MANATŪ HAUORA
MINISTRY OF HEALTH

Briefing

Options for mental health and addiction system targets

Date due to MO:	15 December 2023	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	H2023033582
To:	Hon Matt Doocey, Minister for Mental Health		
Consulted:	Health New Zealand: ☐	Māori Health Authority: ☐	

Contact for telephone discussion

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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

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Options for mental health and addiction system targets

Security level:	IN CONFIDENCE	Date:	15 December 2023
To:	Hon Matt Doocey, Minister for Mental Health		

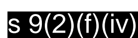
Purpose of report

1. This briefing provides advice on options for a mental health and addiction health target, for potential engagement with the Minister of Health in relation to wider health system targets.

Summary

2. The Minister of Health has been asked to report back to Cabinet as part of the Government's 100-Day Plan with five major targets for the health system. Inclusion of a mental health and addiction target alongside those targets has the potential to strengthen the focus on mental health and addiction within the wider health system and to drive performance improvements in your priority areas.

3. In line with your identified priorities of access, workforce, and prevention and early intervention, we have identified two preferred potential 'headline' mental health and addiction targets for your consideration:


s 9(2)(f)(iv)

4. Alongside a 'headline' target, we recommend a framework of balancing measures across a range of domains such as access, wait times, workforce, expenditure, quality care and patient and family experience-related measures. This would provide a relatively comprehensive suite of measures that leads to public and sector accountability whilst reducing potential unintended consequences and driving improvement across the system.

5. You may want to meet with the Minister of Health to discuss this. Subject to any further discussion with the Minister of Health, and your agreement, Cabinet approval would be needed to introduce any mental health and addiction targets.

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Recommendations

We recommend you:

a) **Note** a mental health and addiction target can help strengthen system performance

b) **Discuss** with the Minister of Health the potential for a mental health and addiction 'headline' measure to be included as part of the wider suite of health targets required in the 100-Day Plan **Yes/No**

c) **Indicate** whether you wish to receive further advice to support a discussion with the Minister of Health **Yes/No**

d) **Note** the Ministry will provide further advice in early 2024 on a wider system performance framework for mental health and addiction that includes balancing measures across a range of domains.

Robyn Shearer	Hon Matt Doocey
Deputy Director-General	
Clinical, Community and Mental Health | Te Pou Whakakaha	**Minister for Mental Health**
Date: 13 December 2023	Date:

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Options for mental health and addiction system targets

Context

1. We recently provided you with a memorandum with an overview of mental health and addiction system performance and current measures. That advice signalled that introducing a mental health and addiction target presents an opportunity to further shape and enhance the mental health and addiction system performance monitoring approach [H2023033447 refers].
2. We understand the Minister of Health has received advice related to implementing the proposed health system targets [H2023032864 refers]. This advice recommended consideration of a mental health-related target to be included alongside the wider suite of health targets and a discussion with you as the Minister for Mental Health.
3. This report provides further advice on the potential for a mental health and addiction target and options for what this could look like.

A mental health and addiction target can support performance improvements in your priority areas and improve public accountability

4. When appropriately designed and simple to understand, targets can be a good mechanism to monitor demand, track changes and trends, and improve effectiveness and quality of services. Targets can also help with public accountability and transparency.
5. There is an opportunity to use targets to enhance the system's focus on your priorities for mental health and addiction – access, workforce, and early intervention and prevention. There is also an opportunity to strengthen the focus on mental health and addiction within the wider health system, in line with the priority indicated through establishing a new Mental Health portfolio. While a degree of acute mental health activity will be covered in the Shorter Stays in Emergency Departments health system target, the inclusion of a mental health and addiction target would provide a stronger focus.
6. In setting targets, it is important to consider their ability to drive change and feasibility of implementation, including timeframes for achieving a target. Achievement of any target is likely to require phasing with interim milestones, and some targets will not be easily influenced by health entities or sensitive to change unless additional resource and capacity is added to the system. Targets will also require clear ownership and attribution, acknowledging the impact of wider determinants on mental health and addiction outcomes.
7. It is important to note that targets have the potential to result in perverse incentives or unintended consequences. For instance:
    a. efforts to achieve the target may diminish if it is seen as unachievable because a target is too aspirational or is misaligned with existing resources and capacity

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b. efforts to improve performance are focused more on the targeted areas, which can result in other areas of performance stagnating or deteriorating

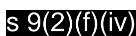
c. it may generate gaming. For example, a target focused on initial access or wait times could result in people being seen quickly initially, but then facing longer wait times to access planned interventions or assessment.

8. Mitigation strategies can, however, be put in place when designing and monitoring targets to reduce the risk of potential perverse incentives and unintended consequences. For example, one mitigation strategy is including a suite of targets or balancing measures which encourage improving system performance through multiple avenues rather than focusing on one part in isolation. It can also help monitor potential gaming depending on the mix of measures included, for example by including measures related to both access and wait times for follow-up appointments.

Options for potential mental health and addiction system targets

9. We have analysed a range of different potential measures that could be used as mental health and addiction system targets. These cover both service-related metrics and system indicators that help us understand mental health and addiction system performance. Note we have not included population needs measures in our consideration of potential targets, given these are influenced by multiple factors outside of the health system and services, but these would be included in a wider performance framework.

10. Our analysis is summarised in **Appendix one** and includes key considerations and our recommendations. Considering your stated priorities for mental health and addiction, we recommend you consider one of the following 'headline' targets:



11. Further work with Health New Zealand would be needed to set appropriate definitions, parameters and levels for these targets to ensure they take into account current baselines, existing resources and system capacity, and that they reflect adequate stretch components while also being achievable within a reasonable timeframe. We can progress this work urgently and provide further joint advice if you are interested in pursuing a headline target as part of the wider health system target commitment.

12. With or without a headline target, we recommend putting in place a suite of mental health and addiction system measures across a range of domains including access, wait times, workforce, expenditure, quality care, patient and family experience-related measures and potentially others. A wider span of measures provides more comprehensive monitoring of system performance than a single target or targets only focused on selected areas or services.

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13. We will provide further advice to you on a system performance framework for mental health and addiction in early 2024. This will include measures which are suitable for monitoring system and service performance while also striking a balance across public and sector accountability, existing availability of measures and data, reducing unintended consequences, and likely effectiveness at driving service improvement.

Equity

14. There are inequitable experiences of mental health and addiction outcomes for different population groups. A good understanding of mental health and addiction system performance allows us to monitor what is happening in terms of inequities between population groups.

15. Targets can help with monitoring inequitable differences between different population groups and support progress towards addressing these inequities. It is expected any targets or measures would be able to be broken down by key demographic information.

Next steps

16. If you are interested in progressing a mental health and addiction target, you may wish to discuss this advice with the Minister of Health, including the potential for a mental health and addiction target to be included in the proposed suite of health targets.

17. If a mental health and addiction related target or suite of targets is progressed it will require Cabinet approval. This could be a standalone paper or could potentially be incorporated in the Cabinet paper on targets that the Ministry has been directed by the Minister of Health to prepare by the end of January 2024 [HR2023032864 refers].

ENDS.

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Appendix one: Options for a mental health and addiction suite of targets

Domain	Target	Considerations	Recommendations
Access	**Access could focus on:** • Access to any mental health and addiction services across the continuum of care. • Access to specific services/ parts of the continuum (e.g., specialist services mental health services, addiction services, primary services, telehealth services, digital tools and supports).	• Simple to understand and good for public accountability. • Beneficial to the mental health and addiction sector to monitor demand and any trends across the continuum. • Access rates only show part of the picture and may not be representative of effective engagement or service quality. • Access rates are constrained by the capacity of services and existing resources, which may not align with known needs. • Our understanding of prevalence is based on data collected for the last epidemiological study in 2003/04, so it is limited. • Any target needs to be carefully designed to ensure balance across the system and not place further stress on parts of the sector. • There are existing measures that could be adapted to create a new access target.	• s 9(2)(f)(iv) • We recommend any access targets focus on both access to specialist services and access to primary services. • Setting access targets to cover both specialist and primary services will capture more of the service continuum. • Urgent work can be undertaken with Health New Zealand to propose an appropriate level and parameters for any access targets.
Wait times	**Wait times could focus on:** • Any length of time between the day a person is referred to a specialist mental health and addiction service and the first time or any number of subsequent times the person is seen by the service.	• Simple to understand, good for public accountability and frequently highlighted through media attention. • There are existing measures that could be adapted to create new wait times target (e.g., current wait time key performance indicators focus on the percentage of children and young people aged 0–19 years seen within 48 hours, 3 weeks, and 8 weeks). These are currently limited to specialist services. • Wait times for first appointments are more prone to unintentional consequences. Particularly when services are stretched, people may be seen for a one-off assessment, or people may have their first appointment and then must wait longer to receive subsequent appointments. • Wait time targets can drive unbalanced attention to more acute and crisis presentations, and patients that require follow up or longer-term care are deprioritised. • Wait times are unlikely to change substantively without introducing additional resource and capacity into the system.	• s 9(2)(f)(iv) . • Recommend ongoing monitoring of wait times as part of wider system performance framework. • We recommend adding a wait time for a third session appointment as a measure. A focus on the third session is more meaningful than a focus on wait time for first appointments due to 3 or more sessions showing that that a person is likely to be engaged in ongoing treatment. It is less prone to unintentional consequences than a target focused on wait times for a first appointment.

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Domain	Target	Considerations	Recommendations
Workforce	**Workforce could focus on:** • Tracking current and new mental health and addiction workforce initiatives across a range of professions (e.g., increasing clinical psychologist internships). • Monitoring vacancies, retention, and turnover within services.	• Workforce is a critical area and expanding it is likely to have significant positive impacts to the mental health and addiction sector. A target is likely to be well received. • Could be used to track trends over time across services, and highlight areas that might need attention, for example, workplace culture. • Increasing training in a range of professions is dependent on a number of factors like appropriate resourcing, as well as factors out of our control like tertiary education settings. • Workforce measures can be challenging to quantify and depend on how vacancies are measured, for example vacancies are sometimes counted when a person has submitted their resignation and not yet left the role or when a person has been appointed to a role but has not yet started. • For similar reasons, retention and turnover measures may not show if a person has moved to other teams within the organisation or not. • There are limitations to how much further the health sector can grow the mental health and addiction workforce without increased intake into relevant undergraduate and post graduate education programmes, so there will be a dependency of achieving the target with cross-sector contribution.	• s 9(2)(f)(iv) • Given current data limitations, we recommend focus on growth of the mental health and addiction workforce measured through increased availability and/or uptake of training places across key professions with the need for cross-sector contributions with the tertiary education sector. • Urgent work can be undertaken with Health New Zealand to propose an appropriate level and parameters for any workforce targets. • Over time, we recommend workforce targets that monitor retention and turnover, as these are important measures that indicate how services are performing and which parts of the sector may require attention.
Expenditure	**Expenditure could focus on:** • Meeting or exceeding the mental health and addiction ringfence which tracks the spend on services. • Proportion of investment and spend across each area of the mental health and addiction continuum.	• Expenditure is good for public accountability and mental health and addiction sector accountability. • Expenditure is important for understanding if there is appropriate investment in the sector, and indications of any underfunding or reprioritisation. • Setting expenditure expectations, including those specific to parts of the continuum, can help drive a focus on prevention and early intervention, in line with your priorities. • Overall expenditure on services may not show how effectively services are performing, for example, impact on positive mental health and addiction outcomes.	• s 9(2)(f)(iv). • We recommend continued clear expectations for meeting or exceeding the ringfence as part of the health system architecture (currently via the interim Government Policy Statement) and ongoing monitoring as part of wider system performance framework. • Health New Zealand-led work underway on an investment stocktake as part of implementing the *Oranga Hinengaro System and Service Framework* will provide a useful baseline against which to track spend across the continuum. This could inform a future target.

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Domain	Target	Considerations	Recommendations
Quality care	**Quality care could focus on:** • 7-day post-discharge follow up. • Transition and wellbeing plans. • Average length of stay in inpatient units. • 28-day readmission rate.	• 7-day post-discharge follow-up covers a small percentage of people who access inpatient specialist mental health and addiction services, however it is an evidence-informed measure and has a significant impact on supporting people in their recovery journey and transition back into the community at a particularly vulnerable time during their care. • These quality measures are supported by evidence of improved outcomes for people who are most at risk of experiencing adverse events, are more likely to be living in low socioeconomic circumstances, and are Māori, or are Pacific. • Help increase flow through services and ensure people are treated quickly, reducing system bottlenecks.	• s 9(2)(f)(iv) • We recommend ongoing monitoring of quality measures as part of the wider system performance framework. • In particular, we support a focus on the 7-day post-discharge follow up measure as this will lead to significant improvements for people using specialist inpatient services which includes those experiencing the highest mental health and addiction needs. • For a wider population measure, we recommend a focus on transition and wellbeing planning, as this is likely to improve outcomes for all people using specialist mental health and addiction services.
Patient and family experience	**Patient and family experience could focus on:** • Patient and family feedback. • Mental health legislation related targets including family involvement and use of advance directives. • Seclusion and restrictive practices. [note: in December we will provide you with further advice separately on work related to new mental health legislation]	• Family involvement can positively impact outcomes and is important for ongoing patient wellbeing across all ethnicities and age groups. • Family involvement has been a key performance indicator for many years now, with minimal shifts in this area despite efforts by local teams and districts to change performance. A target may therefore not result in much change, but could increase focus on the goal and help shift current practice. • New mental health legislation is intended to recognise the role that a strong support network of family and trusted people have in supporting someone's recovery journey. The Mental Health Bill includes greater recognition and involvement of family in a person's care, including in care planning and other key decision points. • New Zealand attracts criticism for the use of seclusion and restrictive practices by monitoring mechanisms. Reducing reliance on inpatient services and seclusion will be welcomed and encouraged by services, patients, and independent agencies.	• s 9(2)(f)(iv) • We recommend ongoing monitoring as part of wider system performance framework. • We recommend a particular focus on measures relating to work on new mental health legislation, including use of advance directives and family involvement. There are likely to be significant improvements in these areas through focused efforts resulting from new legislation.

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Minister's Notes

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