Briefing for information

Progress on work to respond to the Auditor-General's report *Meeting the mental health needs of young New Zealanders*

Date due to MO:	27 November 2024	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Reference:**	H2024055599
To:	Hon Matt Doocey, Minister for Mental Health		
Consulted:	Health New Zealand: ☒		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

Name	Position	Telephone
Geoff Short	Deputy Director-General, Clinical, Community and Mental Health | Te Pou Whakakaha	s 9(2)(a)
Kiri Richards	Associate Deputy Director-General, Mental Health, Addiction and Suicide Prevention, Clinical, Community and Mental Health | Te Pou Whakakaha	

Minister's office to complete:

☐ Noted ☐ Seen

☐ Needs change ☐ Withdrawn

☐ See Minister's Notes ☐ Overtaken by events

Comment:

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Progress on work to respond to the Auditor-General's report *Meeting the mental health needs of young New Zealanders*

Security level:	IN CONFIDENCE	**Date:**	27 November 2024
To:	Hon Matt Doocey, Minister for Mental Health		

Purpose of report

1. On 22 August 2024 we provided you with the proposed Government response to the February 2024 report of the Auditor-General *Meeting the mental health needs of young New Zealanders* [H2024049492 refers]. You agreed to our recommendations and have now requested a progress report.

Summary

2. In order to embed a focus on mental health and wellbeing across government agencies, the Government response focussed on service integration and improving information. These themes are aligned with your priorities, the Government Targets and the social investment approach. Actions in the Government response were developed with colleagues in other agencies, reflecting the cross-government nature of the Auditor-General's recommendations.
3. Despite challenges due to resource constraints faced across government, and the non-binding nature of the recommendations, we succeeded in bringing together a number of useful proposals from across government. Many of the proposals were phased and/or drew on links to work required for other purposes – such as responding to the Government Targets.
4. The resource constraints mentioned above have not diminished and indeed for some agencies, particularly Health New Zealand and Oranga Tamariki, have become more intense now than they were when we reported in August of 2024.
5. We are working hard to support our colleagues, both to make their response activity easier for them wherever possible and to emphasise the importance of their responses. Our preference is for this work to be embedded in agencies' usual business rather than to continue as a stand-alone set of tasks – as that may imply that youth mental health is not core business for non-health agencies.
6. A table showing progress is attached at **Appendix 1**. We will report to you on a quarterly basis from January 2025. Our next report will be in April 2025.
7. The Director-General of Health recently received a request from the Health Select Committee for an update on the Government response in February 2025. We will provide the information in Appendix 1 to the Committee.

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Recommendations

a) **Note** the status of the Government response to the report of the Auditor-General, *Meeting the mental health needs of young New Zealanders*

b) **Note** that we will report to you on this work on a quarterly basis starting in 2025, with the first report provided in April 2025 covering January – March 2025.

c) **Note** that, on its request, we will provide the information in Appendix 1 to the Health Select Committee in February 2025

Geoff Short
Deputy Director-General
Clinical, Community and Mental Health| Te Pou Whakakaha

Date: 22 November 2024

Hon Matt Doocey
Minister for Mental Health
Date:

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Recommendation	Agencies Involved	Minister's Priority	Deliverables proposed in October	Current state of play
1. Prioritise work to understand the prevalence of mental health conditions in the population	Ministry of Health (MoH)	Effectiveness	Now: MoH has work underway to test what international tools would be fit for purpose for a child and youth prevalence study in New Zealand. The results of this work are expected in early 2025. Later: The work currently underway is a first step, with further testing required before a survey could be designed. The Minister for Mental Health has agreed to allocate baseline funding to undertake a mental health and addiction prevalence survey with an initial focus on children and young people.	Preparatory work is continuing with contracted provider (IPSOS, partnering with Le Va and Whāraurau). Final ethics approval has been given for this work, including the cognitive testing and pilot survey of the tools. Cognitive testing of the survey tools is underway, ahead of a small pilot survey of the tools. Recruitment for Ministry staff to support the full survey is underway, this will then enable detailed planning for design and implementation of the full survey for children and young people.
2. Develop and evaluate the effectiveness of consistent guidelines for the delivery of youth integrated primary health services	MoH Health New Zealand (HNZ) Ministry of Education (MoE) Oranga Tamariki (OT)	Effectiveness	Now: MoH and HNZ have work underway to consider potential improvements to funding arrangements for Youth One Stop Shops (YOSS). Later: HNZ is beginning work to ensure every district has integrated health services for youth (whether part of the YOSS network or not).	MoH is exploring options for progressing an evaluation of the YOSS model (this is aligned with the Cross Party Under One Umbrella report). MoH are also looking to examine the data that health agencies hold on health service utilisation by young people to gather insights on youth health needs and access barriers. HNZ has begun working with one YOSS identified as benefiting from an integrated contract to understand if they would like to progress to an integrated contract for the services delivered that are funded by national and regional HNZ. Work with two more YOSS on the same issue is pending.
3. Ensure that sufficient data is collected to understand the effectiveness of the school guidance counselling model for all students	MoE	Effectiveness	Now: MoE has advised it would need a mandate from the Minister of Education to conduct work around guidance counsellor mandatory training/community of practice. However, there have been reviews of the Counselling in Schools model by the Education Review Office. Later: If a mandate was provided, work could be scoped to understand what would be required to create mandatory training and community of practice.	This recommendation is on hold until MoE receives direction from the Minister of Education. In the interim the Education Review Office (ERO) has published an evaluation of Counselling in Schools which found that counselling improves students' mental health. ERO has also seen some encouraging signs of improved learning and wellbeing more broadly.

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Recommendation	Agencies Involved	Minister's Priority	Deliverables proposed in October	Current state of play
4. Better align the objectives and operations of school-based health and well-being services	HNZ MoH MoE	Effectiveness	Now: MoH are undertaking a cross-agency stocktake of the different inputs into the school environment such as who funds each initiative or programme, and what the funding levels are. Later: Following this, MoH will assess opportunities to maximise existing investment, and fill any system gaps.	The stocktake is underway. A phased approach is being taken and we have provided a template for completion as well as our ongoing support. The first group of agencies that we are working with is made up of MoE, OT and the Department of Corrections (Corrections). Agency responses are due by the end of November 2024. We have begun working with the next group of agencies: Ministry of Social Development (MSD), Housing and Urban Development (HUD) (inc. Kainga Ora) and Police. Their responses will be due by the end of February 2025.
5. Consider whether appropriate mechanisms for youth voice and participation are built into the design, delivery and governance of new and existing well-being services accessed by young people.	HNZ MoE OT Corrections Ministry of Social Development (MSD)	Effectiveness	Now: HNZ is ensuring that all youth contracts they hold have clauses requiring lived experience in design, delivery and governance. MSD already have this in their contracts. OT and Corrections have lived experience voice teams in-house.	This item is business as usual (BAU) for Health New Zealand. As contracts are re-negotiated, these clauses will be put in place.
6. Ensure that outcomes data is collected for all mental health and well-being services accessed by young people	HNZ MoE OT Corrections	Effectiveness	Now: Both Corrections and HNZ have work underway to develop measures for specific population groups. HNZ youth primary Access and Choice services currently use a tool that can provide insights for future work in this area. Later: Corrections and HNZ will share their respective work with this group of agencies, and test with the group whether there is further work to do around developing outcome measures for the future.	This item is BAU for Corrections and HNZ. In 2025 MoH will work with both agencies to share whether there is work that can be taken forward to develop outcome measures.

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7. Ensure that integrated care pathways are in place so that at-risk groups of young people experiencing mental health concerns can access consistent and continuous care as they enter, move between and leave the care of services	HNZ MoH MoE MSD OT Corrections	Access	Now: This work will be taken forward as part of the work towards Government Target 3 (Reduce serious and persistent offending behaviour), with an initial focus on children and young people in OT care with serious and persistent offending behaviour. This work will begin with a redesign of the Gateway service to support more responsive health and education services from the start of their statutory involvement in the care and protection system, and over the longer-term to enable wrap-around social and primary health services to be provided. This will be accompanied by an enhanced focus on the Fast Track response led by local, multi-disciplinary teams, including members from government agencies, local iwi and community providers. Later: This work can be expanded beyond the OT population to other at-risk groups of young people as opportunities present, for example, through work on integrated youth services.	s 9(2)(f)(iv)
8. Strengthen leadership of the mental health and addiction system and prioritise the development of a cross-agency implementation plan for *Kia Manawanui* with clear agency roles and responsibilities.	MoH HNZ MoE MSD OT Corrections	Effectiveness	Now: This response (to the nine recommendations) will form the basis of a cross-government child and youth mental wellbeing work programme, with continued Deputy Chief Executive (DCE)/Deputy Director-General oversight. Later: Pending passage of the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill, MoH will lead the development of a new mental health and wellbeing strategy and associated implementation plans. This strategy will have a strong focus on children and young people.	The Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act received Royal Assent on 24 October 2024. The amendment requires the Minister for Mental Health to develop a Mental Health and Wellbeing (MH&W) Strategy to sit alongside the other strategies required in that Act (ie. the New Zealand Health Strategy and five population-focused strategies). The purpose of the MH&W Strategy is "to provide a framework to guide health entities for the long-term improvement of mental health and wellbeing outcomes, including minimising the harm from addiction". The Pae Ora Act requires the Ministry of Health to publish this strategy within the next 12 months. Factors to consider in determining the exact timeline include the

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				nature and timing of engagement, sequencing of an implementation plan, and timing in relation to the Minister of Health's June 2025 Cabinet report back on your priorities.
9. Develop a national mental health and addiction workforce plan	HNZ MoH MoE OT Corrections	Workforce	Now: This is underway. HNZ is leading the development of a health workforce plan, which includes a specific mental health and addiction focus. Given the movement of workers across the mental health and addiction system, this is a good place to start.	The Mental Health and Addiction Workforce Plan 2024-27 was published in September 2024. This includes a target of training at least 500 MH&A professionals from 2025, and specific actions to grow and sustain a range of occupational groups.

ENDS.

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