen every part of the system, every process we employ to drive and support partnership and kotahitanga. This is particularly important for Government's relationship with Māori. Māori, Pacific peoples and people with lived experience must be empowered and given equal say in decision-making.

### Area 4: A clear, long-term plan we develop together

We want people in Aotearoa New Zealand to have mental health and wellbeing and get the support we all need to live our best lives. We heard that achieving this vision will rely on a solid long-term plan that we develop together – a plan that gives people confidence about what is happening and when, so that the different parts of the system can align and move together. Plans need to be transparent so that people know what is happening, when it is happening, and how they can take part in the discussions.

### Area 5: A strategy that supports and develops our wellbeing workforce

We heard the need for a workforce with atawhai (kindness), aroha (love) and whakarangatira (respect) at their heart. There is no denying that this exists within the system and the passion and dedication of the workforce is strong.

Our workforce is critical to transformation and we need to support and enhance it. Our workforce strategies need to be strengthened to align and support a wellbeing approach, with cultural competency and capability key pillars. This will be especially important as we strengthen our commitment to kaupapa Māori approaches.

We want people to have the tools and resilience we all need to lead the lives we choose. We heard there is an opportunity to develop both community and peer workforces, and that the expansion of consumer advisory roles, peer advocacy roles as well as development of peer support options that reflect Māori values and Te Ao Māori worldview are important.

### Area 6: Investment that expands access and increases choice prioritises Māori and those who need it the most

Investment in expanding access and increasing choice needs to be strengthened to prioritise Māori, Pacific peoples and other diverse communities that have disproportionately lower outcomes. We need greater choice across the spectrum of care so that people who need more support and care have a range of options and can define what works best for them.

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## FINAL WORDS

Now is our opportunity to acknowledge our past and change our future. We heard that working in partnership with people and communities will ensure we better understand what support is needed and what 'good' looks like, learn about people's relationships with the mental health and wellbeing system, and nurture and grow kaupapa Māori and Pacific approaches. People told us that every part of the system, every process we employ needs to drive and support partnership and kotahitanga.

## KÖRERO ĀPITI: TE WHĀWHĀ I TĒNEI PŪRONGO

*I whakamahi tēnei pūrongo i ngā kōrero a ngā pūrongo a te Manatū Hauora, i ngā pāho a te Kāwanatanga, i ngā tukanga ture, i ngā kohinga raraunga ā-motu me ngā whakahoki kōrero i ngā uiui. Ka tuia tahi mai ngā pārongo e pā ana ki ngā whakataū, ngā hui, ngā paearu, ngā pārongo mō ngā mahi whaiwhai ake, ngā tahua me ngā whakapaunga pūtea, tae atu ki ngā rōpū 36 te maha (i roto i ngā uiui 40) i wātea mai ki te kōrero ki a mātou. I te mea he whakataū tōmua noa iho tēnei pūrongo, kāore e kapi te whānuitanga o ngā uiui i konei.*

### He aha ai i whai hiranga ngā uiuinga?

E ai ki ngā kupu ōkawa a te Kōmihana Tōmua, kia whānui tā mātou titiro ki ngā momo tirohanga. I tautohu mātou i ngā whakahaerenga e whā hei kōrerotanga mā mātou, e kapi ai nga pito katoa o te pūnaha, ahakoa te iti o te wā ki te pūrongo e pā ana ki ngā kawenga matua e whā a te kāwanatanga, e tahuri anō ai mātou ki te whakautuutu haere i roto i te wā tapahi (ko te wā tapahi i mua ko Poutūterangi 2020).

Ko ngā mema o te Kōmihana Tōmua, ko Wi Keelan rāua ko Derek Wright ngā mātanga i tīkina mai hei tautoko i te tukanga i te taha o ngā mema o te tari whakahaere. He mea hopu ngā hui (nā ngā raru mīhini, ruarua ngā hui kāore i mau) ka tuhia.

Ko tā mātou kia hui kanohi ki te kanohi. Nō te taunga o te taumata ōhiti toru, whā hoki o Mate Korona, kāore i tutuki ngā hui. Nā whai anō ka tere kapohia ngā hui ipurangi. Ka mīharo atu mātou ki te kāhui mātanga i taunga ki te hui ipurangi ahakoa ngā whakawhiu o te Mate Korona. Ko te whakaaro ka haere tonu ēnei whakawhitiwhiti i roto i ngā marama kei te heke mai. Tāria anō te putanga o ētahi o ngā rongo kōrero ki te marea.

Ko te nuinga o ngā uiui i whakahaerehia mai i Poutūterangi ki Paengawhāwhā, e rua i tū i te marama o Haratua. Waihoki ko te whakaaro a te Kōmihana Tōmua ka haere tonu ngā whakawhitiwhiti kōrero ki te iwi me ngā whakahaerenga.

Inā kē te huhua o ngā whakaeminga kōrero, kāore i rite te wā e eke ai ki tōna taumata. Ka mutu ka tahuri mātou ki te wetewete i ngā kaupapa o ngā uiui katoa me te tītari i ēnei kitenga hei painga mō te anamata.

## APPENDIX: OUR APPROACH TO THIS REPORT

*This report has been prepared using information from Ministry of Health reports, Government announcements, legislative processes, data available in national collections and information and views gathered from interviews. It weaves together information about decisions, events, milestones, information about work in progress and budgets and expenditure with the voices of some 36 organisations (in more than 40 interviews) from across the system who generously gave their time to talk to us. As this report is an early check-in on progress, it does not cover all information from these sources, such as all available quantitative data.*

### Why interviews were important to us

The Initial Commission's Terms of Reference expect us to approach our work in a way that considers a range of perspectives. We identified a selection of organisations we thought would give us sufficient representation from across the system for the limited scope of this report relating to the four initial government priorities, and that we could practically speak to in the timeframe (initially March 2020). A range of stakeholders were identified to be part of this initial set of interviews for the interim report, we engaged with the Board and expert advisors to test that the group was representative.

Interviews were conducted by members of the Initial Commission with two expert advisors contracted, Wi Keelan and Derek Wright, to support the process, as well as members of the secretariat. Meetings were recorded (with a couple of exceptions due to technical issues) and transcribed for our use.

We wanted to visit organisations for kanohi-ki-te-kanohi (face-to-face) interviews. This became impossible during COVID-19 alert levels 3 and 4. The adaption to online meetings was swift, and we remain grateful so many people playing important roles in our system agreed to take time and talk to us, despite the demand of responding to COVID-19. We plan to continue these conversations over the coming months and to share more information with the public about what we heard in these interviews.

Most interviews ended up being conducted in March and April, and a couple in May. Again, the Initial Commission expects to talk to many more people and organisations as we continue our work.

The extent of the information gathered in interviews has been such that there has not been time to do it justice. In addition to the voices shared in this report, we are taking the time to fully analyse the themes from all interviews and plan to share this analysis once it is complete and use the rich information and views in our work going forward.

*I kōrero mātou ki ēnei whakahaerenga*

**Ngā whakahaerenga hauora matua:** ProCare, Pinnacle, Pegasus, Compass, National Hauora Coalition

**Ngā whakahaerenga kei waho i te kāwanatanga:** Platform Trust, Mental Health Foundation

**Ngā whakahaerenga kaimahi:** Te Pou o te Whakaaro Nui, Te Rau Ora, Le Va

**Ngā Hauora o ngā iwi o Te Moananui-ā-Kiwa:** Vaka Tautua

**Ngā Ratonga Kaupapa Māori:** Mahi Tahi Trust, Te Kuwatawata, Tui Ora

**Ngā Tari Whānau Ora:** Pasifika Futures, Te Pūtahitanga o Te Waipounamu

**Ngā whakahaerenga whānau:** Supporting Families, Carers Alliance of New Zealand

**Ngā whakahaerenga kaihoko:** Life Matters Trust, Te Kete Pounamu, Balance Aotearoa, National Association of Mental Health Services Consumer Advisors (DHBbased)

**Ngā tari kāwanatanga:** Te Manatū Hauora, Te tari Ārai Mate Whakamomori, Te Ara Poutama, Te Kawa Mataaho, State Services Commission, Health & Disability Commission, NZ Police, Health Quality & Safety Commission, Te Puni Kōkiri, Initial Mental Health and Wellbeing Commission

**Ngā Poari Hauora Ā-Rohe:** Waitematā, Manukau, Te Moana-a-Toitehuatahi, Te Tairāwhiti, Whakatū me Wairau, Te Tai Tonga

## *The organisations we spoke with*

**Primary healthcare organisations:** ProCare, Pinnacle, Pegasus, Compass, National Hauora Coalition

**Non-government and advocacy organisations:** Platform Trust, Mental Health Foundation

**Workforce organisations:** Te Pou o te Whakaaro Nui, Te Rau Ora, Le Va

**Pacific health services:** Vaka Tautua

**Kaupapa Māori services:** Mahi Tahi Trust, Te Kuwatawata, Tui Ora

**Whānau Ora commissioning agencies:** Pasifika Futures, Te Pūtahitanga o Te Waipounamu

**Whānau organisations:** Supporting Families, Carers Alliance of New Zealand

**Consumer organisations:** Life Matters Trust, Te Kete Pounamu, Balance Aotearoa, National Association of Mental Health Services Consumer Advisors (DHB-based)

**Government agencies:** Ministry of Health, Suicide Prevention Office, Te Ara Poutama/Corrections, State Services Commission, Health & Disability Commission, NZ Police, Health Quality & Safety Commission, Te Puni Kōkiri, Initial Mental Health and Wellbeing Commission

**District Health Boards:** Waitematā, Counties Manukau, Bay of Plenty, Tairāwhiti, Nelson Marlborough, Southern

