Budget Sensitive

Office of the Minister of Health

Chair, Cabinet Business Committee

RESPONSE TO THE INQUIRY INTO MENTAL HEALTH AND ADDICTION

Proposal

1. This paper seeks agreement to the proposed Government response to the recommendations in *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*.

Executive Summary

2. *He Ara Oranga* has provided a clear way forward for mental health and addiction in New Zealand. I propose that we accept, accept 'in principle', or agree to further consideration of 38 of the 40 recommendations, with the response to one recommendation outstanding and to be discussed today.

3. There are high expectations for the Government's response to *He Ara Oranga*, which are reinforced by our commitment to support mental wellbeing through the 2019 Wellbeing Budget. We must deliver on these expectations.

4. We are committed to ensuring that all New Zealanders, particularly youth, can access mental health, addiction and wellbeing support that works for them, when and where they need it. To do this we must transform our approach to mental health and addiction.

5. Transformation must be supported by significant and sustained investment. We must build a system that provides options for New Zealanders across the full continuum of care, ranging from helping people to stay well, to supporting people to regain their wellbeing. Investment must span sectors and support population groups with unique mental health and addiction needs. As we build our future system, we must also invest in our workforce and other enablers to ensure success. I am confident that the coordinated and comprehensive package we have proposed for Budget 2019 will help us to realise our aspiration of mental wellbeing for all.

6. Alongside investment through this and future Budgets, there is a need to prioritise and sequence our actions in response to *He Ara Oranga* and subsequent transformation. This will set the agenda for mental wellbeing for this and future governments.

7. In December 2018, we prioritised putting in place a suicide prevention strategy and implementation plan; establishing a Mental Health and Wellbeing Commission; and beginning the process to reform the Mental Health (Compulsory Assessment and Treatment) Act 1992. Work is progressing at pace, and I will report back to the Cabinet Social Wellbeing Committee in June 2019 on these initial priorities.

8. Long-term transformation requires a clear pathway and a feasible implementation plan, taking into account key constraints for change. I will report back to Cabinet in late 2019 with a long-term implementation pathway for transformation.

9. Transformation must be designed with and strongly supported by our partners and stakeholders. It is crucial that our long-term response reflects a whole-of-government perspective and is developed in partnership with Māori, people with lived experience, and other stakeholders such as Pacific peoples, children and young people. Anything less will not deliver the sustained change we need to support a new wellbeing approach.

Background

10. I brought an initial response to the Government Inquiry into Mental Health and Addiction (the Inquiry) to Cabinet in December 2018 [CAB-18-MIN-0621 refers] in which I committed to report back to Cabinet with a plan to respond to the 40 recommendations in *He Ara Oranga*. This paper sets out the proposed Government response.

11. Our response to the Inquiry comes while our nation is in the midst of supporting those impacted by the tragic events that occurred in Christchurch on Friday 15 March 2019. The impact of these events on New Zealanders will be felt in Christchurch and across the rest of the country for years to come. The response to those events within our communities and across sectors to support those affected has been inspiring.

12. The events in Christchurch underline the importance of our response to the Inquiry and the transformation of our approach to mental wellbeing. Our future approach must ensure that the wellbeing of New Zealanders and communities, particularly those impacted by these atrocious events, continues to be supported. I am confident the response proposed in this paper will do this.

Future direction: Mental health and wellbeing for all

13. New Zealanders have been clear that the current mental health and addiction system has significant problems. *He Ara Oranga* calls for urgent action to ensure all New Zealanders have more options for accessing the support they need, when and where they need it.

14. My vision is that we will have a mental health, addiction and wellbeing system without barriers, that is easy to navigate, where no door is the wrong door. People and their whānau should have access to free and timely advice and support from someone trained to respond to their mental health, addiction and wider wellbeing needs. They should be able to choose from a range of settings and responses to best suit their needs and preferences.

15. Our future approach must address the social determinants of mental wellbeing and be grounded in a commitment to equity. We must honour the principles of Te Tiriti o Waitangi, and work in partnership with Māori, Pacific peoples, communities, whānau and tāngata whaiora (consumers). We must develop new policies and responses that address current inequities, including through expansion of kaupapa Māori and whānau-centred approaches.

16. I am committed to ensuring the voices of New Zealanders heard through the Inquiry are honoured and that this vision is achieved. To do this, it is critical that we work together, and differently, to build a whole-of-government, integrated approach to mental health, addiction and wellbeing.

Government response to the recommendations in *He Ara Oranga*

17. The 40 recommendations in *He Ara Oranga* provide a solid foundation from which to transform our approach to mental health, addiction and wellbeing.

18. I propose that the Government accepts, accepts 'in principle', or agrees to further consideration of 38 of the 40 recommendations in *He Ara Oranga*. The proposed Government response for each recommendation, and rationale for that response, is outlined in the table attached as **Appendix One**.

19. I suggest we further consider the recommendation to set a target of a 20% reduction in suicide by 2030 today, and decide whether to accept or not to accept the recommendation. Further information to support us to come to a decision on this is provided in paragraphs 29–32.

20. I propose that the Government does not accept one recommendation relating to developing options for establishing a new locus of responsibility for social wellbeing. There are opportunities to enhance our current arrangements to support the intent of this recommendation, which will be considered as part of longer-term planning.

Mental health and work: New Zealand / Aotearoa

21. In March 2017, prior to the establishment of the Inquiry, the Ministries of Health and Social Development jointly commissioned an independent report from the Organisation for Economic Co-operation and Development (OECD) evaluating New Zealand's approach to policy challenges relating to improving labour market outcomes for people with mental health and addiction challenges. The OECD's report, *Mental health and work: Aotearoa / New Zealand*, forms part of a series of reviews of OECD countries on this topic.

22. I propose to integrate the OECD's recommendations into the Inquiry response process, to ensure a coordinated approach. A summary of the OECD's report and the proposed Government responses to the report's recommendations are attached as **Appendix Two**. I propose that the Government accepts, accepts 'in principle', or agrees to further consideration of 18 of the 20 recommendations.

Initial priorities for our response to *He Ara Oranga*

23. Reshaping our approach to mental health and addiction will take a number of years; however, New Zealanders rightly expect timely action to address the issues they raised through the Inquiry process.

24. Work on our initial priorities identified in December 2018 is progressing at pace [CAB-18-MIN-0621 refers].

    24.1. To continue with this Government's commitment to **taking a health approach to drug use**, we have taken steps to strengthen the capability and capacity of alcohol and other drug (AOD) services to respond to increasing need. This includes establishing an Acute Drug Harm Response Discretionary Fund and a Drug Early Warning System, delivering 'Addiction 101' training in communities experiencing harm from synthetic drugs, and constructing new AOD detoxification beds. We will continue to support our AOD sector to better respond to New Zealanders' needs.

    24.2. I will propose **options for the reform of the Mental Health (Compulsory Assessment and Treatment) Act 1992** (the Mental Health Act) to Cabinet in June 2019. Following Cabinet approval, officials will develop detailed policy recommendations to present to Cabinet in late 2019. I expect drafting instructions to be delivered to the Parliamentary Counsel Office by the end of 2019.

Mental Health and Wellbeing Commission

25. The scoping and establishment of a Mental Health and Wellbeing Commission is fundamental to ensure we have a fit-for-purpose Commission to oversee our response to *He Ara Oranga*.

26. *He Ara Oranga* recommends a number of functions for a new Commission, ranging from monitoring to system-wide implementation support. I expect the Commission to provide strong and independent cross-government oversight and hold the Government to account for delivery of our response. However, I consider that the implementation functions may be better situated within an existing entity or entities separate from the Commission, to ensure the Commission's independence.

27. Officials are preparing further advice on the optimal mix of functions for the Commission. I expect this advice to be informed by engagement across government agencies and with key stakeholders. The Minister of State Services and I will jointly report back to Cabinet in June 2019 to seek approval of the form, function and establishment process for a Commission [CAB-18-MIN-0621 refers].

Addressing suicide in New Zealand

28. I will bring a draft suicide prevention strategy and implementation plan to Cabinet in June 2019 outlining the proposed approach to preventing suicide and setting out concrete actions [CAB-18-MIN-0621 refers]. I anticipate that these will be publicly released shortly after Cabinet approval of the drafts, at which point implementation would formally commence.

29. Alongside this strategy and implementation plan, *He Ara Oranga* recommends that the Government set a target of 20% reduction in suicide rates by 2030. There have been strong calls from a range of prominent individuals, communities and organisations for a suicide reduction target, however there are mixed views about the potential impacts of a target and what a target should look like.

30. Several countries have successfully used suicide reduction targets to drive change, as part of a broader suite of activities to prevent suicide. While some countries are still implementing this approach, others have seen a substantial reduction of suicide rates as a result of these efforts. In 2002, the Scottish Government set a 20% reduction target by 2013, and saw an overall reduction in suicide rates of 19.5% during this time. While it is difficult to attribute the reduction solely to the target, adopting a target can help track the impact of suicide prevention efforts over time.

31. The use of other targets have been successful in a New Zealand context and in other settings, for example an increase in immunisation rates, improved road safety and a decrease in smoking rates following adoption of targets or goals. However, particularly in the case of suicide reduction, there can be unintended consequences associated with a target that would need to be managed. These may include implying a certain level of suicide is acceptable, increasing inequity and driving a focus on achieving the target rather than implementing sustainable change.

32. Further considerations, as well as options for responding to the recommendation in *He Ara Oranga* to set a target, are outlined in **Appendix One**.

Expanding access and choice

33. *He Ara Oranga* calls for urgent action to expand access and choice of mental health and addiction support, particularly for the 'missing middle' of people with mild to moderate needs. As recommended in *He Ara Oranga,* this must be supported by a feasible funding pathway to increase availability of talking therapies, AOD services and culturally-responsive support.

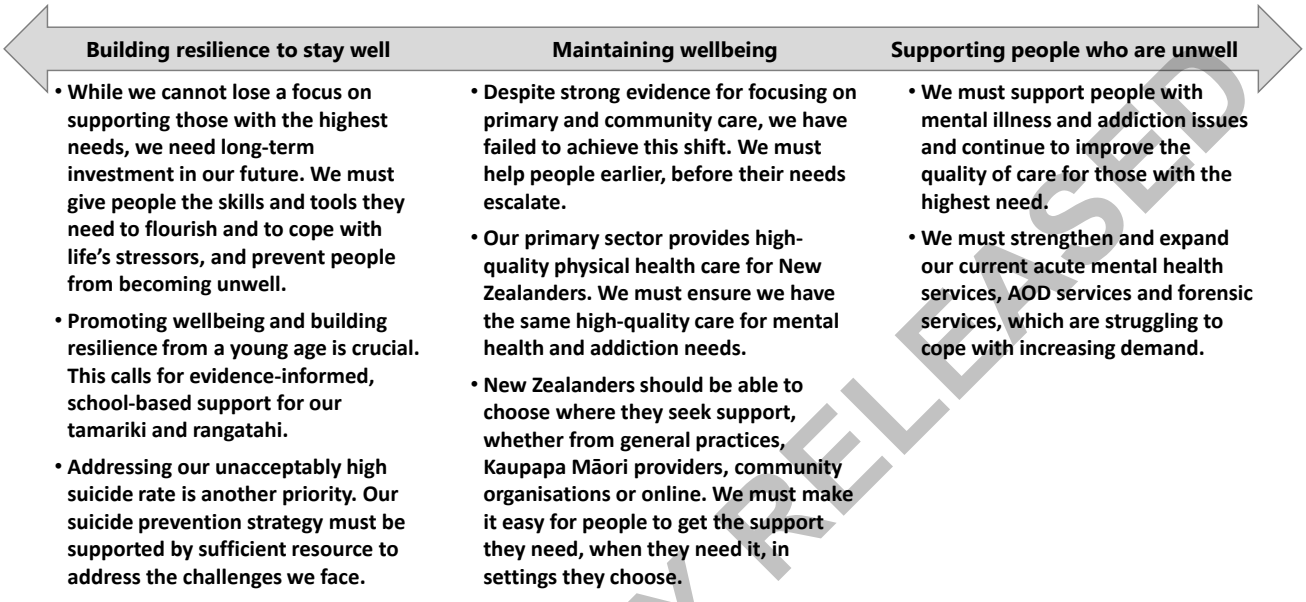
34. Delivering on these recommendations must be an initial priority, to ensure New Zealanders have access to support responsive to their mental health, addiction and wellbeing needs.

Investment to support the Government's response to *He Ara Oranga*

35. Realising our aspiration of mental wellbeing for all will require bold investment decisions in our 2019 Wellbeing Budget and future Budgets. Our response to the Inquiry must be supported by sufficient resource to implement the system change we aspire to, otherwise we will miss this once-in-a-generation opportunity for genuine transformation.

36. Our Wellbeing Budget must lay the crucial foundations for a transformed wellbeing approach. Substantial and enduring investment is needed to build a system that responds to all levels of need and reflects the diversity of New Zealanders across ages, backgrounds, cultures and perspectives. We cannot achieve this shift through a piecemeal approach – a coordinated and comprehensive package is required.

37. Our cross-sector Budget 2019 investment package responds to this call. The package will begin to embed new ways of working across sectors and settings so that every New Zealander, no matter where they are, will be able to access mental health, addiction and wellbeing support that suits their needs, when and where they need it. This package broadens our current focus from those with high levels of need to all New Zealanders. It will provide a whole-of-system response to help people stay well and to support those who are unwell.



38. Alongside building the missing components of our continuum, investment must also strengthen existing components to relieve significant pressures. This includes continued investment in AOD services to support a health approach to alcohol and drug harm. Investment must offer seamless support for all needs levels, beginning with prevention and primary interventions (counselling). We must then strengthen the treatment pathway from initial acute services (detoxification), progressing to more intensive care (residential) and ongoing support (aftercare) to enable recovery.

39. Investment in mental wellbeing must also look across the life course and across the wider social, education, health and justice sectors to support the wellbeing of populations who have specific mental health and addiction needs. This includes Māori; children, young people and their parents; people who are homeless; Pacific peoples; people interacting with the justice system; people affected by family violence and sexual violence; and people with mental health and addiction challenges who receive welfare support.

40. Underpinning our strong focus on increasing wellbeing support for New Zealanders will be investment in crucial enablers of transformation. In particular, we must support the development of a diverse and resilient workforce. We must also invest in co-design, change and implementation support, and evaluation to ensure we embed new ways of working that meet the needs of New Zealanders.

41. I am confident that our investment through this Wellbeing Budget will be the bold funding commitment needed to move us towards a transformed, whole-of-government approach to mental health, addiction and wellbeing.

Enhancing existing investment in mental health and addiction

42. Our Wellbeing Budget and future Budgets will provide crucial new investment for mental wellbeing and will help transform our approach; however, we must also make the most of our existing spend. Vote Health expenditure on mental health and addiction services was $1.47 billion in 2017/18. The majority of this funding is devolved to district health boards, using a population-based funding formula and ring-fencing expenditure on mental health and addiction services.

43. We must be confident that funding is going to the right people and places, and that investment is improving all New Zealanders' health and broader wellbeing. I have directed my officials to review and propose enhancements to the current funding and monitoring arrangements for mental health and addiction services. This work will review the ring-fence and consider opportunities to consolidate mental health and addiction funding, with the aim of aligning funding and monitoring arrangements to support the transformed approach we aspire to.

Next steps

44. *He Ara Oranga* has set the agenda for this and future governments' trajectory for mental health and addiction services. Delivering on our long-term vision and addressing the challenges laid out before us requires:

    44.1. fundamental changes to system settings across sectors

    44.2. new ways of working at all levels of government, service provision and society, including much closer collaboration and partnership with Māori, people with lived experience, communities and providers

    44.3. multiple years of investment in enablers for transformation, including workforce and infrastructure; resource for new system builds; and funding to relieve current pressures to create the capacity for change.

45. Change of this scale needs to be carefully sequenced, balancing the need for urgent action in some areas with the need for a strong collaborative approach to co-design transformation across government, sectors and communities.

46. As indicated above, we have initially prioritised the establishment of a Mental Health and Wellbeing Commission, the development of a suicide prevention strategy and implementation plan, work to reform the Mental Health Act, and beginning to expand access and choice for all New Zealanders. However, further prioritisation of the remaining recommendations and system changes is required.

Developing a long-term implementation pathway

47. Prioritisation and sequencing must take into account implementation constraints, including significant workforce shortages and pressures across sectors. Workforce will ultimately be both a key enabler and a constraint for transformation.

48. Building a diversified workforce of peer, ethnic, cultural, spiritual and clinical support will take time (for example, training new clinical psychologists takes a minimum of six years of university study), but is critical to enable a transformed approach. I have directed my officials to work with other agencies and sector stakeholders to develop a strategic approach to workforce development and expansion to enable our future vision.

49. Next steps for implementation of our response will also include building interventions with and for New Zealanders; strengthening accountability, oversight and leadership arrangements; streamlining our commissioning and funding arrangements; designing an outcomes and performance framework that captures new definitions of success; and establishing a clear baseline from which to measure our progress.

50. Longer-term implementation planning will align with wider State Sector reform and will consider opportunities to contribute to other Government priorities and work programmes, to maximise the impacts of each. This includes the Child and Youth Wellbeing Strategy, addressing family violence and sexual violence, reforms to the Criminal Justice sector, the overhaul of the welfare system and recommendations from the Welfare Expert Advisory Group, the Waitangi Tribunal Kaupapa Inquiry into Health Services and Outcomes, the Oranga Tamariki Action Plan, the Health and Disability System Review, housing reforms and reviews within the Education sector.

51. I will report back to the Cabinet Social Wellbeing Committee in late 2019 with a long-term implementation pathway capturing the outcomes of this work. s 9(2)(f)(iv) [redacted]

52. To ensure a coordinated, cross-sector approach, I expect the Social Wellbeing Board to provide advice on, and oversight of, the collective approach to mental wellbeing and cross-agency input into sequencing, the longer-term implementation pathway, s 9(2)(f)(iv) [redacted]

Wide engagement to ensure an effective response

53. The Government cannot generate the transformation called for by *He Ara Oranga* on its own. I am committed to working effectively with Māori, people with lived experience, Pacific peoples and other stakeholders through meaningful engagement. I am confident that recent changes in the Ministry of Health's leadership and structure will enhance the Ministry's ability to work differently and in partnership with our stakeholders.

54. Officials are engaging with Māori and people with lived experience. This initial engagement has focused on seeking views on how Government should approach its response to the Inquiry and understanding which recommendations (as well as the issues discussed in *He Ara Oranga* but not captured in the recommendations) have the potential to make the most difference to people's lives. This engagement will continue throughout the development and implementation of our longer-term transformation pathway.

Monitoring progress of responding to *He Ara Oranga*

55. I intend to provide the Cabinet Social Wellbeing Committee with regular updates on progress. As signalled above, I will report back to the Cabinet Social Wellbeing Committee in June 2019 on our initial priorities [CAB-18-MIN-0621 refers], and again in late 2019 on our longer-term transformation pathway.

56. The Social Wellbeing Board will also monitor the development of our long-term implementation pathway and drive the whole-of-government response. This will help to ensure tangible progress is being made, transparency in our work, and a coordinated approach.

Consultation

57. The Ministry of Health has prepared this paper in consultation with the Ministries of Education, Justice, Social Development, Primary Industries, Housing and Urban Development, Women, Pacific Peoples, and Business, Innovation and Employment; the Department of Corrections, the New Zealand Police, Oranga Tamariki–Ministry for Children, Te Puni Kōkiri, the Office for Disability Issues, the Accident Compensation Corporation, the Social Investment Agency, the State Services Commission, the Department of Prime Minister and Cabinet (Policy Advisory Group and the Child Wellbeing Unit), and the Treasury.

58. In addition, Ministry of Health officials have engaged with Māori partners; people with lived experience; Crown entities including the Health Promotion Agency, Housing New Zealand Corporation, WorkSafe New Zealand, the Health and Disability Commissioner, the Health Quality and Safety Commission, the Office of the Children's Commissioner, and representatives of district health boards; and other sector stakeholders in the development of the proposed responses to the recommendations in *He Ara Oranga.*

Financial Implications

59. The Government's response to the Inquiry will have financial implications. New funding will be sought and considered through the Budget 2019 process s 9(2)(f)(iv) [redacted].

Legislative Implications

60. This paper does not have any legislative implications; however, the Government's response to the Inquiry will have legislative implications, in particular relating to the potential repeal and replacement of the Mental Health Act.

Impact Analysis

61. An impact analysis maybe required for particular legislative changes proposed as part of the Government's response to the Inquiry, and will accompany future papers on these items.

Human Rights

62. The proposals in this paper are consistent with, or will improve consistency with, the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993. The proposals will also help improve consistency with United Nations conventions such as the United Nations Convention on the Rights of Persons with Disabilities.

Gender Implications

63. There are gender differences in mental health and addiction outcomes and the experience of mental health and addiction issues. This can be due to differential experience of shame and stigma, physical and sexual abuse, and relationship issues.

64. A transformed approach to mental health and addiction will have a strong focus on supporting equitable outcomes, including in relation to gender equity. Transformation will take into account the unique needs of population groups. For example, supporting maternal mental wellbeing and the specific needs of a growing female prison population, and addressing higher rates of suicide and use of compulsory treatment for males. A transformed approach will also support the mental wellbeing of Rainbow New Zealanders through tailored responses.

Disability Perspective

65. The proposed response to the Inquiry, in particular the repeal and replacement of the Mental Health Act, will improve consistency with the *New Zealand Disability Strategy 2016–2026* and international obligations, such as the United Nations Convention on the Rights of Persons with Disabilities.

66. Longer-term transformation planning will give consideration to improving the accessibility of mental health and addiction responses for people with disabilities, including increased access and better integration with disability support services.

Publicity

67. There are high expectations about the Inquiry's findings and the Government's response to the recommendations in *He Ara Oranga.* To support transparency, build momentum and foster public engagement with the response, I propose to publish a press release that makes this paper available publicly, including the content of the appendices detailing agreed responses to the recommendations, as soon as possible following Cabinet decisions. Release will be subject to redactions as appropriate under the Official Information Act 1982.

Proactive Release

68. This paper will be proactively released, alongside the paper *Initial Government response to the report of the Inquiry into Mental Health and Addiction* considered by Cabinet in December 2018 [CAB-18-MIN-0621 refers], which was withheld until *He Ara Oranga* and the Government's response had been made public.

69. The public release of these papers will occur as soon as possible following Cabinet's decisions, and will be subject to redactions as appropriate under the Official Information Act 1982, such as to withhold information related to Budget 2019.

Recommendations

The Minister of Health recommends that the Committee:

1. **note** that *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* sets out a future vision of mental health and wellbeing for all

2. **agree** to the vision that all New Zealanders will have more options for accessing the support they need, when and where they need it; that responses are designed in partnership with Māori, people with lived experience, Pacific peoples, children and young people, communities and whānau; and that our future approach delivers for Māori and is grounded in a commitment to equity of outcomes

3. **approve** the proposed Government response to *He Ara Oranga* which accepts, accepts 'in principle' or agrees to further consideration of 38 of the 40 recommendations (as set out in **Appendix One**) alongside agreement either to:

    3.1. accept recommendation 31 to set a target of a 20% reduction in suicide rates by 2030

    OR

    3.2. not accept recommendation 31 to set a target of a 20% reduction in suicide rates by 2030, however note that the overall strategy of the Government is to reduce suicide

4. **note** that the OECD published its report *Mental Health and Work: Aotearoa / New Zealand,* which includes 20 recommendations for improving labour market outcomes for New Zealanders with mental health conditions, on 13 December 2018

5. **approve** the proposed response to *Mental Health and Work: Aotearoa / New Zealand,* which accepts, accepts 'in principle' or agrees to further consideration of 18 of the 20 recommendations (as set out in **Appendix Two**)

6. **authorise** the Minister of Health to make minor technical and editorial changes to **Appendix One** and **Appendix Two** prior to their public release

7. **note** that Cabinet has invited the Minister of Health to report back in June 2019 on the following areas [CAB-18-MIN-062 refers]:

    7.1. Suicide prevention

    7.2. Mental Health and Wellbeing Commission, as a joint report-back with the Minister of State Services

    7.3. Mental Health (Compulsory Assessment and Treatment) Act 1992

8. **note** that Budget 2019 investment will demonstrate our commitment to prioritise mental wellbeing and lay the foundations for a transformed whole-of-government wellbeing approach

9. **invite** the Minister of Health to report back to Cabinet in late 2019 with an implementation pathway s 9(2)(f)(iv)

10. **note** that the development of the longer-term implementation plan will be undertaken in partnership with Māori, people with lived experience, Pacific peoples and other stakeholders

11. **direct** the Ministry of Health and other agencies to work together to develop the longer-term implementation pathway s 9(2)(f)(iv)

12. **direct** the Social Wellbeing Board to oversee the cross-agency coordination of the Government's response to the Inquiry and the collective approach to longer-term action on mental health and addiction.

Authorised for lodgement

Hon Dr David Clark

Minister of Health

Appendix One: Proposed responses to the recommendations in *He Ara Oranga*

The definitions of the proposed responses are as follows:

- **Accept:** The Government accepts the intent of the recommendation and the mechanism for delivery.
- **Accept in principle:** The Government accepts the intent of the recommendation, but not the mechanism proposed.
- **Further consideration needed:** Further consideration is required before the Government is in a position to respond to this recommendation.
- **Do not accept:** The Government will not be progressing this recommendation at this time.

#	Theme / recommendation	Response	Rationale for response	Considerations
Expand access and choice				
	Expand access			
1	Agree to significantly increase access to publicly funded mental health and addiction services for people with mild to moderate and moderate to severe mental health and addiction needs.	Accept	• The Government supports expanding both access and choice of mental health and addiction responses that are appropriate across the needs spectrum and the life course. • Measuring increases in access will be important to track progress; however, while this can tell us how many people are accessing treatment, it will not capture how well services are delivered and whether anyone is better off. • Longer-term transformation planning will consider a mix of measures to improve both access and outcomes. • The involvement of a new Mental Health and Wellbeing Commission is contingent on decisions around its establishment, timing and scope. • The Government supports broad access to mental health and addiction services appropriate to people's levels of need, and acknowledges the importance of simultaneously maintaining services for those with the highest need.	• Increasing both access and options for the 'missing middle', as identified in *He Ara Oranga*, calls for reorientation towards more promotion, prevention and early intervention. • Any access target or measure should be developed alongside planning to expand choice and reviewing key enablers to ensure we are incentivising access to a broad range of support (including non-traditional services such as online tools). • Opportunities to increase both access and choice of responses must be integrated into the design of a whole-of-government approach, as pathways to access may come from other sectors and as workforce capacity is a key constraint to increasing access. • Changes to wider system settings (including funding arrangements) are needed if broad based access prioritised by need is to be achieved. Changes to system settings will be informed by the Health and Disability System Review.
2	Set a new target for access to mental health and addiction services that covers the full spectrum of need.	Accept in principle		
3	Direct the Ministry of Health, with input from the new Mental Health and Wellbeing Commission, to report back on a new target for mental health and addiction services.	Accept in principle		
4A	Agree that access to mental health and addiction services should be based on need so: • access to all services is broad-based and prioritised according to need, as occurs with other core health services	Accept		
4B	• people with the highest needs continue to be the priority.	Accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
	Increase choice of services			
5	Commit to increased choice by broadening the types of mental health and addiction services available.	Accept	• Current services do not work well for all New Zealanders. The Government supports expanding both access and choice of mental health and addiction responses that are appropriate across the needs spectrum and the life course. • The Government is committed to the expansion of talk therapies, alcohol and other drug (AOD) services and culturally-aligned therapies. These types of services are supported by a strong evidence base and will be crucial to improving equity for Māori, as well as Pacific peoples and other population groups that continue to experience poor outcomes.	• Broadening the types of mental health and addiction services may not increase actual choice or service access rates unless other barriers to service access (eg, financial and transport barriers) are also addressed. Opportunities to address barriers to accessing mental health and addiction support will be considered as part of longer-term transformation planning. • The balance and mix of responses will need to be co-produced with Māori, people with lived experience, Pacific peoples, children and young people, communities, whānau and tāngata whaiora. A crucial element to ensuring effective and culturally-responsive therapies are available is to co-design these therapies with the people who will use them.
6	Direct the Ministry of Health to urgently develop a proposal for Budget 2019 to make talk therapies, alcohol and other drug services and culturally aligned therapies much more widely available, informed by workforce modelling, the New Zealand context and approaches in other countries.	Accept		
	Facilitate co-design and implementation			
7A	Direct the Ministry of Health, in partnership with the new Mental Health and Wellbeing Commission (or an interim establishment body) to: • facilitate a national co-designed service transformation process with people with lived experience of mental health and addiction challenges, DHBs, primary care, NGOs, Kaupapa Māori services, Pacific health services, Whānau Ora services, other providers, advocacy and representative organisations, professional bodies, families and whānau, employers and key government agencies	Accept in principle	• Co-design can be an effective approach for incorporating the voices of stakeholders into transformation; however, a one-off co-design process may not be sufficient to deliver the change that is envisioned. • Meaningful partnership and ongoing participation with stakeholders to design and implement change is fundamental to a transformed approach. This must be supported by sufficient funding, communication and engagement planning, and strong leadership. • A cross-government investment strategy is necessary for a cohesive whole-of-government response, and will support a coordinated approach to prioritisation, phasing and implementation.	• The scope of the proposed co-design process requires further consideration. Rather than a one-off co-design process, these recommendations could be implemented through a commitment to embed co-production and co-design at each stage of transformation. This approach minimises the risk that action is delayed to allow for co-design. • This commitment could begin with the co-production of the long-term transformation plan and co-design of any new services funded in Budget 2019. • A co-design process has the potential to raise expectations beyond what is feasible. This will need to be managed carefully through setting clear parameters for co-design activities.
7B	• produce a cross-government investment strategy for mental health and addiction services.	Accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
8	Commit to adequately fund the national co-design and ongoing change process, including funding for the new Mental Health and Wellbeing Commission to provide backbone support for national, regional and local implementation.	Accept in principle	• The involvement of a new Mental Health and Wellbeing Commission is contingent on decisions around its establishment, timing and scope.	• Priority should be given to including the voices of groups who continue to experience inequitable outcomes (including Māori, Pacific peoples, Rainbow communities, disabled people, and children and young people).
9	Direct the State Services Commission to work with the Ministry of Health to establish the most appropriate mechanisms for cross-government involvement and leadership to support the national co-design process for mental health and addiction services.	Accept in principle		
	Enablers to support expanded access and choice			
10A	Agree that the work to support expanded access and choice will include reviewing and establishing: • workforce development and worker wellbeing priorities	Accept	• Workforce development is critical to enable expanded access and choice of services. Currently, workforces are under considerable pressure and will ultimately be both a key enabler and constraint for transformation. • Monitoring and evaluation of outcomes is essential to ensure transformation is increasing access and choice and improving outcomes, and must be supported by fit-for-purpose, real-time information collection and sharing. • Funding rules and expectations should enable more integrated planning and support more balanced funding across the spectrum of need. • These elements have been prioritised for consideration through longer-term transformation planning.	• The Health and Disability System Review will consider current funding arrangements, including for mental health and addiction. Current work will need to flexible enough to accommodate the outcomes of this Review. • Strategic investment is needed to grow and support a resilient, diverse and culturally appropriate workforce who offer more, and different, support options including support for the whole family and whānau. This includes intentional pathway development and structural supports to enable the existing workforce to upskill and to implement new approaches in the workplace.
10B	• information, evaluation and monitoring priorities (including monitoring outcomes)	Accept		
10C	• funding rules and expectations, including DHB and primary mental health service specifications and the mental health ring fence, to align them with and support the strategic direction of transforming mental health and addiction services.	Accept in principle		

#	Theme / recommendation	Response	Rationale for response	Considerations
11	Agree to undertake and regularly update a comprehensive mental health and addiction survey.	Accept in principle	• The Government acknowledges the importance of having accurate, comprehensive, up-to-date data on the prevalence, population need and impact of mental health and addiction issues, and on the access to and effectiveness of services. This data is crucial to inform the optimal mix and balance of responses, and to establish a baseline from which to measure progress. • Further consideration is needed about other ways, in addition to a regular national mental health and addiction survey, to achieve the intent of this recommendation, including opportunities to better share and leverage existing surveys and data sets.	• Not having a dedicated regular mental health and addiction survey and collecting data through other means (eg, as part of an existing survey) could result in less comprehensive collection of mental health and addiction related data. • A comprehensive, epidemiological survey will require significant investment. Leveraging off existing surveys and data sets would provide cost efficiencies. • Design, implementation and analysis of a robust new survey takes time (likely at least 2–3 years). Other mechanisms may need to be considered to gather more timely information while a survey is being established.
12A	Commit to a staged funding path to give effect to the recommendations to improve access and choice, including: • expanding access to services for significantly more people with mild to moderate and moderate to severe mental health and addiction needs	Accept	• Realising the vision of mental wellbeing for all will require bold funding commitments, which will need to be phased over multiple years. • Commitment to a staged funding path will embed the long-term view needed to give effect to the transformation called for by *He Ara Oranga.* • Phasing of investment and implementation will need to take into account current system constraints, including workforce capacity and capability, and the system's capacity for change, as well as financial constraints. These will be considered in the longer-term transformation planning.	• Investment to improve access and choice of mental health and addiction responses will need to be balanced with investment to increase wellbeing through other means (eg, income support, violence prevention and education). • This balance will be considered as part of longer-term transformation planning of a whole-of-government approach. • Public and sector expectations about the level and type of staged investment required to transform the approach to mental health and addiction may not be aligned with what is practical and feasible (eg, given financial and workforce constraints).
12B	• more options for talk therapies, alcohol and other drug services and culturally aligned services	Accept		
12C	• designing and implementing improvements to create more people-centred and integrated services, with significantly increased access and choice.	Accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
Transform primary health care				
13	Note that this Inquiry fully supports the focus on primary care in the Health and Disability Sector Review, seeing it as a critical foundation for the development of mental health and addiction responses and for more accessible and affordable health services.	Accept	• The Government is committed to expanding and enhancing mental health and addiction responses in primary and community settings, enabling broad access to services appropriate to people's levels of need. • The system settings, including funding arrangements, needed to give effect to broad-based access to mental health and addiction support (prioritised by need) will be considered as part of the current Health and Disability System Review. • Future primary health care strategies will be informed by the outcomes of the Health and Disability System Review.	• There are risks to delaying actions to enhance primary and community responses until the Health and Disability System Review and any subsequent primary health care strategies have been completed. • The public and sector are expecting a timely response to the Inquiry. Work undertaken now will need to be flexible enough to accommodate changes resulting from the Health and Disability System Review. • Any enhancements to primary mental health and addiction responses will need to be integrated in any broader transformation of primary health care, otherwise it risks duplication, gaps and inconsistencies.
14	Agree that future strategies for the primary health care sector have an explicit focus on addressing mental health and addiction needs in primary and community settings, in alignment with the vision and direction set out in this Inquiry.	Accept in principle		
Strengthen the NGO sector				
15	Identify a lead agency to: • provide a stewardship role in relation to the development and sustainability of the NGO sector, including those NGOs and Kaupapa Māori services working in mental health and addiction • take a lead role in improving commissioning of health and social services with NGOs.	Accept in principle	• Several agencies across Government play a role in supporting and guiding improvements in the commissioning of social services, however no single agency currently has stewardship responsibility for the non-government organisation (NGO) sector. • There are opportunities to improve commissioning and have a more joined up cross-government approach for NGO services through enhancing work currently underway by the Social Wellbeing Board. • This includes the Ministry of Business, Innovation and Employment's tools to support streamlined contracting with NGOs, and opportunities for the Ministry of Health to work more closely with the NGO-district health board Partnership Group.	• Strategic issues related to the long-term development and sustainability of NGOs, as well as the need for joined-up commissioning across agencies and sectors to address complex needs, are experienced across social services and beyond the health sector. •

#	Theme / recommendation	Response	Rationale for response	Considerations
Enhance wellbeing, promotion and prevention				
	Take a whole-of-government approach to wellbeing, prevention and social determinants			
16	Establish a clear locus of responsibility for social wellbeing within central government to provide strategic and policy advice and to oversee and coordinate cross-government responses to social wellbeing, including: • tackling social determinants that impact on multiple outcomes and that lead to inequities within society • enhancing cross-government investment in prevention and resilience-building activities.	Accept in principle	• The Government as a whole has a responsibility for social wellbeing and addressing the social determinants of mental health and wellbeing. We have committed to embedding a wellbeing approach in the way we operate. • The Government does not support introducing a new specific locus of responsibility for social wellbeing at this stage, as improving wellbeing should underpin all Government activities, as demonstrated by our approach to the 2019 Wellbeing Budget. • Existing mechanisms and infrastructure can be used to facilitate improved agency and ministerial collaboration. For example, the Social Investment Agency uses data and insights to support strategic cross-government advice on how we can better support people's wellbeing. These existing options should be exhausted ahead of any machinery of government changes. • Longer-term transformation planning will consider how best to measure and incentivise cross-government efforts and investment to support social wellbeing and cross-sector outcomes.	• Without a clear locus of responsibility for social wellbeing, it may be more difficult to coordinate and prioritise efforts to address social determinants or to establish accountability for social wellbeing across government. • These recommendations could be implemented without establishing a new agency or adding complexity to current arrangements. Other options include assigning the function to an existing agency, but may risk not fulfilling the expectations set out in *He Ara Oranga*.
17	Direct the State Services Commission to report back with options for a locus of responsibility for social wellbeing, including: • its form and location (a new social wellbeing agency, a unit within an existing agency or reconfiguring an existing agency) • its functions.	Do not accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
	Facilitate mental health promotion and prevention			
18	Agree that mental health promotion and prevention will be a key area of oversight of the new Mental Health and Wellbeing Commission, including working closely with key agencies and being responsive to community innovation.	Accept in principle	• The Government acknowledges that there are missing components in the continuum of care, as highlighted in *He Ara Oranga,* and supports a greater focus on mental health promotion and prevention. • Taking a strategic approach to improve coordination and quality of health promotion and preventive activities will maximise positive long-term outcomes across health and social sectors. This will be considered alongside recommendation 7 to produce a cross-government investment strategy and related work, for example the development of the Child and Youth Wellbeing Strategy. • The implementation of these activities as recommended are contingent on decisions around establishment, timing and scope of a Mental Health and Wellbeing Commission.	• *He Ara Oranga* has identified mental health promotion as a key area of oversight of the Mental Health and Wellbeing Commission. • Given the time it will take to establish a new Commission, consideration is needed as to how this oversight can be provided while the Commission's functions are being determined and the Commission is being established. This is further discussed under recommendations 36–38. • Aside from the Mental Health and Wellbeing Commission, there are other departments or Crown entities where this function could sit (either permanently or temporarily until a Commission is established), including the Health Quality and Safety Commission.
19	Direct the new Mental Health and Wellbeing Commission to develop an investment and quality assurance strategy for mental health promotion and prevention, working closely with key agencies.	Accept in principle		
Place people at the centre				
	Strengthen consumer voice and experience in mental health and addiction services			
20	Direct DHBs to report to the Ministry of Health on how they are including people with lived experience and consumer advisory groups in mental health and addiction governance, planning, policy and service development decisions.	Accept in principle	• The Government is committed to placing people at the centre of mental health and addiction services. • Inclusion of consumer voice in services and resource development is currently inconsistent (eg, variation exists in how DHBs resource consumer advisors). Addressing this will provide clarity and consistency across agencies and will be crucial to understanding progress in transforming our approach.	• Further consideration and engagement with people with lived experience and the Health and Disability Commissioner, including any invitation to undertake specific activities, is required. • The views and experiences of individual consumers and of people with lived experience will not necessarily be the same. It will be important to ensure a wide representation of different views and experiences, including to reflect New Zealand's ethnic and cultural diversity.
21	Direct the Ministry of Health to work with people with lived experience, the Health Quality and Safety Commission and DHBs on how the consumer voice and role can be strengthened in DHBs, primary care and NGOs, including through the development of national resources, guidance and support, and accountability requirements.	Accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
22	Direct the Health and Disability Commissioner to undertake specific initiatives to promote respect for and observance of the Code of Health and Disability Services Consumers' Rights by providers, and awareness of their rights on the part of consumers, in relation to mental health and addiction services.	Accept in principle	• Renewed prominence of consumers' rights, including the rights to be treated with respect, to dignity and independence, and to be fully informed, will raise awareness and embed people's rights in their care. This is aligned with the *New Zealand Disability Strategy 2016–2026.*	• Consideration will need to be given to incorporating the views of people who are not engaging with services, to ensure that responses operate in a way that is responsive to the needs of more people.
	Support families and whānau to be active participants in the care and treatment of their family member			
23	Direct the Ministry of Health to lead the development and communication of consolidated and updated guidance on sharing information and partnering with families and whānau.	Accept	• Family and whānau form an important support network for people with mental health and addiction needs. Evidence suggests people who stay connected to their supports have better outcomes. • Guidance on sharing information and partnering with families and whānau will enable health care providers to communicate appropriately whilst upholding the rights (including privacy rights) of the person with mental health or addiction needs. • The Government acknowledges the importance of the roles of the Privacy Commissioner and the current Mental Health Commissioner in this area, and other key stakeholders, and will continue to involve them in ongoing work in this area.	• Careful consideration is required to ensure that the development and communication of appropriate guidance responds to the needs of families and whānau. A co-design approach may assist with this.
24	Direct the Ministry of Health to ensure the updated information-sharing and partnering guidance is integrated into: • training across the mental health and addiction workforce • all relevant contracts, standards, specifications, guidelines, quality improvement processes and accountability arrangements.	Accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
	Support the wellbeing of families and whānau			
25	Direct the Ministry of Health, working with other agencies, including the Ministry of Education, Te Puni Kōkiri and the Ministry of Social Development, to: • lead a review of the support provided to families and whānau of people with mental health and addiction needs and where gaps exist • report to the Government with firm proposals to fill any gaps identified in the review with supports that enhance access, affordability and options for families and whānau.	Accept in principle	• Family inclusive practices aim to collaboratively support people seeking mental wellness, and have a growing evidence base. There are opportunities to partner with providers of Whānau Ora services, Kaupapa Māori services and Pacific-led services to expand whānau-centred approaches. • Longer-term transformation planning will consider the existing landscape of support provided to families and whānau of people with mental health and addiction needs and gaps.	• Any review of the support provided to family and whānau should leverage the work already done by the Inquiry Panel. • Another way potential gaps in support can be identified is through engaging with stakeholders with lived experience and family and whānau representatives, which is planned to occur as part of the co-design approach.
Take strong action on alcohol and other drugs				
26	Take a stricter regulatory approach to the sale and supply of alcohol, informed by the recommendations from the 2010 Law Commission review, the 2014 Ministerial Forum on Alcohol Advertising and Sponsorship and the 2014 Ministry of Justice report on alcohol pricing.	Further consideration needed	• Harmful use of alcohol and other drugs has significant, widespread impacts on individuals, families, whānau and communities. • The Government agrees with the intent of reducing harm from alcohol and other drugs; however, further consideration is needed as to how best to give effect to this, building on work already underway. • The Government has committed to shift to a health-based approach and supporting Police discretion in prosecution for possession for personal use; to hold a binding referendum on Cannabis Legalisation; and to increase funding for drug and alcohol responses [CAB-18-MIN-0620 refers]. • Given the significant role that alcohol and other drugs play in people's wellbeing, a strong cross-sector forum dedicated to the advancing AOD policy is critical. • There are existing mechanisms and arrangements that can be enhanced to provide cross-sector leadership and collaboration in relation to AOD policy.	• The Inquiry heard strongly from New Zealanders of the need for a bold approach to minimise harm from alcohol and other drugs. Public expectations for reforms are high. • The Sale and Supply of Alcohol Act 2012 (the Act) has only been in force for around five years. Due to the transitional provisions of the Act, some key elements of the Act are still bedding in. The courts and Alcohol Regulatory Licensing Authority are continuing to consider a number of matters relating the Act, including eligibility for an alcohol licence, and local alcohol policies. These decisions will have an impact on the application and operation of the Act. • Longer-term planning will need to consider the sequencing of this work in the context of other key priorities and the timeframe for full operationalisation of the Act.
27	Replace criminal sanctions for the possession for personal use of controlled drugs with civil responses (for example, a fine, a referral to a drug awareness session run by a public health body or a referral to a drug treatment programme).	Further consideration needed		
28	Support the replacement of criminal sanctions for the possession for personal use of controlled drugs with a full range of treatment and detox services.	Further consideration needed		
29	Establish clear cross-sector leadership and coordination within central government for policy in relation to alcohol and other drugs.	Accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
Prevent suicide				
30	Urgently complete the national suicide prevention strategy and implementation plan and ensure the strategy is supported by significantly increased resources for suicide prevention and postvention.	Accept	• A new suicide prevention strategy and implementation plan is needed to drive a reduction in suicide rates, particularly for population groups such as Māori, men, and youth, who currently experience substantially higher suicide rates. • The Minister of Health will report back to Cabinet with a draft suicide prevention strategy and implementation plan in June 2019. • The strategy will outline our proposed approach to preventing suicide in New Zealand and the implementation plan will set out concrete actions to contribute to achieving this. • Following Cabinet agreement, the strategy and implementation plan will be publicly released. Implementation of the strategy and plan will begin following this.	• Given public consultation on a draft suicide prevention strategy occurred in 2017, there are high public expectations for timely development of a suicide prevention strategy and implementation plan. There were strong calls for action. • The development of a draft strategy and implementation plan will take into account feedback received from public consultation in 2017.
31	Set a target of 20% reduction in suicide rates by 2030.	Option A: Accept	• No suicide is acceptable. To date, there has been a failure to achieve a meaningful reduction in New Zealand's persistently high suicide rates. • A number of countries have set suicide reduction targets (including the United States, the United Kingdom and Japan). In 2013, the World Health Organization also promoted a 10% reduction target by 2020 for member countries. • In 2002, the Scottish Government set a 20% reduction target by 2013, alongside other suicide prevention activity. During this time, there was an overall reduction of 19.5% in suicide rates. • New Zealand has used health targets to prioritise focus in other areas. For example, there were substantial increases in immunisation coverage and reduction in inequity following the introduction of targets and strong strategies. • A suicide reduction target would complement the new suicide prevention strategy, and would be supported by improved data as a result of the review proposed in recommendation 33.	• A suicide reduction target may have unintended consequences that would need to be mitigated. • To be effective, a target must be accompanied by other activities, investment and changes, such as the suicide prevention strategy and action plan and strong leadership (eg, via the establishment of a suicide prevention office). • Evidence suggests that a generic target does little to address over-representation from particular population groups in suicide rates such as young people and Māori. For example, Northern Ireland achieved a 15% reduction in suicide rates, but failed to address inequity and therefore retired its target. • There is a risk that a target may increase inequity between population groups if the target is not applied to (and measured for) all groups.

#	Theme / recommendation	Response	Rationale for response	Considerations

		Option B:
		Do not accept
			• While a number of countries have set targets and seen reductions in their suicide rates, meaningful reductions have been achieved in other countries without a target.
			• A well-resourced, suicide prevention strategy and action plan that emphasises that 'every death by suicide is unacceptable' is expected to drive a reduction in New Zealand's suicide rate.
			• Targets can produce unintended outcomes, for example:
			  ○ an assumption that the remaining number of deaths by suicide are 'acceptable'
			  ○ a focus on meeting the target rather than implementing sustainable change
			  ○ increased inequity
			  ○ deliberate inaccurate reporting of deaths by suicide.
				• A decision not to accept this recommendation in full will require clear government commitment to reducing suicides through clear communication that 'every death by suicide is unacceptable'.
				• Setting a number of specific targets that address specific risk factors for suicide and focus on high-risk populations may provide an opportunity to achieve more than a whole of population reduction. For example, the Government would endorse an aim of 'no suicide in in-patient mental health and addiction service settings'.
				• Concerted effort across government and society is required to achieve sustainable decreases in suicide across the country. We must and will take action to achieve a significant and sustained reduction, with a goal of eliminating preventable suicide particularly for at-risk groups such as young people and Māori.

32	Establish a suicide prevention office to provide stronger and sustained leadership on action to prevent suicide.	Accept	• There is Government and sector agreement on the need to strengthen the governance and leadership of suicide prevention in New Zealand. • The Government will establish a suicide prevention office to enhance leadership of suicide prevention. • There is potential for the suicide prevention office to be based within a new Mental Health and Wellbeing Commission. • The suicide prevention office will initially be housed within the Ministry of Health to lead the development of the suicide prevention strategy and implementation plan. Further work to design the functions, size and location of the office is required and will be considered alongside the development of advice on the form and functions of a Mental Health and Wellbeing Commission.	• The Minister of Health will report back to Cabinet on the form and functions of a Mental Health and Wellbeing Commission in June 2019. • The scope and scale of a suicide prevention office will be considered alongside development of this advice. This could involve serving as a Centre of Excellence, sharing best practice and research and providing guidance and quality assurance.

#	Theme / recommendation	Response	Rationale for response	Considerations
33	Direct the Ministries of Justice and Health, with advice from the Health Quality and Safety Commission and in consultation with families and whānau, to review processes for investigating deaths by suicide, including the interface of the coronial process with DHB and Health and Disability Commissioner reviews.	Accept	• The Government acknowledges that changing processes for investigating suspected self-inflicted deaths could help reduce the burden and re-traumatisation of families and whānau who have lost their loved ones. • The current process is lengthy, and there are missed opportunities for better integration of reviews, to better support bereaved families and to prevent suicide.	• The overall coronial process, while led by the Ministry of Justice, is heavily intertwined with the work of other agencies. The operational review will need to: ○ ensure cross-agency collaboration ○ engage with whānau and the bereaved who have experienced the coronial process ○ be considerate of tikanga Māori and the expectations of other cultures and their values and spiritual beliefs.
Reform the Mental Health Act				
34	Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992 so that it reflects a human rights-based approach, promotes supported decision-making, aligns with the recovery and wellbeing model of mental health, and provides measures to minimise compulsory or coercive treatment.	Accept	• New Zealand's Mental Health (Compulsory Assessment and Treatment) Act 1992 has not kept pace with shifts towards a recovery and social wellbeing model of care, and has never been comprehensively reviewed. • The legislative process for a complete repeal and replace will take multiple years. While legislative change is underway, the Government will continue to improve services and address issues with applying the current legislation. • The Minister of Health will report back to Cabinet in June 2019 with the proposed scope, timeframes and resource needed to repeal and replace the Mental Health Act [CAB-18-MIN-0621 refers].	• A full repeal and replace of the Mental Health Act is currently the preferred option for reform; however, accepting recommendation 34 removes the opportunity for Cabinet to consider options other than repealing and replacing the current legislation (eg, minor amendments to current legislation, better use of existing tools to incorporate human rights principles in the application of current legislation, focus on provider training to change the culture and practice of compulsory treatment) in the June 2019 report-back. • Following the June report-back, which will present options for the scope, timeframes and resourcing, further policy development and a regulatory impact analysis will be needed to confirm the scope of new legislation. • Some stakeholders maintain that compulsory treatment should be eliminated, not simply reduced. There is a risk that new legislation will not fully address the criticisms of the Inquiry, whereas new legislation may maintain provision for some compulsory treatment in limited defined circumstances.
35	Encourage mental health advocacy groups and sector leaders, people with lived experience, families and whānau, professional colleges, DHB chief executive officers, coroners, the Health and Disability Commissioner, New Zealand Police and the Health Quality and Safety Commission to engage in a national discussion to reconsider beliefs, evidence and attitudes about mental health and risk.	Accept		

#	Theme / recommendation	Response	Rationale for response	Considerations
Establish a new Mental Health and Wellbeing Commission				
36A	Establish an independent commission to provide leadership and oversight of mental health and addiction in New Zealand.	Accept	• The Government intends to establish an independent Mental Health and Wellbeing Commission to enhance cross-agency oversight, monitoring and accountability, including providing oversight of the implementation of Government's response to the Inquiry, and to drive transformation of our approach to mental health, addiction and wellbeing. • Interim arrangements will likely be needed while the Commission is being established. • The Minister of Health and Minister of State Services will report back to Cabinet in June 2019 with advice on the functions, powers, form and financial implications for establishing a Commission, including any interim arrangements and a proposed locus for implementation support and options [CAB-18-MIN-0621 refers]. • Regular reporting on the progress of Government's response to the Inquiry will support transparency and help to drive progress. Longer-term transformation planning will consider an appropriate monitoring and reporting mechanism for the Government's response.	• The Inquiry recommends a mix of functions for the Commission that may be best separated to maintain independence (eg, separating implementation from monitoring) or that may be more appropriately housed elsewhere. • The mix of functions assigned to the Commission will have financial implications. The more functions a Commission has, the higher the cost. • Given the priority 2 on the legislative programme, officials estimate that once legislation to establish a Commission is introduced and passed, establishment is estimated to require a further 6–12 months. • The public may expect to see a Commission sooner than one can formally be established. A Commission could be established initially as a ministerial advisory committee, which could undertake some of the functions of a Commission once agreed by Cabinet in June 2019. Any interim arrangements will be considered in the June 2019 report-back.
36B	Establish the Mental Health and Wellbeing Commission (with the functions and powers set out in Figure 4 in section 12.2.2).	Further consideration needed		
37	Establish a ministerial advisory committee as an interim commission to undertake priority work in key areas (such as the national co-designed service transformation process).	Accept in principle		
38	Direct the Mental Health and Wellbeing Commission (or interim commission) to regularly report publicly on implementation of the Government's response to the Inquiry's recommendations, with the first report released one year after the Government's response.	Accept in principle		
Wider issues and collective commitment				
39	Ensure the Health and Disability Sector Review: • assesses how any of its proposed system, structural or service commissioning changes will improve both mental health and addiction services and mental health and wellbeing • considers the possible establishment of a Māori health ministry or commission.	Accept	• The Health and Disability System Review will identify opportunities to improve the performance, structure, and sustainability of the system with a goal of achieving equity of outcomes, and contributing to wellness for all, particularly Māori and Pacific peoples. • The recommendations for explicit consideration of mental health and addiction, as well as mechanisms for improving equity for Māori, align with the intent of the Health and Disability System Review and the Government's wider priorities.	• The Health and Disability System Review is bound by its terms of reference, which does not specifically mention mental health and addiction, but does refer to better health and wellness outcomes. • The Chair of the Review will need to be given a clear direction to consider the issues raised in *He Ara Oranga.* • The interim report of the Health and Disability System Review is due by August 2019. This timing provides an opportunity for it to inform the strategic transformation plan due to Cabinet in late 2019.

#	Theme / recommendation	Response	Rationale for response	Considerations
40	Establish a cross-party working group on mental health and wellbeing in the House of Representatives, supported by a secretariat, as a tangible demonstration of collective and enduring political commitment to improved mental health and wellbeing in New Zealand.	Accept in principle	• The Government acknowledges the need for cross-party collaboration and collective commitment to deliver on the vision of mental health and wellbeing for all, but considers there are opportunities to enhance existing arrangements to achieve this. • The Health Select Committee includes cross-party membership and will maintain oversight of significant health topics, including the transformation of our approach to mental health and addiction. • Cross-party groups have historically proven most effective where they operate outside structures supported by secretariats.	• The Inquiry Panel has stated that this recommendation was informed by public feedback. To ensure public confidence there is merit to, at a minimum, consider how to clearly communicate that there is a commitment to cross-party collaboration. • Establishing an independent Mental Health Commission at 'arms-length' from Ministers could also help provide confidence of a continued commitment to mental health and wellbeing, regardless of which party or parties are in Government.

Appendix Two: ***Mental health and work: New Zealand / Aotearoa***

- The OECD's report *Mental health and work: New Zealand / Aotearoa* includes a comprehensive assessment of the current landscape, challenges and opportunities for policy and service delivery to support people with mental health needs in the labour market.
- The report acknowledges that New Zealand's current policies related to mental health and work provide a good foundation on which to build, but notes that progress in this area has been slow. A greater focus on action is needed to address systemic barriers and to improve outcomes for people with mental health needs in the labour market. Key findings include:
    - New Zealand has a strong platform on which to build, as awareness of challenges related to mental health and work is high.
    - Recent policy development and implementation in this area has not advanced significantly.
    - New Zealand has a complex set of systems and service landscapes, including a myriad of pilots that have not led to structural reforms.
    - Health and employment services are fragmented, and interventions come too late and are not always suitable for those who need them. These are barriers to improved outcomes for people with mental health needs in the labour market.
    - Welfare reforms have had limited impact on the labour force participation of people with mental health conditions.
    - There are significant ethnic and regional disparities, both in access and outcomes.
    - Stronger cross-government leadership is required to enact change.
- The overall direction of the OECD's report aligns with *He Ara Oranga*. This includes supporting mental wellbeing through addressing both their mental health needs and broader social determinants; taking a whole-of-government approach to supporting mental wellbeing; and increasing efforts in promotion, prevention and early intervention, particularly for young people.
- The report identifies a number of opportunities to better support people with mental health needs in the labour market. Key recommendations for policy-makers include:
    - develop a cross-government, national mental health and work strategy with a focus on evidence-based employment services integrated with mental health treatment
    - independently and rigorously evaluate the large number of pilots and roll-out successful pilots nationally to ensure services of comparable nature and quality are available to all
    - systematically collect evidence needed for good policy-making, including on sickness absence and on employment status before and after health treatment
    - increase the focus on high-prevalence common mental health conditions, with less focus on diagnosis and more focus on the provision of non-stigmatising support
    - reconsider the distinction between injury and illness in the New Zealand system, which comes at a particular cost for people with mental health conditions
    - shift spending from physical to mental health care and from specialist to primary care, while strengthening the employment competence of the health sector and making employment a focus of the health system outcomes and quality framework
    - improve the mental health competence and responsiveness of the welfare system and provide and expand coverage of integrated health and employment services both to people claiming benefits and to people with mental health conditions not claiming a benefit
    - identify a set of cross-government measures on mental health and work that can be integrated into the Treasury's wellbeing frameworks.

Proposed responses to the recommendations in Mental health and work: New Zealand / Aotearoa

#	Theme / recommendation	Response	Comments
Establishing employment as a key target for mental health care			
1	Shift health spending from specialist to primary care and from somatic to mental health care, and provide more funding for talking therapies, including a scale-up of e-therapies.	Accept in principle	• The Government acknowledges the need to build the missing components of New Zealand's continuum of care, particularly for people who do not meet the threshold for specialist services, and is committed to expanding and enhancing mental health and addiction responses in primary and community settings. • The Government supports greater integration of physical and mental health care, with the same level of response and service options. This is aligned with the commitment to a wellbeing approach and will support better employment outcomes for people with mental health and addiction needs. • The Government supports expansion of evidence-based responses, including talking therapies and e-therapies. • While significant investment in primary responses is needed, funding should not be shifted away from specialist mental health and addiction services at the expense of responses to New Zealanders with more severe needs. Rather, giving effect to the intent of this recommendation requires additional investment above current spending levels on specialist mental health and addiction services and physical care.
2	Ensure consistent, equitable access to primary and mental health care for everyone and improve the mental health capacity of primary care.	Accept	• The Government acknowledges regional variations, as well as inequities between population groups, in access to effective and timely primary mental health and addiction support. • Ensuring consistent and equitable access to primary mental health and addiction responses is crucial to begin to respond to significant levels of unmet need of New Zealanders with mild to moderate needs, and to reduce inequities for Māori and other population groups, such as Pacific peoples and people on a main benefit. • The capacity and capability of workforces to respond to mental health and addiction needs will be both a key enabler and key barrier to transformation. Longer-term planning to transform our approach to mental health and addiction will include development of a strategic and cohesive approach to workforce development and cross-sector competencies.
3	Develop the primary care sectors' work and workplace competence, and provide guidelines for sickness certification to treating doctors.	Accept	• Employment can be a mental health intervention and part of a wider treatment plan. As such, the Government recognises the need to provide guidelines on the interrelationship between mental health and work, including in relation to work capacity certificates required for benefit purposes and possible reasonable accommodations in the workplace. • Increasing primary workforces' understanding and awareness of workplace issues, and strengthening pathways between the workplace and primary care, is in line with the Government's commitment to a wellbeing approach. The wellbeing approach takes into account people's broader circumstances when responding to mental health and addiction needs. • Longer-term transformation planning will include development of a strategic and cohesive approach to workforce development and cross-sector competencies.

#	Theme / recommendation	Response	Comments
4	Make employment part of the health system's quality and outcomes framework, and prioritise employment in national mental health policy e.g. by providing incentives for primary health services to connect with employment support.	Accept in principle	• Meaningful employment is strongly associated with better mental health and wellbeing. The Government supports improved integration of health and employment support services, in line with a wellbeing approach. • Further consideration is needed as to how best to facilitate service integration between mental health and addiction responses and a range of other social supports and protective factors, including employment, education, housing, community connectedness and cultural identity. This may include incorporating cross-sector outcomes into performance frameworks or providing incentives to connect people with cross-sector supports, and will consider opportunities to learn from or expand existing local activities integrating mental health and employment support.
Helping vulnerable youth to succeed in education and employment			
5A	Step up teachers' mental health competence	Accept in principle	• Teachers have contact with a majority of children and young people in New Zealand. Ensuring teachers are well-equipped to identify and support children's and young people's mental health needs, or have the infrastructure to refer students to appropriate supports, aligns with the Government's commitment to an integrated and holistic wellbeing approach. • Further consideration is needed of the role of teachers and schools in promoting and responding to mental wellbeing of students and the function of teachers in the wider mental health system. Longer-term transformation planning will include development of a strategic and cohesive approach to workforce development and cross-sector competencies. • The Government acknowledges that New Zealand's rates of bullying and other risk factors of poor mental health are worse than the OECD average. Some communities are particularly affected such as Māori, Pacific peoples, students with disabilities, and Rainbow communities. Further work is underway to build on anti-bullying initiatives in schools and support the Bullying-Free NZ Framework.
5B	Address bullying at school more rigorously.	Accept	
6	Ensure that comprehensive school-based mental health services are available for all students.	Accept	• School settings provide a wide-reaching entry point for young people to engage with mental health supports. • The balance and mix of service options for young people will need to complement the existing service landscape, and must be co-produced with Māori, young people with lived experience, communities, whānau and tāngata whaiora. This will be considered as part of longer-term transformation planning and alongside the recommendations in *He Ara Oranga* to increase access and choice.
7	Ensure adequately-equipped, easily accessible Youth One Stop Shops operate in all regions, with comparable service quality.	Accept in principle	• The Government supports Youth One Stop Shops (YOSS) as an additional and effective pathway for young people to engage with integrated health and social services, and acknowledges regional variations in access and quality of services provided through YOSS. • The Government will undertake to develop a cross-government policy approach to YOSS, including shared outcomes sought, which could support the delivery of this recommendation. • Further consideration is needed about the ideal balance and mix of service options for young people.

#	Theme / recommendation	Response	Comments
8	Resource Youth Primary Mental Health Services adequately and enable them to provide common interventions (such as talking and e-therapies).	Accept in principle	• The Government supports Youth Primary Mental Health Services as an additional and effective pathway for young people to engage with services. • The Government supports expansion of talking therapies and e-therapies, as these responses are supported by evidence of effectiveness. • Further consideration is needed about the ideal balance and mix of service options for young people.
Improving workplace mental health and return to work			
9	Strengthen employer support and obligations to better enforce the Health and Safety at Work Act; and increase WorkSafe's mental health competence, its enforcement powers and its resources.	Accept in principle	• Work is already underway to support businesses and workers, including through engagement and education, to understand their work health and safety obligations and how to take a proactive risk management approach for work-related mental health risks. • A greater focus on work-related health, including mental health, is part of the *Health and Safety at Work Strategy 2018–2028*. In line with this, WorkSafe intends to build its mental health competency across all its functions to support businesses to understand their obligations to provide a work environment that supports positive mental health outcomes. • The Health and Safety at Work Act 2015 (HSWA) contains a range of enforcement tools that provide WorkSafe and other work health and safety regulators with flexibility around what compliance action is appropriate. The Government agrees with the OECD finding that HSWA has considerable potential and that its ability to realise positive mental health outcomes depends on how actively this legislation is enforced.[1] • The Government acknowledges the need to clarify our understanding of how existing enforcement tools (and other levers) could be better utilised, any potential gaps in available enforcement tools and other alternative levers, and in which regulatory system responses best fit (ie, work health and safety may not always be the most appropriate regulatory system).
10	Develop a sickness absence policy including collection of absence data; a longer sick-pay period; and an effective return-to-work strategy.	Further consideration needed	• A Government-appointed Holidays Act Review Taskforce is currently carrying out a full review of the Holidays Act and is expected to report back in mid-2019. The recommendations arising from the Taskforce may include changes to leave entitlements and provide an opportunity to further consider settings around the existing sickness absence policy relating to leave entitlements. • Further consideration is needed of the scope of guidance materials required to provide the support and education needed for employers to meet their obligations and how return-to-work strategies should be developed. • Collection of absence data will be considered alongside recommendations for mental health and addiction surveys.

[1] Note: While this recommendation suggests increased enforcement tools are needed, the body of the report does not reflect this. Rather, the report focuses on utilisation and full implementation of current settings and tools.

#	Theme / recommendation	Response	Comments
11	Provide financial incentives for smaller firms to get income protection insurance and to contract an Employee Assistance Programme (EAP) provider.	Do not accept	• Provision of these supports is good practice for employers, however incentivising certain firms to offer income protection insurance represents a fundamental shift in the Government's role in the provision of income support (whether through ACC or the welfare system). At present, the system is not designed to subsidise or incentivise the offering of income protection insurance. • In relation to incentivising firms to offer EAP, the Government recognises the need to expand access to quality, affordable mental health support for all New Zealanders. This will be considered alongside the recommendations in *He Ara Oranga* to expand access and choice of mental health and addiction responses, including for people in the labour market.
12A	Consider expanding ACC to cover illness, fully or partially.	Do not accept	• At this time, the Government is not considering expanding the scheme to cover illness. To do so would require a redrawing of the boundaries between health, welfare and ACC systems and an increased burden on levy and tax payers. • Consideration of the interface with the health system, and how to improve outcomes for disabled people and people with health conditions (including mental health), were included in the Welfare Expert Advisory Group's Terms of Reference. • The Health and Disability System Review will also consider the relationship between the health and disability system and the ACC scheme.
12B	Consider replicating the comprehensive ACC approach in other parts of the (welfare) system.	Further consideration needed	
Prioritising support for mental health in the employment and welfare system			
13	Assess claimants' (mental) health needs quickly irrespective of the type of benefit and primary reason for a claim to ensure effective matching of needs and services.	Accept in principle	• The Government acknowledges the need to improve early access to appropriate support and services for New Zealanders interacting with the welfare system. • Case managers have a key role in facilitating access to support, but their focus is on assessing their clients' wider needs (especially income), within limited time period. They are not expected to always identify mental health needs, nor is it their role to diagnose clients. • The Government is considering options to further improve case managers' competency to respond to clients' needs, including mental health needs. This may include, for example, guidance on the range of mental health services available and circumstances where a referral may be appropriate (including for clients not on a health or disability-related benefit). • Longer-term transformation planning will include development of a strategic and cohesive approach to workforce development and cross-sector competencies.
14A	Provide access to fully-integrated psychological and employment support.	Accept in principle	• The Government supports integrated approaches to mental health and employment support, which can lead to improved health and wellbeing along with better employment outcomes. • The Government is building an evidence base through current Individual Placement and Support pilots, with a view to support increased access to evidence-based approaches. • Further consideration is needed of the feasibility and implications of the expanding the provision of employment support to people not claiming a benefit. This will be considered as part of longer-term transformation planning.
14B	Expand services to people with mental health conditions not claiming a benefit (be they off-sick or inactive).	Further consideration needed	

#	Theme / recommendation	Response	Comments
15	Further improve mental health and cultural competence of welfare staff and improve ease of case managers' access to mental health advisors.	Accept	• The Government acknowledges the importance of supporting the mental health and cultural competency of all Work and Income staff, given the cultural diversity of clients and high proportion of clients who have mental health needs. • The Government is considering how to further strengthen training on mental health awareness, including cultural competency, for case managers, and how to enable more case managers to access appropriate follow-up for clients with mental health and addiction needs. • The Ministry of Social Development already offers all client facing roles, including case managers, a range of training programmes to work with and better support clients with mental health issues. A mental health advice line has also been introduced to give advice to case managers interacting with clients with possible mental health needs. • Longer-term transformation planning will include development of a strategic and cohesive approach to workforce development and cross-sector competencies.
16	Coordinate service procurement; elongate service contracts to ensure service quality investment; provide incentives for the provision of evidence-based and post-placement employment support.	Accept in principle	• The Government acknowledges that there are currently a number of separate contracts (both across and within agencies) for delivering similar types of employment support to people with mental health needs. • Coordinated service provision will reduce gaps in service and duplication of reporting and procurement requirements, which will in turn better support the NGO sector. • Some improvements are already underway. New provider contracts for nationally contracted disability employment services now have longer contract periods. Contracts also use outcomes-based funding to incentivise effective approaches, with the new Employment Support Practice Guidelines a key tool to support evidence-based best practice. • Further consideration is needed as to the best approach for delivering on the intent of this recommendation. This will be considered alongside related machinery of government recommendations in *He Ara Oranga*, for example around coordinating NGO commissioning.
Moving from policy thinking to policy implementation			
17	Set up a mental health and employment strategy with focus on evidence-based employment service integrated with mental health treatment.	Accept in principle	• The Government acknowledges the strong link between employment and mental wellbeing and the need to integrate support for both in order to improve labour market outcomes for people with mental health and addiction needs. • The Government supports expansion of evidence-informed, integrated responses; however, further consideration of a strategy specific to mental health and employment is needed in the context of the broader response to the Inquiry and development of a longer-term investment strategy and transformation plan.

#	Theme / recommendation	Response	Comments
18	Rigorously evaluate pilots and trials and their impact on education and employment outcomes and roll-out successful pilots nationally to ensure comparable service is available in all regions.	Accept	• The current service landscape is fragmented, and service availability and quality are variable between regions. The Government supports the need for national consistency in service options. • There are a large number of promising pilots and regional programmes underway, including pilots testing more integrated approaches to health, social and employment support. Expansion of pilots found to be successful and cost effective will be considered.
19	Systematically collect evidence needed for good policy-making, through administrative data as well as regular health and mental health surveys.	Accept	• The Government acknowledges the importance of having accurate, comprehensive, up-to-date data on the prevalence and impact of mental health and addiction issues, and on the access to and effectiveness of services. This is crucial to inform the optimal mix and balance of responses, and to establish a baseline from which to measure progress. • There are limitations in current data collection, resulting in gaps in our administrative data. There are also opportunities to build cross-agency connections to better connect data and survey information on mental health at work, and to develop system-wide indicators that captured the interrelated systems across health, welfare, ACC and the labour market. • Further consideration is needed about the best way to achieve the intent of this recommendation. This will need to be considered as part of longer-term transformation planning in conjunction with recommendation 11 in *He Ara Oranga* for a regular mental health survey.
20	Increase the focus on high-prevalence common mental health conditions, with an emphasis on non-stigmatising support rather than diagnosis.	Accept	• The Government acknowledges the gap in the continuum of care for people with mild to moderate needs, including high-prevalence common mental health disorders. The societal and economic burden of these common disorders is substantial. • The Government is committed to a wellbeing approach with a broader focus than traditional health diagnosis and treatment. This requires making better use of more diverse support options and non-clinical workforces to respond to mental health and addiction needs. • An activated health and safety system that focuses employers on their obligations to provide a work environment that supports mental wellbeing could positively influence non-stigmatising support.