

In Confidence

Office of the Minister of Health  
Chair, Social Wellbeing Committee

## **Improving mental health services for children in Canterbury and Kaikōura**

### **Proposal**

- 1 This paper seeks agreement to provide additional mental health support services in earthquake affected schools from the contingency identified for mental health, enabling an announcement of the Government's mental health response in Canterbury on 22 February 2018. It also seeks agreement to use the remainder of the contingency as part of the overall Vote Health Budget package.

### **Executive Summary**

- 2 In 2017 the previous Government established a \$25 million annual and ongoing contingency in case it decided to fund new and innovative approaches to improving mental health, and named 17 initiatives it was considering funding. Funding was however never appropriated.
- 3 The present Government has prioritised addressing mental health, and has set up an Inquiry into Mental Health and Addiction. However we also recognise the need for swift and immediate action to address known service gaps and pressures while the Inquiry is underway.
- 4 Canterbury is struggling with a unique mental health situation, which particularly impacts on children in Canterbury. The Ministry of Health, Canterbury DHB, the Ministry of Education and inter-sectoral partners have begun development of an approach that both provides immediate support in schools and an opportunity to learn from the rapid implementation of a tailored, holistic and larger scale response.
- 5 So as to expedite additional support in earthquake affected schools, I propose that funding for this initiative be counted against the contingency previously identified for mental health.
- 6 To support our ongoing response to mental health, I propose the remainder of the contingency be used as part of the overall Vote Health Budget package on an annual and ongoing basis.

### **Background**

#### ***Establishment of the mental health contingency***

- 7 In Budget 2017 the previous Government established a \$25 million annual and ongoing contingency (called the Mental Health Social Investment Fund) for social sector agencies to trial new and innovative approaches to improving New Zealanders' mental health [SOC-17-MIN-0087 refers].
- 8 On August 9 2017, the previous Government agreed in principle to allocate the full amount of the contingency to 17 initiatives across the Ministries of Health, Education, Social Development, Justice, and Department of Corrections and delegated final funding approval to Ministers of Finance, Health and Social Investment [SOC-17-MIN-120 refers]. These initiatives were announced publicly, however funding was never

appropriated. See Appendix 1 for a description of the initiatives scoped by the previous Government.

### ***Government commitment to mental health***

- 9 Our Government has prioritised addressing the crisis in mental health. We have already set up an Inquiry into Mental Health and Addiction as part of our coalition programme of work for the first 100 days.
- 10 However, the Government also recognises that there is a need for swift and immediate action to address known service gaps and pressures while the inquiry is underway. We have identified an immediate need for increased resources for frontline health workers, more nurses in schools, s 9(2)(f)(iv) free counselling for those under 25 years of age, and additional support in earthquake affected areas of Canterbury and Kaikōura.

### ***Supporting psychosocial recovery in earthquake affected areas***

- 11 Since the earthquakes a range of local and central government agencies and organisations have been contributing to efforts to improve resilience, help communities reconnect, and provide targeted support services to avoid long-term mental health issues.
- 12 A number of initiatives and programmes are already underway in primary schools across the region, such as the school based mental health team (this funding is due to end in 2019/20), the Wellbeing Team model, and public health nurses. More broadly, the All Right? Campaign has been designed to help Cantabrians think about their mental health and ways they can improve it.
- 13 Although there is still considerable need in the region, some progress has been made. The Canterbury Wellbeing Index 2016 shows conditions for greater Christchurch residents are similar to, or better than, the national averages. Similarly the results from Canterbury Wellbeing Survey 2017 indicate quality-of-life indicators appear to have stabilised, wellbeing levels continue to improve, and stress levels are at their lowest since the survey began.
- 14 However, there remains significant pockets of distress, particularly among those whose pre-earthquake wellbeing was likely already compromised (eg, people with disabilities or chronic illnesses or those living in poverty). In order to continue the progress made in psychosocial recovery in Canterbury, we must identify where the need is and prioritise support in those areas.
- 15 A significant proportion of mental health and addiction issues start to develop before the age of 25 years, and Canterbury is struggling with a difficult situation for children and young people. Children across the region have suffered long-term psychological disturbance following the Canterbury and Kaikōura earthquakes. Research into the effects of the 2010 and 2011 earthquakes in Canterbury have identified significant increases in behavioural problems and post-traumatic stress for children. Since 2011, there has been a 93 per cent increase in children in Christchurch requiring specialist support for mental health issues.

### ***Taking a holistic approach to mental health***

- 16 Mental health and wellbeing are strongly influenced by social determinants. The World Health Organisation (WHO) considers that the 'responsibility for promoting mental health and preventing mental health disorders extends across all sectors and all government departments' (WHO 2013). Understanding how social, economic and physical environments contribute to health and wellbeing is important to be able to intervene at critical points.
- 17 To improve mental health and wellbeing, the health and disability, justice, corrections and social services workforces will need to make a combined effort in a whole-of-government response, recognising the social determinants of health. Broader society

also plays a role: inclusive communities, supportive employers, people families and whānau who support one another.

## **Comment**

### ***A fresh approach to mental health***

- 18 The \$25 million a year contingency set aside for mental health in Budget 2017 has not yet been appropriated. Most of the initiatives announced were still in early development when this Government took office.
- 19 Although some of the previously proposed initiatives have good evidence behind them, the Government has re-considered the approaches and initiatives which will have the greatest impact and will most effectively and immediately support those New Zealanders with mental health needs. Therefore I propose that the previously identified initiatives not be progressed in their current forms, at this time. Instead, I propose that we will consider these initiatives as part of the Budget 2018 process.
- 20 I expect that the Inquiry into Mental Health and Addiction will provide guidance on the most critical innovations and system gaps. The Government will need to reassess funding priorities following the Inquiry's recommendations.

### ***Better mental health for Canterbury kids***

- 21 Providing additional support to children in earthquake affected areas is one of my priorities.
- 22 Canterbury DHB, the Ministry of Health, the Ministry of Education and inter-sectoral social service partners conducted a workshop at the request of the Ministers of Health and Greater Christchurch Regeneration to begin development of a new approach for providing additional mental health support in earthquake affected schools. This new approach both provides initial, immediate assistance which forms a base for the development of a tailored, holistic, larger scale response that will be progressively and rapidly implemented.
- 23 Additional mental health support in primary and intermediate schools in two Kāhui Ako (clusters of schools) - Tamai in East Christchurch and Hornby in West Christchurch, can be provided via Canterbury DHB, starting in this financial year. It will be overseen and led by the Canterbury Clinical Network (the Ministry of Health will be part of the Canterbury Clinical Network's service development group).
- 24 I recognise that addressing mental health requires a holistic approach that addresses the broader social determinants of mental health and the wider challenges that children and their families may be facing, such as learning support or drug and alcohol abuse, it will also require coordination with other services such as social workers in schools.
- 25 The approach developed for the Tamai and Hornby Kāhui Ako will reviewed and contribute (alongside further participatory design work with government and non-governmental intersectoral partners) to the development of a holistic approach to the mental health needs of children in earthquake affected schools, which is tailored to the needs of different groups, and that places the child in the wider context of their whanau and community. The evidence supporting the previously agreed to initiatives will be taken into consideration and may usefully inform the development of the larger-scale approach.
- 26 This approach will then be progressively and rapidly rolled out to, and refined for, other primary and intermediate schools across earthquake affected areas during 2018/19.
- 27 The Canterbury Clinical Network provides an established mechanism for partnering between health (the Ministry and Canterbury DHB), education (Schools and Ministry of Education) and the social sector (including Oranga Tamariki - Ministry for Children, and New Zealand Police). This partnership will lead ongoing participatory design of the

programme prior to the progressive roll-out. The design process will include children, whānau, teachers, NGO youth services, Māori organisations, primary care, specialist mental health service providers and social service providers to ensure that the initiative focuses on a holistic mental health service that places the child in the wider context of their whānau and community. The Chair of the Canterbury Clinical Network (Sir John Hansen) will lead this development.

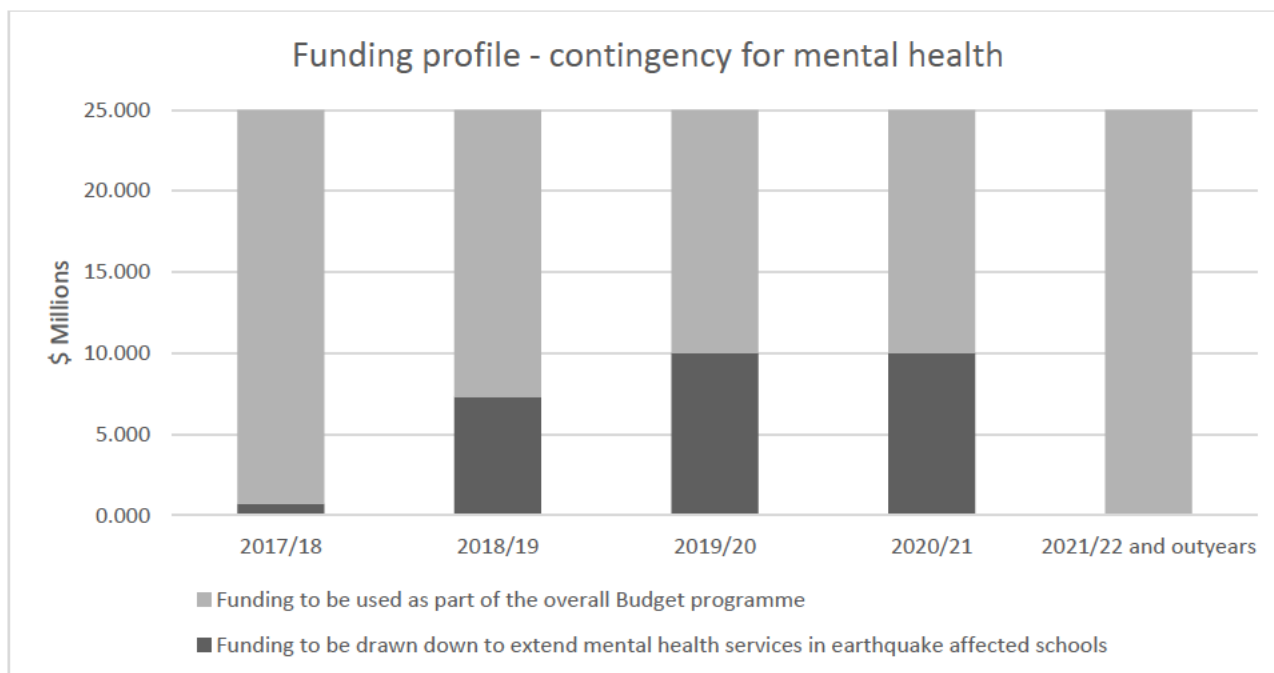
- 28 It is anticipated that the initiatives in Tamai and Hornby will merge into the new co-designed programme at the end the one year period. This two pronged approach will provide both immediate assistance and a larger scale, tailored and holistic response.
- 29 Getting these proposals underway is a priority. In order to expedite that process I recommend that Cabinet agree to fund this proposal directly from the contingency identified for mental health, and approve the appropriation of the following funding to support the progressive roll-out of this approach for children in earthquake affected areas:

2017/18	2018/19	2019/20	2020/21	Total
\$0.7m	\$7.3m	\$10m	\$10m	\$28m

- 30 This funding will be appropriated into Vote Health. The Ministry of Health will contract with Canterbury DHB to provide a holistic mental health programme that takes a partnership approach to design and delivery across earthquake affected areas. The programme will be required to deliver a ratio of approximately 1 FTE professional per 500 children within the funding specified above.
- 31 Funding this initiative via a contingency will also enable an announcement to be made about the Government's progress and intentions on 22 February 2018, should we wish to do so.

### ***Ongoing funding for mental health initiatives***

- 32 The Ministry of Health has developed and costed initiatives (in addition to the initiative to extend mental health services in earthquake affected schools) that will allow immediate action to address service gaps and pressures to begin to improve mental health while the inquiry into mental health is underway. These initiatives will:
- 32.1 increase frontline health workers, by using multidisciplinary mental health teams, to make it easier for those in our community with mental health problems to get the help they need
- 32.2 provide more nurses in schools, s 9(2)(f)(iv)
- 32.3 increase access to counselling and integrated therapies for those under 25 years.
- 33 These initiatives are currently being progressed through the Budget 2018 process (see Appendix 2 for the details and costings of these initiatives). I propose that the more promising initiatives from the 17 indicated by the previous Government should also be considered.
- 34 I propose that, in order to support the funding of mental health within Vote Health, the remainder of the contingency identified in 2017 will be used as part of the proposed Budget 2018 package, which includes the above three mental health initiatives.
- 35 This approach will support the Government's continued investment in fixing mental health, both by addressing service gaps to improve people's mental health now, and by supporting the implementation of recommendations made by the Inquiry into Mental Health and Addiction.



## Consultation

- 36 The following agencies have been consulted during the development of this paper: Treasury, the Ministries of Education, Justice, Social Development and Oranga Tamariki – Ministry for Children, Te Puni Kokiri, New Zealand Police, the Department of Corrections and the Department of the Prime Minister and Cabinet. Canterbury DHB have also been consulted.

## Financial Implications

- 37 The financial implications of the proposal is that funding will be appropriated into Vote Health between 2017/18 to 2020/21 to be spent on extending mental health support in earthquake affected schools. Agreement is sought to access the remainder of the mental health contingency as part of the overall Vote Health Budget package on an annual and ongoing basis.

## Human Rights

- 38 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

## Legislative Implications

- 39 There are no legislative implications from this paper.

## Impact Analysis

- 40 The impact analysis requirements do not apply to this paper.

## Gender Implications

- 41 There are no gender implications from this paper.

## Disability Perspective

- 42 The work described will reduce the heightened risk of people living with disabilities developing and needing to manage mental health and addiction issues.

## Publicity

- 43 This proposal will support a public announcement of the initiative in Canterbury by the Prime Minister scheduled for 22 February 2018.

## Recommendations

- 44 The Minister of Health recommends that Cabinet:

1. **note** that Budget 2017 made provision for a \$25 million annual and ongoing contingency for a Mental Health Social Investment Fund
2. **note** that on 9 August 2017, the previous Government agreed in principle to fund 17 initiatives from the Mental Health Social Investment Fund
3. **agree** that the more promising ideas selected from the 17 initiatives indicated by the previous Government will be considered as part of Budget 2018
4. **agree** that the \$25 million annual and ongoing contingency will continue to be available for ongoing mental health
5. **agree** to funding the extension of mental health services in earthquake affected schools
6. **approve** the following changes to appropriations to give effect to the policy decision in recommendation 6 above, with a corresponding impact on the operating balance:

	\$m increase/(decrease)				
Vote Health	2017/18	2018/19	2019/20	2020/21	2021/22 & Outyears
Minister of Health					
<u>Non-Departmental Output Expense:</u>					
National Mental Health Services	0.7	7.3	10.0	10.0	-

7. **agree** that the proposed change to appropriation for 2017/18 above be included in the 2017/18 Supplementary Estimates and that, in the interim, the increase be met from Imprest Supply
8. **agree** that the expenses incurred under recommendation 7 above be a charge against the tagged contingency, Mental Health Social Investment Fund, established as part of Budget 2017
9. **agree** that the remainder of the contingency for Mental Health will be accessed as part of the overall Vote Health Budget package on an annual and ongoing basis
10. **note** that the proposed Vote Health Budget 2018 package includes mental health initiatives to:

- 10.1. increase frontline health workers, by using multidisciplinary mental health teams, to make it easier for those in our community with mental health problems to get the help they need
- 10.2. provide more nurses in schools, s 9(2)(f)(iv) [REDACTED]  
[REDACTED]
- 10.3. increase access to counselling and integrated therapies for those under 25 years.

Authorised for lodgement

Hon Dr David Clark

Minister of Health



## Appendix One – Mental Health Social Investment Fund Initiatives

Package	Proposal	Lead agency
Distance and electronic therapy package	Enhanced e-therapy options for pre-teens, adolescents and young adults	Ministry of Health
	E-therapy for young prisoners	Corrections
	Package of tailored telehealth pilots	Ministry of Health
	Ensuring support and follow-up for those who attempt suicide	Ministry of Health
	Expanding and enhancing primary and community mental health and addiction care	Ministry of Health
Step- up/step-down support for people experiencing acute and emergency mental health needs	Support service for people in acute mental health crisis to sustain tenancies	Ministry of Social Development
	Wraparound and step-up/step-down care trial	Ministry of Health
	Multi agency co-response service for people who ring 111 for Police or Ambulance requiring a mental health response	Police
	Strengthening self-regulatory skills in early childhood	Ministry of Education
Schools package	Pilot frontline mental health input to schools	Ministry of Education
	Improve learning environments and build resilience	Ministry of Education
	Electronic HEEADSSS assessment and brief intervention for young people	Ministry of Health
	Supportive housing models for youth with a mental health condition	Ministry of Social Development
	Strongest Families pilot	Ministry of Health
	Culturally responsive trauma-focused CBT for children following experiences of family and/or sexual violence	Ministry of Justice
	Enhancing mental health and neurodevelopmental capacity in Gateway assessment teams and associated service pathways	Ministry of Health
	Improving the evidence base about New Zealanders' mental health and interventions that work	Ministry of Health



## Appendix Two – Vote Health Budget 2018 Mental Health Initiatives

Initiative	Description	Total cost (\$m)
<b>Primary mental health pilots</b>	<p>This initiative will provide a two-year pilot of multidisciplinary mental health teams providing services in the community in four sites across New Zealand, to better respond to the mental health and addiction needs of people who are not eligible for specialist mental health care.</p> <p>The pilot interventions are expected to improve health and social outcomes for people who require support to manage their mental health and addiction issues, which allows for earlier intervention and is likely to reduce pressure on acute mental health services.</p>	\$8.306 (2 years)
<b>Pilot project for integrated therapies for 18-25 year olds</b>	<p>This initiative will:</p> <ul style="list-style-type: none"> <li>- pilot a free counselling and evidence based therapy service for young adults aged 18-25. The pilot will be modelled on 'Improving Access to Psychological Therapies' (IAPT) within England and could include wider telehealth and e-therapy</li> <li>- undertake parallel work to assess current unmet need amongst 18-25 year olds and gaps in workforce to address these needs in an integrated way.</li> </ul>	§ 9(2)(f)(iv) (3 years)
<b>Expand school-based health services</b>	<p>This initiative will expand School Based Health Services (SBHS) § 9(2)(f)(iv)</p> <p>§ 9(2)(f)(iv)</p> <p>§ 9(2)(f)(iv)</p> <p>§ 9(2)(f)(iv)</p>	§ 9(2)(f)(iv) § 9(2)(f)(iv)

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