MANATŪ HAUORA
MINISTRY OF HEALTH

Minister for Mental Health Weekly Report

Week commencing 4 March 2024
prepared on 28 February 2024

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1.1 Eating disorders prevalence and opportunities for improvement

This item provides information on the prevalence of eating disorders in New Zealand and opportunities to strengthen supports for eating disorders. It complements a 28 February 2024 Weekly Report entry from Health New Zealand — Te Whatu Ora about the supports and services currently available.

Functions and responsibilities within the health portfolio relating to eating disorders come within your Associate Minister of Health portfolio, but there is also a strong link with your Mental Health portfolio.

Prevalence of eating disorders

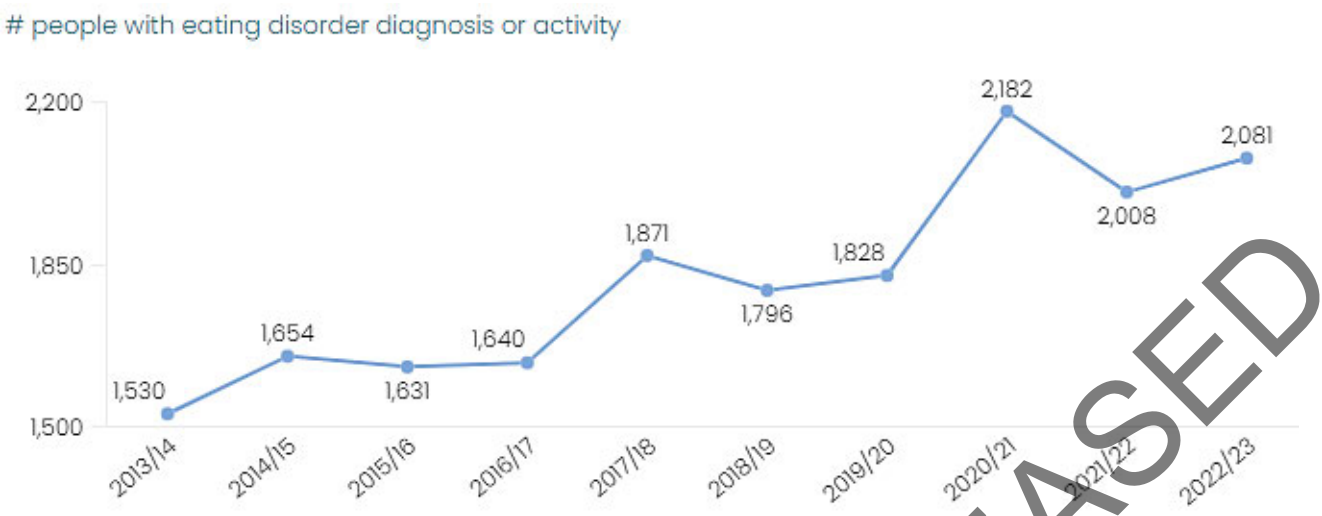
New Zealand's most recent mental health epidemiological survey Te Rau Hinengaro: The New Zealand Mental Health Survey (the survey) published in 2006, focused on the two most serious eating disorders, anorexia nervosa and bulimia nervosa. Anorexia nervosa involves a persistent restriction of food intake leading to significantly low body weight. Bulimia nervosa involves recurrent episodes of binge eating and purging behaviour.

The survey found that around 1% of people aged 16 and over experienced either anorexia or bulimia in a 12-month period, with a lifetime prevalence of 1.7% for the whole population and 3.1% for Māori. Māori experienced similar rates of anorexia but were more likely to experience bulimia. The survey didn't cover young people under the age of 16 years, which is often the age group where eating disorders emerge. Binge eating disorder (different to bulimia as it does not include purging behaviour) is the most common of all eating disorders, accounting for almost half of all diagnoses. The prevalence of binge eating disorder is estimated to be between 1.3% and 3% for young people and 2.2% for adults. Binge eating disorder is defined as recurring episodes of eating significantly more food in a short period of time with episodes marked by feelings of lack of control.

International epidemiological evidence suggests that the global lifetime prevalence of eating disorders has increased by 25% over the last 10 years.

In New Zealand, data from regional eating disorder services and specialist mental health and addiction services shows an increasing number of people of all ages are experiencing eating disorders. This includes an earlier age of onset and an increase in the number of young people. Like in some other countries, there was a significant increase in people needing support for an eating disorder in 2020/21, which may be partially explained by the increase in anxiety related symptoms reported during COVID-19.

The graph below sets out the number of people engaging with specialist mental health services who were diagnosed with an eating disorder and/or received support for an eating disorder. (Note: there are known issues with completeness of diagnosis data in PRIMHD which may mean these numbers are an underestimate.)



Source: Specialist Services (PRIMHD) Qlik app, extracted 20/02/2024.

Health New Zealand — Te Whatu Ora is providing you with separate information about the supports and services currently available to people experiencing eating disorders, as well as work underway to improve the early identification and treatment of eating disorders through recent investment and workforce training.

The Ministry is part of an Eating Disorders Advisory Group. This is made up of key stakeholders including clinical experts, family, and people with lived experience, as well as Māori and Pacific People. Its primary purpose is to advise health agencies on workforce development initiatives, but it also provides proactive advice to the health system on eating disorder issues and escalates issues to health agencies it thinks need raised. The advisory group has overseen several key workforce development initiatives including training and support for primary care providers, mental health, general hospital, and school-based health audiences.

There are opportunities to strengthen our response to eating disorders. Prevention opportunities could be further explored (eg, interventions that support young people to manage the impact of unhelpful body image messaging on social media), and existing service responses could be enhanced with the addition of peer-based supports.

Next steps

We can discuss with you any details regarding eating disorders in New Zealand and can provide further advice at your request.

Deputy Director-General	Robyn Shearer, Deputy Director-General, Clinical, Community and Mental Health — Te Pou Whakakaha, s 9(2)(a)

1.2 Collaboration with the Ministry of Social Development to support mental health and addiction outcomes

This item discusses the health system's interface with the Ministry of Social Development (MSD) in relation to mental health and addiction needs. This is part of a series of items to provide information on the interface between mental health and addiction and other cross-government areas.

MSD is responsible for areas that are key determinants of mental wellbeing

The Ministry of Social Development is responsible for several areas that interface with the mental health portfolio. MSD is the lead agency for managing and delivering New Zealand's welfare system, including providing income support for people with health conditions and employment services to help people with health conditions overcome labour market barriers.

MSD provides housing assistance, which is an important determinant of mental wellbeing. This includes provision of the accommodation supplement and assessments of people's eligibility for emergency, transitional, and public housing.

Further, MSD leads cross-government work to improve social sector commissioning processes across government. It is also steward of legislation which outlines registration requirements for social workers, who are a critical workforce in the mental health and addiction space.

Cross-agency governance and collaboration mechanisms including MSD

The overall governance of cross-agency work in the social sector is currently through the Social Wellbeing Board (SWB), which comprises government chief executives with responsibilities associated with wellbeing. It is coordinated by the Social Wellbeing Agency. The SWB leads provision of strategic advice to the Cabinet Social Outcomes Committee. Beneath this, a deputy chief executive's (DCE) forum provides advice on policy matters relevant to SWB. The Ministry of Health (the Ministry) and MSD are active members.

The Ministry and MSD are also involved in governance bodies that have regional/operational oversight. For example, a Caring for Communities DCE group, convened by MSD, was established during the height of COVID-19, and has reorientated to align agencies in building local community resilience, including in relation to weather events. MSD also convenes a regional DCE group, that supports the work of regional public service commissioners (RPSCs), who coordinate regionally based government agencies on cross-cutting local concerns, such as a coordinated response to emergency housing issues in Rotorua.

MSD-led programmes that support people with mental health and addiction challenges

MSD has programmes to support disabled people and people with health conditions (including mental health) to prepare for, find, and stay in work. It contracts community-based organisations to provide specialist employment support for those who require more intensive support, such as those with complex and enduring mental health and addiction needs.

Oranga Mahi

Oranga Mahi is a cross-agency programme established in 2016 to develop, deliver and test evidence-based and innovative health and employment services for disabled people and people with health conditions. This is done in partnership with several Health New Zealand-Te Whatu Ora districts and primary healthcare organisations. The Ministry is on the governance board for Oranga Mahi.

International and national evidence shows that combining work-focused strategies with clinical care can be an effective approach to help disabled people and people with health conditions gain and remain in employment. People accessing these services receive wraparound support based on their specific needs.

Components of Oranga Mahi include:

- Individual Placement Support - described below,
- Puāwaitanga - a phone and online counselling service

- Whītiki Tauā a virtual mentoring service
- Youth Take Charge - an adaptation of IPS in Auckland and Christchurch
- Here Toitū - an early response model in Auckland and Canterbury
- and Rakau Rangatira - a social and health intervention in Whangarei.

In Budget 2023, $36.262 million was provided to enable continued delivery of the Oranga Mahi programme in 2023/24 and 2024/25. The programme has capacity to support 3,000 people each year, the majority of whom have mental health and addiction issues.

Individual Placement Support (IPS)

IPS is a component of the Oranga Mahi programme delivered regionally for over 20 years, funded by Health New Zealand districts and MSD. It offers intensive, individually tailored support to help people find a job of their choosing and ongoing support for the employer and employee to help ensure the person keeps their job.

An impact assessment of IPS in 2023 found positive effects on employment duration and the rate of employment. There was overall evidence of higher total income for participants, although more so for men than women.

Next steps

We will continue our collaborative work with MSD on a range of areas, including the Oranga Mahi programme, and will engage MSD in our development of a refined implementation plan as the next step for *Kia Manawanui Aotearoa: Long-term pathway for mental wellbeing*.

We will work closely with MSD and other agencies to provide a mental health and addiction perspective into social development priorities identified by the new Government.

Deputy Director-General	Robyn Shearer, Deputy Director-General, Clinical, Community and Mental Health — Te Pou Whakakaha, s 9(2)(a)