



Mental Health and Wellbeing

Year one - building foundations
and momentum

New Zealand Government



Contents

Introduction – Robyn Shearer	3
Year one - building foundations and momentum	4
Response to COVID-19	4
Establishing the Mental Health and Wellbeing Commission	5
Initial Mental Health and Wellbeing Commission	5
Repealing and replacing the Mental Health Act	6
Focusing on wellbeing and early intervention	7
Collaboratively designing services	8
Case study: Collaboratively designing kaupapa Māori services with Māori	9
Service delivery	10
Case study: MH101 facilitator Sialei Anamani	12
A diverse workforce is needed	13
Suicide prevention	14
Case study: Official opening of the Suicide Prevention Office	15
Enhancing specialist, crisis and forensic mental health services	16
Case study: Boost for Forensic Mental Health and Addiction specialist training	17
Minimising alcohol, drug and gambling addiction harm	18
Additional Alcohol and Other Drug initiatives	19
Preventing and Minimising Gambling Harm	19
Case study: Drop-in café has helped almost 2,800 people in its first four months	20
Psychosocial response to COVID-19	21
Initial psychosocial response investment	21
A plan of action for moving forward	23



Kia ora

As we approach the end of the first year of delivering to *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)* and the *Budget 19* investment, I've reflected on how much progress we have made together.

The progress within this report represents the joint efforts of the mental health and addiction communities to achieve change and improvement for the lives of all New Zealanders. Our thanks to all we have worked with over the past 12 months.

This past year has been one of laying the foundations for change as well as building momentum that will enable new services to get up and running.

We've run a number of major procurement processes during the year. The outcomes of these will reflect the voices of the communities and great collaboration across District Health Boards (DHBs), Primary Healthcare Organisations (PHOs) and Non-Government Organisations (NGOs). Announcements regarding the outcomes of some of these procurement processes are imminent as we put this report together.

Looking ahead to the next year, the challenge we face is to continue to build on the momentum that is underway but ensure the pace is supported by workforce development and expansion and allows for ongoing collaboration.

COVID-19

The impact of the COVID-19 pandemic has put an even greater spotlight on the importance of having support in place to help people maintain their mental wellbeing. The rapid response to the impacts of COVID-19 across the sector has set us up well for the coming months.

This report also outlines why the pathway we were on in response to *He Ara Oranga* set us up to support psychosocial wellbeing of the country during the lockdown period. We have released *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan* that sets the direction of travel for the next 12–18 months. We asked for feedback on this and are grateful for the thoughtful and positive responses.

We have established a cross-government group of senior leaders to support the implementation of the plan and to ensure we build a deeper understanding of where we can work together to achieve better wellbeing outcomes for people and communities.

I would also like to thank the team at the Ministry of Health who have worked with you over the past year. Finally, I look forward to working with all of you over the next year to continue to make a difference for all New Zealanders' mental wellbeing.

Ngā mihi nui

Robyn Shearer

Deputy Director-General Mental Health and Addiction

Year one - building foundations and momentum

Since the Government's response to *He Ara Oranga*, the Ministry of Health has taken action to address the recommendations of the report accepted by the Government, focusing on four key areas set out in the Government's response.

We are laying the foundations for transforming New Zealand's approach to mental health and addiction. The Government prioritised the following areas for 2019/20.

1. Establishing the Mental Health and Wellbeing Commission
2. Repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act)
3. Focusing on wellbeing and early intervention by expanding access and choice of primary mental health and addiction support
4. Developing a national suicide prevention strategy and establishing a Suicide Prevention Office.

Significant progress has been made against each of these priorities, which is outlined in this report.



He Ara Oranga.

Response to COVID-19

Since the Government's response to *He Ara Oranga* and *Budget 19* investment, the world has faced the challenge of responding to the COVID-19 pandemic. COVID-19 has presented new challenges for the mental health and addiction sector making the transformation called for by *He Ara Oranga* even more critical.

The Mental Health and Addiction Directorate within the Ministry of Health is leading the psychosocial response and has developed a plan that sets out the national approach for supporting mental and social wellbeing during the longer-term recovery from COVID-19. The psychosocial response to COVID-19, and the subsequent recovery phase, provide an opportunity to further pursue the vision of *He Ara Oranga* and the Government's commitment to mental health and wellbeing for all. For more about the Ministry's psychosocial response see page 21.

Establishing the Mental Health and Wellbeing Commission

The Government is establishing an independent Mental Health and Wellbeing Commission to provide system-level oversight of mental health and wellbeing in New Zealand.

In May 2019, the Government committed to establishing an independent Mental Health and Wellbeing Commission as part of its response to *He Ara Oranga*. In June 2019, Cabinet agreed to establish the Commission as a Crown Entity to hold the government of the day and other decision-makers to account for the mental health and wellbeing of people in New Zealand.

In November 2019, the Government introduced the Mental Health and Wellbeing Commission Bill (the Bill) to Parliament.

The Health Committee received 99 submissions and heard 42 oral submissions from a range of individuals and organisations between December 2019 and February 2020. Almost all submitters that commented on the Bill supported establishing the Mental Health and Wellbeing Commission. The Health Committee recommended unanimously that the Bill be passed with several proposed amendments, which were accepted by the Government, and presented its report to the House on 24 March 2020.

On 27 May 2020, the Bill received unanimous support at its second reading debate. The Bill received Royal Assent on 30 June 2020.

The Government intends that the Commission will open its doors in early 2021, or sooner, and establishment work for the permanent Commission is underway.

Initial Mental Health and Wellbeing Commission

To maintain momentum, in June 2019, the Government agreed to establish the Initial Mental Health and Wellbeing Commission to undertake some, but not all, of the functions of the permanent Commission while establishment work progressed.

In September 2019, Cabinet agreed that the Initial Commission would provide system oversight, promote collaboration and carry out the first progress report on the implementation of *He Ara Oranga*. Members of the Initial Commission were announced in September 2019, and the Initial Commission began its work in November 2019. The Initial Commission's early focus has been on building their team and links across the mental health and addiction sector.

The Initial Commission delivered an interim progress report in June 2020, which acknowledged the substantial progress made to date while reminding us of the substantial work ahead to deliver on the vision in *He Ara Oranga*. The Initial Commission will deliver a more in-depth report later this year.



The Ministry of Health's Mental Health and Addiction Team shares an update on the work programme with the Initial Mental Health and Wellbeing Commission.

Repealing and replacing the Mental Health Act

The Government has committed to repealing and replacing the Mental Health Act with legislation that supports human rights, places people and whānau at the centre, and improves equity.

He Ara Oranga highlighted that the current Mental Health Act is out-of-date and not consistent with modern recovery and wellbeing models of care. In July 2019, the Government agreed to the high-level principles that will guide the development of new legislation. These principles clearly signal the intention that new legislation will be grounded in human rights and Te Tiriti o Waitangi principles, and will have the person and whānau at the centre.

The Ministry of Health has started work to develop new legislation. This has focused on reviewing examples of laws from other countries, academic literature, and relevant data; engaging with key stakeholder representatives; and providing advice to the Government to support decision-making.

The development of new legislation will take some time as it involves diverse perspectives and complex ethical, legal and policy issues that require careful consideration. We will continue to engage with stakeholders to develop a vision of mental health legislation within the New Zealand context.

While the work to repeal and replace the Mental Health Act is progressing, we cannot simply wait for new legislation before making changes to address current concerns and to improve practice under the current Act. The Ministry is finalising revisions to the Guidelines under the Mental Health Act, which have been informed by a public feedback process, and expects these to be published soon.

The revisions will emphasise human rights and the principles of Te Tiriti o Waitangi, encourage the use of supported decision-making, and ensure care is provided in a manner that respects cultural and ethnic identity. The revisions also discuss the importance of respecting an individual's gender identity when providing care and treatment.

The continued work on developing a new Mental Health Act will involve engagement with individuals, whānau and communities and will include ongoing conversations to ensure our legislation is fit-for-purpose and upholds New Zealanders' rights.

Principles to guide legislative reform

- Human rights approach
- Maximum independence; inclusion in society; and safety of individuals, their whānau and the community
- Te Tiriti o Waitangi
- Improved equity of care and treatment
- Recovery approach to care and treatment
- Timely service access and choice
- Provision of least restrictive mental health care
- Respect for family and whānau

Focusing on wellbeing and early intervention

He Ara Oranga called for a shift away from being the ambulance at the bottom of the cliff to an increased focus on wellbeing promotion and early intervention, particularly for those with mild to moderate needs.

It also called for a focus on communities coming up with solutions that are right for them and providing people with more access to, and choice of, mental wellbeing support.

In response, the Government invested \$455 million over four years to expand access and choice of primary and community mental health and addiction support. Investment includes funding for service delivery, workforce development and other enablers such as collaboration. This programme focuses on ensuring that people can access free and immediate advice and support that suits their needs, where and when they need it. In this way, people can be supported to address issues before they cause serious distress.

Central to this approach is that the system recognises that what works for one person may not work for another – different ways of accessing services including online, telehealth or face-to-face are required so people have options.

The approach also recognises that some population groups have unique needs and experience poorer outcomes when it comes to mental wellbeing, and options that are targeted to these populations need to be designed collaboratively to ensure they are culturally appropriate and will meet their needs. The Ministry of Health has set aside targeted funding for Māori, Pacific peoples and youth. These groups are also identified as priority populations in the provision of general services.

Good progress has been made in delivery in this area. This has also been a solid foundational year which has set us up well to continue to deliver on the Government's commitment to make free and accessible mental wellbeing support available across New Zealand.



One of the kaupapa Māori hui-a-motu hosted by the Ministry of Health.

Collaboratively designing services

Although ‘collaborative design’ can mean different things to different people, all new investment in primary mental health and addiction support aims to design services and support in collaboration with people with lived experience, whānau and communities, in particular those more at risk of poorer mental health and addiction outcomes, as well as with the mental health and addiction sector.

True to the intent of the programme and ‘keeping people at the centre’, considerable time has been spent collaborating with whānau, communities and the mental health and addiction sector to understand the core components of mental health and addiction services that are important to people.

Key themes from the Māorihui informed the criteria for the request for proposals (RFPs) for the new kaupapa MāoriRFP and key themes from the

Pacific fono informed the criteria for the Pacific RFP (both RFPs are underway). Summaries of what the Ministry heard through these forums are available on the Ministry of Health website.

One of the key principles underpinning the recommendations from *He Ara Oranga* is putting people with lived experience at the centre of the system. Last year the Ministry of Health facilitated Nga Manaaki, a national lived experience hui that brought together mental health and addiction leaders from across the country. The lived experience hui provided an opportunity for the Ministry of Health to continue to develop relationships with our lived experience communities and to get their feedback on our mental health and addiction work programme.

The Ministry continues to meet regularly with lived experience leaders for mutual information sharing and to continue to progress the work programme over the next five years. We strive to incorporate lived experience engagement into our work and examples of this include, the form and function of the mental health and wellbeing commission, updated guidelines to the Mental Health Act, and supporting the Psychosocial response to COVID-19.

Along with these engagements, the Ministry team regularly meets with a range of other stakeholder groups, including from the MHA sector and across government, and with representatives of population groups with unique mental wellbeing needs.

Collaborative design was also built in to the procurement process for the primary integrated mental health and addiction services established this year. The process required participants to collaborate across DHBs, PHOs and NGOs. Each proposal needed to demonstrate working together and co-design of the response in order to be successful.

The Ministry is committed to ensuring that these aren’t one-off experiences and that we continue to listen, to build our understanding of what works and what doesn’t, and to adjust as needed. The Mental Health and Addiction Directorate has established dedicated roles to help ensure we reflect those perspectives in everything we do.

05 regional roadshows with the mental health and addiction sector

05 kaupapa Māori hui-a-motu hosted by the Ministry

07 hui hosted by Māori providers

14 Pacific fono (focus groups)

01 national lived experience hui



a series of focus groups and online surveys with the Ministry of Youth Development to engage with rangatahi

CASE STUDY

Collaboratively designing kaupapa Māori services with Māori

Over September and October 2019 we hosted a series of hui with Māori, to begin to design culturally-responsive primary mental health and addiction support that works for whānau and the wider community. We did this to achieve the significant and important goal of designing a “by Māori for Māori and with Māori” approach.

We know that it will take the efforts of the many to begin the designing of a kaupapa Māori community mental health and addiction service. We thank all of the people who attended for your invaluable contributions. Over 700 people attended the series of hui around the country.

As agreed with and by hui attendees, all of the feedback received at the hui was analysed externally from the Ministry with a Māorilens and key themes made available on our website. The key themes have been used to inform the critical components of the new services we will fund starting this year.



One of the kaupapa Māori hui-a-motu hosted by the Ministry of Health.



One of the kaupapa Māori hui-a-motu hosted by the Ministry of Health.

**“Success is not derived from a single effort,
but from the efforts and contributions of
the multitudes.”**

Service delivery

Integrated primary mental health and addiction services

The Government's investment through Budget 19 to expand access and choice of primary mental health and addiction services will provide free access to support for anyone whose thoughts, feelings or actions are impacting on their mental wellbeing. These services are being rolled out across New Zealand over the next four years and will be available in a range of settings, including general practices, kaupapa Māori organisations, Pacific organisations and youth-specific settings. Services will provide people seeking support with someone to talk to, and may include therapy and treatment services, peer support, cultural support and self-management support.

Our initial focus over the past year has been on sustaining and expanding access to integrated primary mental health and addiction services, with a particular focus on general practice settings.

In September 2019, funding was confirmed to ensure integrated primary mental health and addiction services continued to be available, with funding sustaining services in 22 general practices in Northland, Waitematā, Auckland, Counties Manukau, Lakes, Capital and Coast and Canterbury DHB regions. In these general practices, Health Improvement Practitioners (HIPs) and Health Coaches are trained in supporting people with their mental health and work as part of the general practice team.

Being based in a general practice, there are no barriers as to who can see a HIP as long as the person is enrolled in the practice. Funding was also confirmed for Te Kuwatawata, a kaupapa Māori primary mental health service in Tairāwhiti. This

ensured current services were able to continue while the procurement processes for the roll-out of primary mental health and addiction services were progressed. As the pilot services had been co-designed and already evaluated, it enabled the Ministry to quickly provide sustainable funding to pilot sites and to roll-out the model across the country.

The Ministry called for proposals to further roll-out integrated primary mental health and addiction services accessed through general practices in September 2019. This RFP sought collaborative proposals from NGOs, PHOs and DHBs who were ready to start providing services before June 2020 and a call to those ready to start between July 2020 and June 2021.

This process concluded in March 2020 with \$40 million of services contracted. The expansion of integrated primary mental health and addiction services will see over 100 new sites, building on the 22 pilot sites already in operation and bringing coverage to an enrolled population of around 1.5 million New Zealanders. This represents the commencement of services in 15 DHB areas.

The rollout of these contracts is happening over the next 18 months as a new workforce of over 350 HIPs and Health Coaches are recruited and trained.

These integrated primary mental health and addiction services will continue to be expanded and rolled out over the next four years, with the remaining DHB areas commencing their roll-out of services from July 2021.

\$40m

of services contracted over
the next 18 months

350+

Health Improvement
Practitioners (HIPs), Health
Coaches and support workers
providing services

100+

new sites providing integrated
primary mental health and
addiction services to 1.5m
enrolled New Zealanders

Culturally-appropriate and safe services for Māori and Pacific peoples

In transforming the mental health and addiction system, providing better outcomes for Māori is essential, as well as for other groups who experience poorer outcomes including Pacific peoples. Evidence shows that better outcomes are achieved when support is provided in a culturally-responsive way. A major focus of the programme to expand access and choice of primary mental health and addiction support is to expand and develop kaupapa Māori whānau-centred models of care, as well as models tailored for Pacific peoples.

Feedback from the Māori hui and Pacific fono guided the development of the core components of these new services. RFPs were released to expand and replicate existing kaupapa Māori services and Pacific services in November/December 2019. These had closed and were being evaluated at the time of the COVID-19 Alert Level 4 lockdown. While virtual evaluation has impacted timeframes, these processes have progressed to the final due diligence stage, and this work is expected to be finalised shortly.

At the beginning of the COVID-19 pandemic, providers requested that the Ministry pause the issuing of new RFPs, as COVID-19 had impacted their ability to respond to RFPs while also responding at the frontline to the pandemic.

Accordingly, the Ministry paused the release of RFPs for new kaupapa Māori and new Pacific primary mental health and addiction services. While this means that timeframes have been impacted, preparation work continued.

The RFP for new Pacific Services has now been issued and a longer response time has been given to enable providers to respond. The RFP for new kaupapa Māori services has also been released with a different procurement approach being taken.

For the first round of RFPs, the Ministry followed a very traditional process for procurement, however following direct feedback that these did not give the best chance of success to kaupapa Māori providers, the process has been tailored. The new process

reduces the administrative burden with a greater focus on kōrero and direct engagement in place of written proposals.

Services for youth

The ages 12-24 years are a time of rapid change and development and are the highest risk time for the onset of mental health problems and psychological distress, with over 80% of all mental health concerns beginning by the age of 21.

By providing services that support wellbeing, the Ministry is aiming for early detection and intervention, which has been proven to make a significant difference and set young people up well for the rest of their lives.

The RFP for youth-specific primary mental health and addiction services was issued at the beginning of February 2020. While COVID-19 impacted timeframes and required shifting to a virtual evaluation process, the Ministry has continued to evaluate these proposals. Services for young people will also continue to be expanded over the next four years across the country. Young people have also been identified as a priority population within integrated primary mental health and addiction services, kaupapa Māori services and Pacific services.

“In April 2020 I was referred to the Health Coach (HC) by my doctor. I was relieved, really relieved when I was told there was someone there at the practice that could help and see me now. ”

– Feedback from a Northland patient who visited a Health Coach

CASE STUDY

MH101 facilitator Sialei Anamani

The Ministry has provided extra funding so that more MH101 workshops can be run around the country and sign-up criteria has been broadened so more people from the community can attend.

MH101 is a one-day workshop that gives people the confidence to recognise, relate and respond to people experiencing mental distress, both at work and in everyday life.

While working for the Police, Sialei Anamani experienced a mental breakdown and found herself on the other side of support services. "Being in hospital and meeting others experiencing mental illness opened my eyes to the importance of holistic wellbeing that includes the whole person and the deficiencies of a clinical-only model of recovery," she recalls.

She has been contracting as an MH101 facilitator for seven years and wouldn't want to be doing anything else.

MH101 workshops are regularly attended by frontline government and social services staff who are not trained in mental health or addictions, plus a growing body of corporate customers that are investing in their staff to ensure better customer service and also to promote better wellbeing in the workplace.

Sialei says "I know we are impacting communities because we are deeply impacting individuals that take the knowledge home to their communities and apply it."



"None of us are immune to stress and distress in our lives and MH101 has some great information and building blocks to help people support others and themselves through times of distress. I really think every New Zealander should do it."

– Sialei Anamani

A diverse workforce is needed

A resilient, diverse and skilled workforce is crucial to successfully make the shift that is required in the mental health and wellbeing system. Building a workforce with the skills and competencies to support a wellbeing approach requires us to grow and upskill the current workforce, while also developing new workforces.

Right across the country there needs to be more people who can provide mental health and wellbeing advice and support to people who need it. That means more people will get the help they need without having to wait.

Growing and upskilling existing workforces

The Ministry has invested in growing the existing workforce with additional New Entry to Specialist Practice (NESP) places each year for nurses, social workers and occupational therapists to enter the mental health and addiction workforce. The Ministry has also increased the number of clinical psychology internships it supports each year.

Work to support the development of Māori and Pacific students pursuing a career in mental health and addiction is underway with increased scholarships and bursaries.

The Ministry is supporting the existing workforce to develop new skills and competencies by funding new training places for post-graduate study in specialist practice areas, including in leadership, cognitive behavioural therapy (CBT), and infant, child and adolescent mental health and addiction.

The broader health and disability workforce is also being upskilled to respond to mental health and addiction with new places available for primary care nurses to achieve credentials in mental health and addiction.

Building community capacity to respond to distress

There is also a need for more people in our communities who know how to identify when someone is in need and understand how to have a conversation that leads to someone getting help earlier.

It will take time for this to be developed, but a number of initiatives have either been expanded or started in the past 12 months, with a wide range of workforce development investments being made.

- Launching the High Alert website. Run by the Drug Information and Alerts New Zealand (DIANZ) team, the High Alert website acts as a central point for all drug related data. Alerts and notifications will be published on the website to inform the public and health professionals of any increased health risks presented by new drug trends or threats. Education and specific harm reduction advice based on the latest trends or threats will also be available.
- More than tripling the number of people who can undertake the MH101 and Addiction 101 programmes which are routinely booked out. There will be more than 2000 extra places available in 2020.
- More than doubling the capacity of cultural competency programmes with more than 800 new places in 2020 to ensure Māori and Pacific people receive culturally-appropriate support when they need it.

Developing new and emerging workforces

Health coaches and HIPs are core roles of the new integrated primary mental health and addiction services. Services already in contract and currently being rolled-out will include 350 (Full Time Equivalents) FTE of HIPs, Health Coaches and support workers.

The Ministry is investing in training for each of these groups and the development of additional trainers to expand training capacity to keep pace with planned service expansion. This training was adapted for virtual delivery in response to COVID-19 Alert Levels 3 and 4 and is likely to remain virtual in some form to enable training of people in different places around the country.

Suicide prevention

Establishing a Suicide Prevention Office (the Office) was one of the recommendations in *He Ara Oranga* specifically focussed on addressing the unacceptably high rates of suicide in New Zealand. The Ministry of Health has moved quickly this year to establish the Suicide Prevention Office to provide leadership and strengthen efforts and collaboration across the sector.

The Ministry announced the appointment of Carla na Nagara as the Director of the Suicide Prevention Office in October 2019, and the Office was officially opened by the Prime Minister the following month.

The establishment of the Office provides a powerful opportunity to reset the approach to suicide prevention in Aotearoa New Zealand, and to move the primary focus of suicide prevention efforts from western medical paradigms to those which recognise that suicide is a social problem, and that effective suicide prevention will require a whole of society response.

The purpose of the Office is to lead and coordinate nationwide actions to prevent suicide. It reflects a shared ambition for working towards a New Zealand where there is no suicide. There is much that can be done, but turning this around will not happen quickly.

He Ara Oranga also recommended the development of a national suicide prevention strategy and action plan. This recommendation was prioritised in recognition of the need to urgently galvanise focus and effort throughout New Zealand. The Ministry led the rapid development of the plan and consulted with a wide range of stakeholders throughout this process.

The Office's work is guided by *He Tapu te Oranga o ia tangata - The Suicide Prevention Strategy 2019–2029 and Action Plan 2019–2024 for Aotearoa New Zealand*, which the Government launched in September 2019. The Plan aspires to a New Zealand where there is no suicide.

Since opening, the Office has been engaging regularly with stakeholders at all levels from national, regional and community-based, as well as individuals and whānau, to better understand community needs and challenges. An expert Māori advisory panel (chaired by Sir Mason Durie) has also been formed to give guidance to the Office.

The Office has also delivered on the new Budget 2019 investment to strengthen suicide prevention efforts including:

- the development of a national suicide bereavement response service
- additional postvention services in DHBs
- establishing Māori and Pacific Suicide Prevention Community Funds
- enhancements to information services for whānau and the media.

The Office is also progressing other actions including a review of the Coronial Suspected Suicide Data Sharing Service; and a review of regional and community-level suicide prevention and postvention resources. The findings of these reviews will inform suicide prevention approaches and investments moving forward.

Some stakeholders have expressed concern that the suicide rate may increase as a result of COVID-19. The Office is working closely with the Chief Coroner and her Office about the number of suspected suicides reported to coroners. On 19 May 2020, the Chief Coroner released a statement confirming that reports of the suicide rate having increased during the COVID-19 lockdown were incorrect.

CASE STUDY

Official opening of the Suicide Prevention Office

On 27 November 2019 Prime Minister Jacinda Ardern marked the opening of the Suicide Prevention Office.

The establishment of this Office is one of the key actions from *He Ara Oranga*.

Carla na Nagara, Suicide Prevention Office Director, spoke about her vision for the Office and announced that the Office will be supported by a Māori Advisory Group that will be chaired by Sir Mason Durie.

Former All Black and Head First Ambassador, Nehe Milner-Skudder was also in attendance and shared some of the work New Zealand Rugby has underway through the Head First programme. He talked about the need to break down barriers for young people and to encourage them to show vulnerability, noting it's ok to not be ok.

Representing the fact that this is not work that any one organisation can do alone, approximately 60 guests attended the event including a range of providers that showcased some of the valuable work that is underway in the area of suicide prevention. This included the Mental Health Foundation, the Health Promotion Agency, Victim Support, Le Va, Te Rau Ora, Clinical Advisory Services Aotearoa (CASA), the Drug Foundation, Health Quality and Safety Commission, Waka Hauora and BluePrint for Learning.



"In my work as a Coroner, it was my job to go back and understand what was going on for people in the weeks and months prior to them choosing to end their life.

Every single situation was different. But what was clear was the impact that social determinants had on people. Employment. Homelessness. Domestic Violence. Sexual Abuse. Poverty. It's not just a mental health and wellbeing response that's required – we need a societal response."

– Carla na Nagara, at the opening of the Suicide Prevention Office



Mental Health and Addiction providers at the opening of the Suicide Prevention Office.

Enhancing specialist, crisis and forensic mental health services

Budget 19 invested \$42 million over four years to enhance specialist mental health services, focusing on forensic and crisis services.

The Ministry has made significant progress to enhance both adult and youth forensic mental health services including:

- increasing capacity of community youth forensic staff
- increasing the capacity of community adult forensic services
- improving the provision of adult forensic prison in-reach services.

The Ministry has also delivered initiatives to support staff working in forensic mental health services including:

- funding ongoing placements in the Youth Forensic Psychiatry programme through the University of Auckland
- funding placements in the Postgraduate Certificate in Specialty Care (endorsed in Forensic Practice) through Whitireia New Zealand.

Impact of COVID-19 on crisis services

The Ministry has worked with DHBs to understand their communities' needs and to adapt crisis responses for the post-COVID-19 context. Budget 2019 investment will support capability planning and service development in crisis services across all 20 DHBs.

The Ministry is also supporting DHBs to carry forward a range of positive innovations developed in response to COVID-19, including:

- virtual delivery of mental health and addiction services, which has received positive feedback for increasing flexibility and timeliness
- development of new clinical pathways for alcohol and other drug services
- provision of additional support to homeless people in temporary accommodation
- development of alternatives to the emergency department for people in acute distress
- efforts to support people in the community and avoid inpatient admission where possible.

These innovations will assist in addressing the long-term pressures on specialist services and will contribute to the transformed approach described in *He Ara Oranga*.

CASE STUDY

Boost for Forensic Mental Health and Addiction specialist training

In February, the Ministry of Health announced an initiative to provide fully-funded forensic practice and clinical leadership training for staff working with forensic mental health clients.

Forensic mental health services (FMHS) provide assessment and treatment to people whose mental health needs intersect with offending behaviours (alleged, proven or when they are assessed at being at risk for offending).

These are people who are amongst some of our most disadvantaged groups accessing mental health services and often come to the health system via the prison services.

The Ministry also extended this initiative to staff in Ara Poutama (Department of Corrections) to ensure a more collaborative approach when supporting forensic clients both in prison and in the mental health services.

A one-year Postgraduate Certificate in Specialty Care (endorsed in Forensic Practice) has been made available to 30 people through Whitireia New Zealand. This includes nurses, psychologists and allied workforces as well as Ara Poutama staff.



Forensic Mental Health and Addiction Specialist training participants at Whitireia.

We know the forensic mental health and Ara Poutama workforces are focused on delivering a high standard of care to their clients with severe mental illness. Staff who are working in these areas however, have sometimes been recruited into roles without any forensic mental health experience or training which can impact on staff and patient safety. They have been asking for support and professional development to improve this, and we will support them by offering this fully-funded training package.

Minimising alcohol, drug and gambling addiction harm

He Ara Oranga outlined how the harmful use of alcohol and other drugs has significant, widespread impacts on individuals, families, whānau and the whole community. It called for New Zealand to take bolder measures to minimise the harm associated with alcohol and other drugs.

While continuing to focus on increasing capacity for specialist Alcohol and other Drug (AOD) services, *He Ara Oranga* called for strengthening community services and ensuring sustainability as well as for policy and legislative reform. This investment in specialist services responds to *He Ara Oranga*'s recommendation on improving the sustainability of our NGO services, and is aimed at strengthening the services that we have, a crucial first step towards transformation. The investment in community AOD services is setting out a pathway towards that transformed system, based on early and prompt engagement, particularly through lived experience.

Budget 19 allocated \$14 million over four years to enhance primary responses to AOD harm and \$44 million over four years to support specialist AOD services, with a focus on residential care, managed withdrawal (detox) and continuing care to support sustainability for NGOs.

This has seen investment into:

- an AOD peer support service in Taranaki DHB, which includes a Community AOD Peer Support Service (for people with substance misuse issues) and a Family/Whānau Peer Support Service (for families/whānau impacted by their family member's substance misuse).
- Odyssey House Auckland for the continuation of Haven Recovery Café, which has been open since October 2019. Haven is a recovery café for people

with AOD addiction challenges aimed at reducing feelings of isolation and supporting those experiencing episodes of acute drug harm.

- Additional new Specialist AOD services that include:
 - » four new beds at the Springhill Treatment Centre in Napier
 - » peer support to provide continuing care for the Rotorua and Taupō areas during and post-residential care
 - » a new managed withdrawal home and community service, and a peer position to provide support during and post-residential care at Tairāwhiti
 - » additional nursing FTE for managed withdrawal across the Midland region and additional clinical AOD FTE in Bay of Plenty, Waikato and Taranaki DHBs
 - » an overall increase in withdrawal management support in the South Island, with new FTEs creating a coordinated network of services across all DHBs
 - » workforce development across the South Island.

Additional Alcohol and Other Drug initiatives

Budget 19 invested \$7 million over four years to expand the existing Pregnancy and Parenting Service to two new sites. These sites were selected based on population need and were identified as Whanganui DHB and Eastern Bay of Plenty.

The Ministry has approved five initiatives through the Acute Drug Harm Discretionary Fund since establishment of the Fund in December 2018.

1. National funding for the purchase and delivery of Naloxone (a drug that reverses the effects of opioid overdoses) to be dispensed by existing Opioid Substitution Services. This is in response to increased risk of overdose during and after the COVID-19 lockdown.
2. Nelson Marlborough DHB to develop a local treatment pathway and deliver training and support to frontline workers.
3. Hutt Valley DHB and Wellington Free Ambulance to deliver training to frontline workers, create a low threshold community care space in Porirua, and develop a multi-disciplinary crisis response team.
4. Waitematā DHB to pilot a peer-led 'recovery café' service in Auckland Central.
5. The New Zealand Drug Foundation to develop an acute drug harm reduction community of practice.

Te Ara Oranga is a joint operation between Northland DHB and Police that works with individuals and whānau to address their methamphetamine use and to support changes in lifestyles through employment and accommodation.

On 13 August 2019, the Misuse of Drugs Amendment Bill came into effect. A key change was to reinforce a health-based approach to section 7 offences (personal drug use or possession).

The amendments were supported by the introduction of a national health connection service for drug users. This enables frontline officers to send a drug user's contact information, with their consent, to the Drug Referral Service as a part of a verbal warning or pre-charge warning process.

As of the end of April, 428 people have been referred to the service since the launch.

Preventing and Minimising Gambling Harm

The Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22 is aimed at refreshing and revitalising services, and includes dedicated funding for peer support and for residential care for gambling harm for the first time in New Zealand. The Ministry has work underway on both of these new service models with implementation taking place in the coming financial year.

A range of new research has also been commissioned which will help guide policy and service delivery, including work on online gambling, and investigating the impacts of 'sinking lid' gambling policies.

CASE STUDY

Drop-in café has helped almost 2,800 people in its first four months

Haven is an after-hours recovery café on K Road in central Auckland that provides support for some of the most vulnerable people in the city. Visitors to the café are usually users of synthetic drugs, methamphetamine or emerging substances who might otherwise have had nowhere else to go other than emergency departments to seek help.

Haven is staffed by peer workers who aim to reduce feelings of isolation experienced by those facing AoD challenges and support those experiencing episodes of acute drug harm. It operates on Friday nights and over the weekend.

The café opened on 12 October 2019 and by 14 February 2020 had delivered services to almost 2,800 people. The café provides basic food (soup and toasted sandwiches, tea and coffee) and is managed by a qualified paramedic who is a registered AoD clinician with expertise in working with those with co-existing problems.

Following the success of the pilot, the recovery service (run by Odyssey House Auckland) has secured close to \$1.3 million over the next three years to continue providing services.



Feedback from visitors to Haven:

A mother came into Haven because her son who is in prison had just been unsuccessful in his third request for parole. She was very upset and was feeling lost about who she could talk to and how she could best support her son. She was able to talk to one of the team for several hours and in that time developed strategies for how she could support her son but also look after her own mental health. She thanked the team for listening to her without judgement.

A man came in one Friday night who was recently homeless after a relationship breakdown, which meant he hadn't had his mental health medication for five days. A team member liaised with Pathways to secure him a space in respite care on the Monday morning. The team helped him come up with a plan for the weekend and he left feeling positive. He returned on Saturday morning saying he was really struggling, so the team liaised with clinicians and the crisis team who advised that he really needed his medication. The thought of getting to Middlemore Hospital was too overwhelming for him, so the team arranged an Uber and stayed connected with hospital staff. Staying at the hospital over the weekend meant he was able to sleep, shower and take his medication.

Psychosocial response to COVID-19

The Ministry has responsibility for coordinating psychosocial support for emergencies under the *National Civil Defence Emergency Management Plan 2015*.

Initial psychosocial response investment

COVID-19 has brought a lot of uncertainty into New Zealanders' lives and many of us will be feeling some level of distress or worry about the future.

The Government's COVID-19 response package included a dedicated \$500 million contingency fund to strengthen health services to fight and contain COVID-19. A total of \$15 million from that fund was allocated for mental health and wellbeing services to "boost the psychosocial response and recovery plan to mitigate the immediate and long-term psychosocial impact of COVID-19."

As a rapid response was required, the Ministry focused on funding supports across a range of categories, to provide different levels of support for different levels of need across the population, with particular focus on populations more at-risk of poor mental health and wellbeing outcomes.

Public information campaigns, self-help apps and tools, and virtual therapy

Initial investment focused on wellbeing promotion, self-help and primary support. This approach will enable wide reach and will help to mitigate both the immediate and ongoing psychosocial impact of COVID-19. As face-to-face support was not an option for most people during Alert Level 4, investment was made in mental health and wellbeing resources that people could access either online or by phone. Campaigns were also run over broadcast TV, radio, print, and in other places like on bus skins in metropolitan areas.

Targeted support for Māori and Pacific peoples

Prior to the COVID-19 pandemic we had invested \$2.2 million per annum in expanding the capacity for telehealth on the 1737 platform to ensure that help is available to everyone at anytime. This was particularly important during the period when we were practicing social distancing.

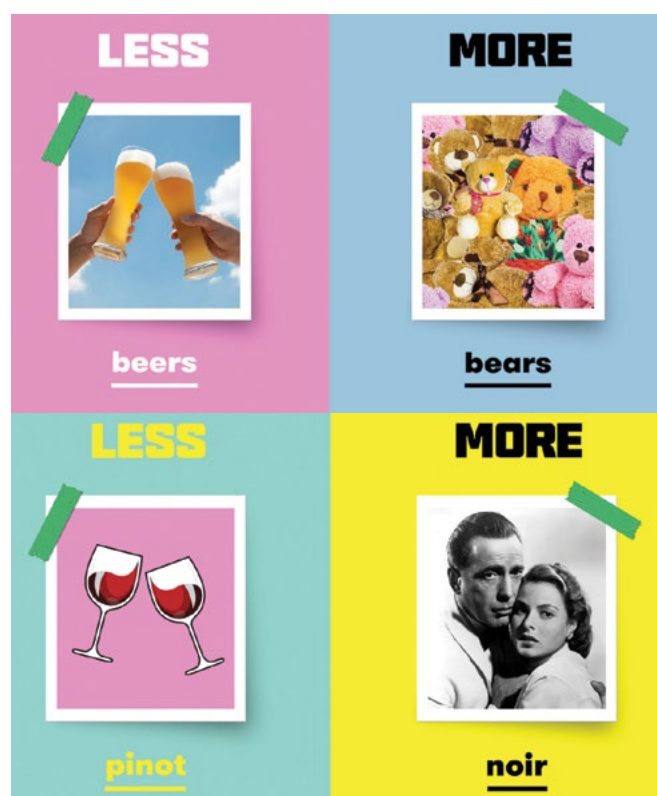
The package includes dedicated investment to support Māori mental wellbeing and kāupapa Māori mental health and addiction providers. This investment will provide for multi-media campaigns, access to phones and/or data to enable virtual support, and sector coordination and support.



Getting Through Together campaign.

Support for key population groups

Certain population groups are likely to experience disproportionate impacts during the COVID-19 outbreak. The Ministry invested in tailored messaging and supports for these groups, including people and their whānau with lived experience of mental illness and or addiction, rainbow communities, Asian communities, older people, people with chronic health conditions or who are immunocompromised, new parents and frontline workers.



Best Bubble campaign.



Mentemia app feedback:

"I'm ok (mostly, or so I thought). I had a look at Mentemia via the COVID-19 website as someone I love is struggling. I ended up downloading it for me. I love it! I've recommended it to my work team, who are all struggling to varying degrees with combining working at home and family life. When you're used to being a "coper" sometimes you don't realise the powerful impact some really simple help from people who know what they're doing can have. Thank you!"

Getting Through Together feedback:

"I'm so grateful to be following your feed and have regular reminders to look after our whānau. Here and far... I applaud what you do and I know many of us are benefiting from the hard work you put in x kia kaha thankyou."

Melon feedback:

"I have found the webinars all to be useful. I have find tuning in at 10am has helped me establish a positive routine. I now know more about mindful eating, good sleep routines, reasons for my thinking, meditation. Struggling with the exercise though."



Kia Kaha, Kia Māia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Recovery Plan.

A plan of action for moving forward

Many predict an increased need from New Zealanders over the coming months for more mental health and wellbeing support as a result of the COVID-19 pandemic. While most people will recover with support and time, there is still a risk to the country in terms of people's mental health and wellbeing. But the Ministry of Health does not accept that it is inevitable that there will be a mental health crisis in New Zealand.

The Ministry developed *Kia Kaha, Kia Māia, Kia Ora Aotearoa – COVID-19 Psychosocial and Mental Wellbeing Recovery Plan* – and has publicly engaged on the plan during May and June. The plan is grounded in the principles of the recommendations from *He Ara Oranga*. The direction we had been heading in prior to the pandemic, enabled us to respond quickly and meant we already had services in place that would help. It's also the foundation of our pathway for continuing to move forward.

Kia Kaha, Kia Māia, Kia Ora Aotearoa sets out the national approach and collective actions necessary to support the mental and social wellbeing of New Zealanders during the response and recovery period. This plan provides a framework within which government agencies, service providers and communities can see themselves as contributors to achieving mental wellbeing.

The plan is a 'living document' that will be updated to reflect emerging evidence and changing circumstances. The Ministry recognises that New Zealand's return to a 'new normal' is likely to take several years, so the plan supports this longer-term view.

The transformation called for in *He Ara Oranga* is even more important now than ever as we recover from the impacts of the COVID-19 pandemic. Similarly, the continued investment of the Budget 19 mental wellbeing package, with a focus on increasing access and choice of supports, will be critical to supporting psychosocial recovery.

