

Briefing

Draft Cabinet Paper: *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing*

Date due to MO: 20 April 2021	Action required by: 22 April 2021
Security level: IN CONFIDENCE	Health Report number: 20210942
To: Hon Andrew Little, Minister of Health	

Contact for telephone discussion

Name	Position	Telephone
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Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Draft Cabinet Paper: *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing*

Security level: IN CONFIDENCE **Date:** 20 April 2021

To: Hon Andrew Little, Minister of Health

Purpose of report

1. This briefing attaches a draft Cabinet paper on the strategic approach to improving mental wellbeing in Aotearoa, along with *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing (Kia Manawanui)*. Pending your feedback on the draft documents, these versions can be used for Ministerial consultation prior to consideration at the Social Wellbeing Committee on 12 May 2021 and at Cabinet on 17 May 2021.
2. Information about the development process and next steps are included in this briefing, which discloses all relevant information and implications.

Summary

3. *Kia Manawanui* is the long-term plan for transforming New Zealand's approach to mental wellbeing, in line with the direction set in *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)*, and mandated in the Government's 2019 response to that report.
4. It provides a strong vision for the future, accompanied by short, medium and long-term actions that indicate how transformative change will take place. Alongside actions the health sector can take to bolster mental health and addiction services, the pathway emphasises wider government's role in addressing the social and economic determinants of mental wellbeing and the important roles individuals, whānau and communities play in maintaining their own mental wellbeing.
5. A broad, national engagement process has been undertaken to support the development of *Kia Manawanui*, which has included consultation with a wide range of government agencies. This briefing includes comments on key issues that have been raised during the pathway's development and on how these have been addressed. Overall, feedback confirms strong support for the vision, principles and transformative directions outlined, and for the cross-agency approach to building wellbeing.

Recommendations

We recommend you:

- a) **note** officials are available to discuss and receive your feedback on the attached draft Cabinet paper and long-term pathway for mental wellbeing
- b) **agree** to forward the attached draft Cabinet paper and long-term pathway for mental wellbeing to your Ministerial colleagues by 22 April 2021 **Yes/No**
- c) **confirm** your intention to lodge final versions of the attached documents with Cabinet Office by 6 May 2021, for Cabinet Social Wellbeing Committee consideration on 12 May 2021. **Yes/No**



Toni Gutschlag
Deputy Director-General
Mental Health and Addiction
Date: 20 April 2021

Hon Andrew Little
Minister of Health
Date:

PROACTIVELY RELEASED

Draft Cabinet Paper: *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing*

Context

1. *Kia Manawanui* is the long-term strategic plan for transforming New Zealand's approach to mental wellbeing. It reflects the call for a new approach in *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)* and is based on the mandate for change provided by the Government's 2019 response to *He Ara Oranga*.
2. *Kia Manawanui* builds on *He Ara Oranga's* themes and recommendations, as well as the framework and short-term actions in *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan (Kia Kaha)*, published in 2020. *Kia Manawanui* takes the next step towards transformation of our approach to mental wellbeing by providing a national-level view of long-term priorities for system change, with actions for government agencies sequenced over the next ten years.
3. While *Kia Manawanui* focuses on national-level actions to be undertaken by government, it emphasises that everyone has a role to play in a transformed approach to mental wellbeing.

Development of *Kia Manawanui*

4. In developing *Kia Manawanui*, the Ministry of Health (the Ministry) has sought to maximise opportunities for engagement within the available time, in order to deliver on expectations that the pathway is developed collaboratively with communities.

Public engagement

5. A national engagement process included both online consultation and direct discussions with a range of key organisations and people with lived experience of mental distress and addiction. This builds on the voices captured in *He Ara Oranga* and the many engagements undertaken since then.
6. Focus groups and one-to-one discussions have included lived experience communities, workforce centres, and key organisations such as the Mental Health Foundation, Platform Trust, Youthline and The Salvation Army. We also held focus groups with members of the *He Ara Oranga* Inquiry Panel and with representatives of the Mental Health and Wellbeing Commission.
7. Almost 150 submissions were received on the online questionnaire, including from significant interested parties such as the Royal New Zealand College of General Practitioners and the New Zealand Nurses Organisation. Two online information sessions attracted 180 participants in total.
8. Engagement was focused around the mental wellbeing framework from *Kia Kaha* that informs *Kia Manawanui*, particularly its focus areas, principles and enablers. A report on the

feedback, which will be published on the Ministry's website alongside *Kia Manawanui*, found widespread support for the focus areas and principles, and provided views on the directions needed to affect change.

9. Timeframes did not permit wide consultation on a draft of *Kia Manawanui*, however we consider that *Kia Manawanui* is consistent with the matters raised through engagement, such as the need to uphold Te Tiriti o Waitangi, address the determinants of mental wellbeing, consider the needs of specific populations, prioritise community-led development, improve information and data, and increase resourcing.

Government agency consultation

10. Agencies provided detailed potential actions for inclusion in *Kia Manawanui* in March 2021. In incorporating these into the pathway, we have summarised the actions into higher-level themes across the short, medium and long-term. The actions outlined are those that will drive transformation, rather than a comprehensive stocktake of programmes and initiatives. The actions are intended to be enabling rather than prescriptive, and are focused on changes to the system settings that government can influence.
11. In April 2021, agencies were invited to provide comment on drafts of both *Kia Manawanui* and the associated Cabinet paper. The feedback has been supportive of the transformational focus and the approach to framing the actions. Comments often sought to enhance each agency's particular areas or populations of interest. We have incorporated this feedback as much as possible, often as examples of how high-level actions could be delivered.
12. Agencies expressed a strong understanding of the drivers of mental wellbeing and interest in working collectively in a range of areas. We intend to capitalise on this goodwill. They also asked questions about implementation and this will be discussed over upcoming months, including through the Social Wellbeing Board.

Equity

13. Mental wellbeing is an area where current outcomes are inequitable. This is likely both due to, and contributing to, social determinants of wellbeing in whānau, communities and the wider population.
14. *Kia Manawanui's* guiding principles include "equity" and "uphold Te Tiriti o Waitangi". *Kia Manawanui* also contains specific sections that discuss equity, and actions related to these two principles have been specifically included within the six action areas. For instance, the actions related to the "Investment" system enabler sees tailored and collaboratively designed responses for increasingly wide-ranging populations.

Issues and advice

Calls for an "implementation plan" for *He Ara Oranga*

15. There has been considerable ongoing interest in how the specific recommendations of *He Ara Oranga* are being addressed, and strong calls for an "implementation plan".
16. Our view is that the recommendations in *He Ara Oranga* provide a starting place for transformation but alone do not capture the full aspirational intent and vision of the Inquiry. To respect the mana and mauri of the Inquiry process, *Kia Manawanui* therefore

provides a strategic roadmap that responds to *He Ara Oranga* in a much broader way than a recommendation-by-recommendation assessment.

17. However, to make clear the links between *He Ara Oranga* and *Kia Manawanui*, an accompanying table presents the *He Ara Oranga* recommendations, describes the Government's approach to each, and links to specific actions in *Kia Manawanui*. This overall approach makes it clear that Government intends to bring to life both the recommendations and the intent of *He Ara Oranga*.
18. It is still possible that there will be critique that *Kia Manawanui* is not an implementation plan. However, *Kia Manawanui* both provides the overall strategic directions needed, and also lays out the approach to further detailed and collaborative work that will follow to help operationalise the pathway.
19. A key implementation action is development of a National Mental Health and Addiction System and Service Framework, which will identify the core components of a contemporary mental health and addiction system in Aotearoa and set the expectations for all those involved in the system and provision of services for what is delivered locally, regionally and nationally.

High-level and long-term nature of *Kia Manawanui*

20. Some stakeholders have requested specific actions that we have not included in *Kia Manawanui* because the actions were too detailed, or pre-empted detailed agency and Cabinet decisions.
21. An example where we have sought to provide enabling but not premature actions is the approach to progressing alcohol and drug legislative reform. There were strong calls from stakeholders for more action to address the harmful effects of alcohol and other drugs, including through regulation. In the Policy action area, the draft proposes actions of:
 - a. Short-term: Strengthen a public health approach to regulation and enforcement in relation to alcohol and other drugs (eg implementing the drug checking licensing scheme, reviewing the 2019 amendments to the Misuse of Drugs Act, reviewing the Substance Addiction (Compulsory Assessment and Treatment) Act) 2017
 - b. Medium-term:
 - i. Implement recommendations of the review of the Substance Addiction (Compulsory Assessment and Treatment) Act, and any other amendments required following consultation on the Mental Health Act
 - ii. Implement recommendations of review of amendments to the Misuse of Drugs Act, and consider any wider reform
 - iii. Review Sale and Supply of Alcohol Act 2012, s 9(2)(f)(iv)
 - iv. Review the Gambling Act 2005, with particular reference to preventing and minimising harm from online gambling and electronic gaming machines.
22. We believe this provides a balanced approach to reflecting stakeholder views without pre-emptively committing to reforms, but this is an area that may be subject to Ministerial comment. We have not yet received a Ministry of Justice comment on this and are continuing to work with Ministry of Justice officials to confirm the preferred position.

23. Another action sought by various stakeholders is development of an epidemiological survey to assess prevalence of mental wellbeing, mental illness and addiction, as well as trends in the New Zealand population, and to identify the drivers of this. The most recent prevalence data was last collected in the early 2000s and reported in *Te Rau Hinengaro: The New Zealand Mental Health Survey*, published in 2006. Up-to-date prevalence data is crucial for understanding need and planning an appropriate mix of services and supports.
24. In acknowledgement of this, *He Ara Oranga* recommended a regular comprehensive mental health and addiction survey, which was accepted in principle in the Government's response. The Government's response noted that a survey of this nature would take several years and additional investment.
25. This is not currently an explicit action in *Kia Manawanui*, but it is addressed broadly in the "Information" action area through an action: "Address gaps in collective data and evidence, including through enhancing existing sources and considering opportunities for additional data collection (eg, additional surveys)". This is unlikely to satisfy those stakeholders who want a stronger commitment to a survey, but allows for such a survey if funding becomes available. We can add an explicit action if preferred, noting that delivery of the action would require additional resource.

Monitoring approach to *Kia Manawanui*

26. *Kia Manawanui* contains a section addressing monitoring, which focuses on the role of the Mental Health and Wellbeing Commission and existing governance mechanisms such as the Social Wellbeing Board. We have not been specific about outcomes measurement, largely because of potential interactions with the Commission's outcomes and service monitoring frameworks, which are in early stages of development. We have included examples of potential system-focused indicators, which should demonstrate shifts as a result of the actions in *Kia Manawanui* to change system settings, but further work is needed to confirm the indicators and establish information collection processes.
27. When the Government responded to *He Ara Oranga* in 2019, Cabinet directed the Social Wellbeing Board to oversee the cross-agency coordination of the Government's response and the collective approach to longer-term action [CAB-19-MIN-0182]. We propose the Social Wellbeing Board's current oversight role continues. *Kia Manawanui* also notes regular reporting channels to the Cabinet Priorities Committee and the Cabinet Social Wellbeing Committee.
28. To demonstrate a commitment to transparency, *Kia Manawanui* outlines how the Government will keep the public informed of progress, including through regular progress updates and timely release of data as it becomes available.

Timeframes for engagement

29. There may be criticism of the short timeframes for engagement that were provided for the public, sector and other government agencies. Despite the timeframe, we consider robust engagement was conducted. This engagement was supplementary to that already undertaken for *He Ara Oranga* itself, *Kia Kaha*, and in our implementation of the Budget 2019 and 2020 packages with the sector, communities and interested parties.
30. The Ministry's overarching engagement approach for future mental wellbeing work is appended to *Kia Manawanui*. This includes both ongoing and regular check-ins on progress and direction, as well as engagement targeted to specific pieces of work. A key

feature is development of the National Mental Health and Addiction System and Service framework through a national and regional collaborative design processes, including tangata whaiora/people with lived experience. This is highlighted in the "Next Steps" section of *Kia Manawanui*.

Interface with the Health and Disability System Review

31. We are conscious of the likely interface between the actions being proposed as part of *Kia Manawanui* and the Government's response to the Health and Disability System Review. We have kept the actions in *Kia Manawanui* aligned with the anticipated direction of travel of the Health and Disability System Review response, and will adjust them following upcoming announcements, if needed.

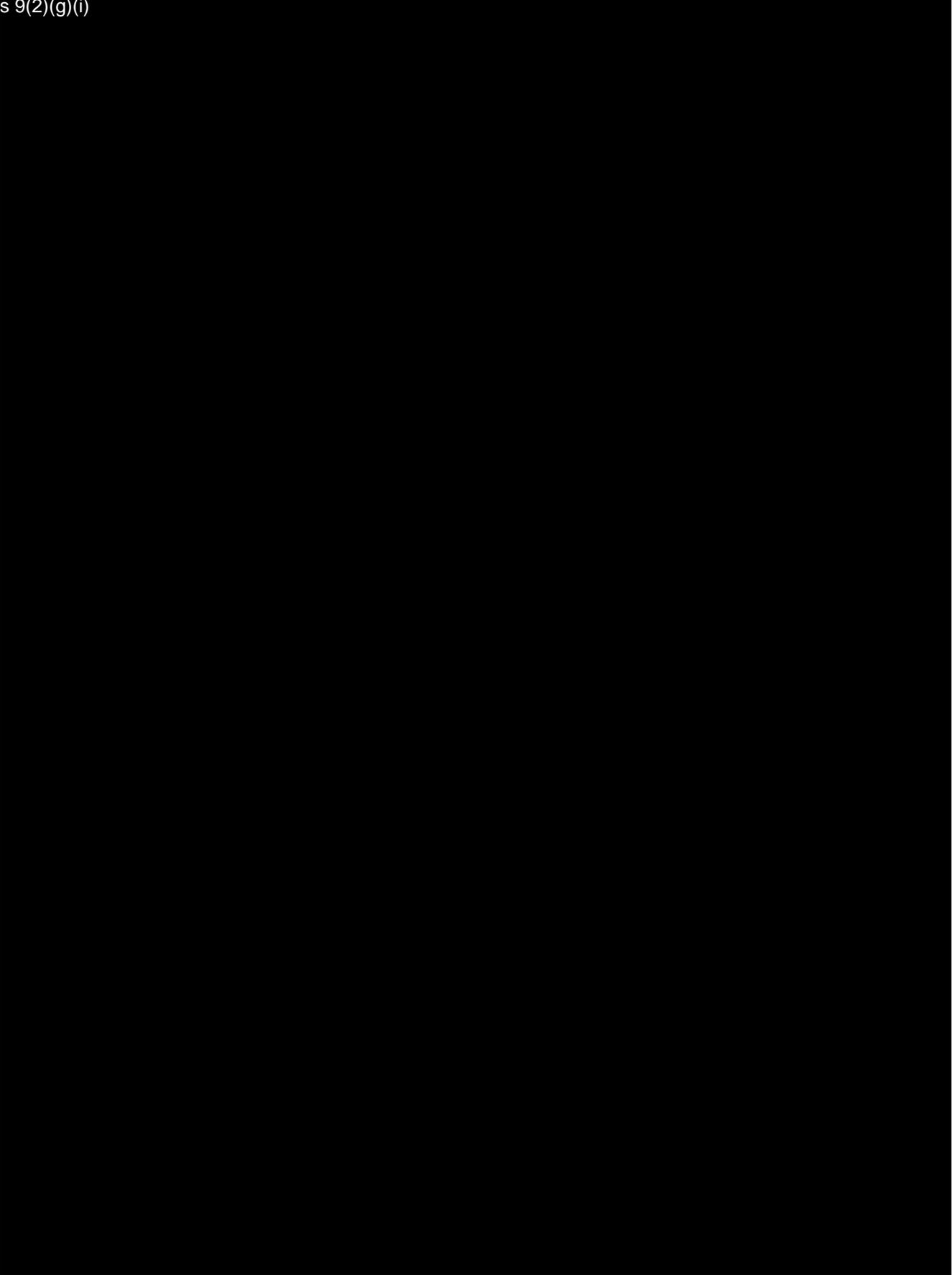
Next steps

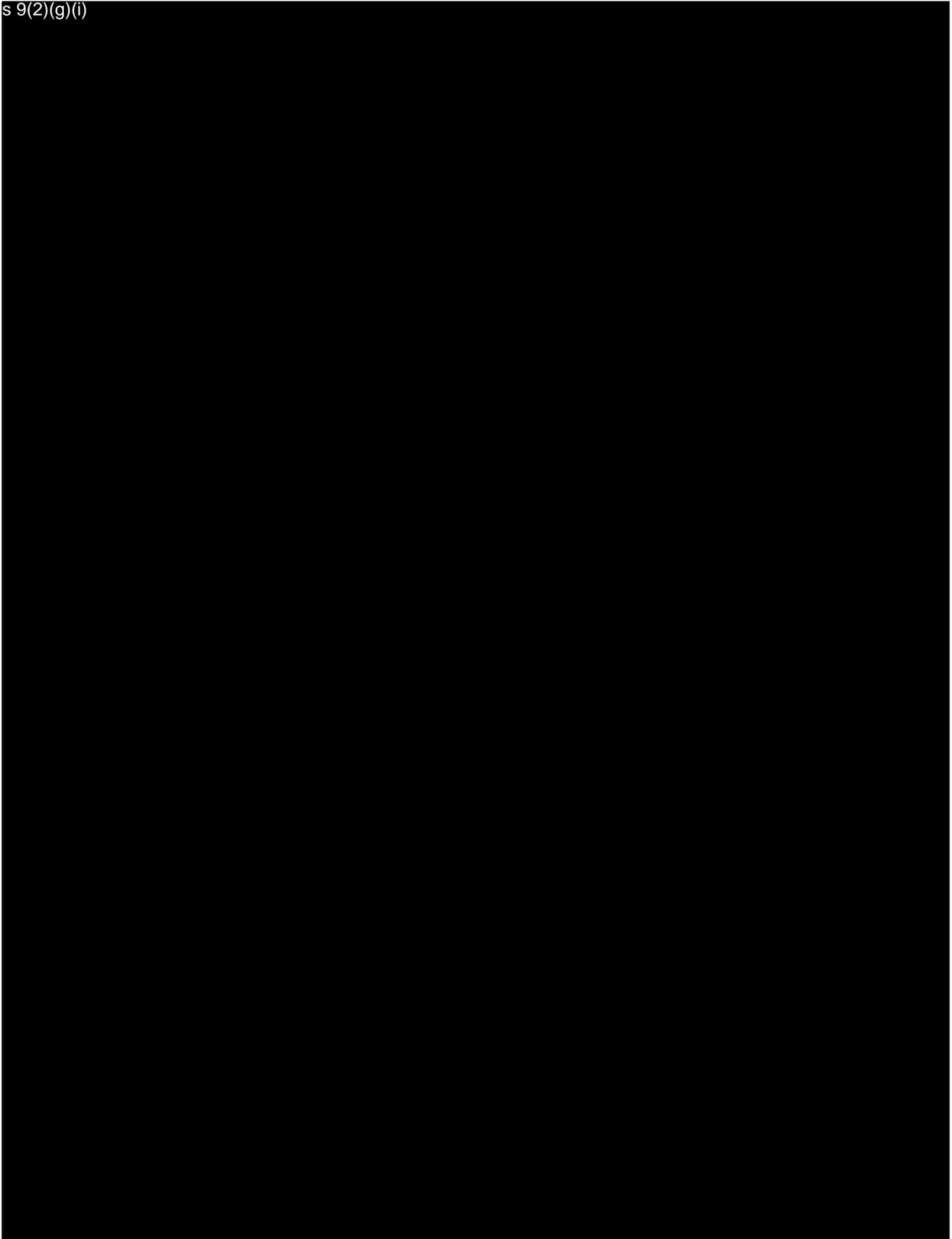
32. We are available to discuss any feedback you may have on the attached draft Cabinet paper and *Kia Manawanui*.
33. Pending your feedback, the attached versions can be used for Ministerial consultation. We understand timing of the next steps is to:
 - a. circulate the draft Cabinet paper and *Kia Manawanui* to your Ministerial colleagues as soon as possible
 - b. lodge the papers with the Cabinet Office by 6 May 2021, for consideration by the Cabinet Social Wellbeing Committee on 12 May 2021 and by Cabinet on 17 May 2021.
34. Appendix One includes suggested talking points to support your discussions with colleagues about these draft documents.
35. After receiving Cabinet approval, *Kia Manawanui* will undergo professional design work for publishing as soon as possible, likely in late May or early June 2021. We will talk further with your office about opportunities for publicising and promoting *Kia Manawanui*'s release.
36. We will continue the discussions with agencies that have been initiated around inter-agency strategy, policy and service design for mental wellbeing, and the appropriate governance and monitoring arrangements for the transformation contained in *Kia Manawanui*. These discussions will be informed by announcements about the future shape of the health and disability system anticipated from the Health and Disability System Review this week.

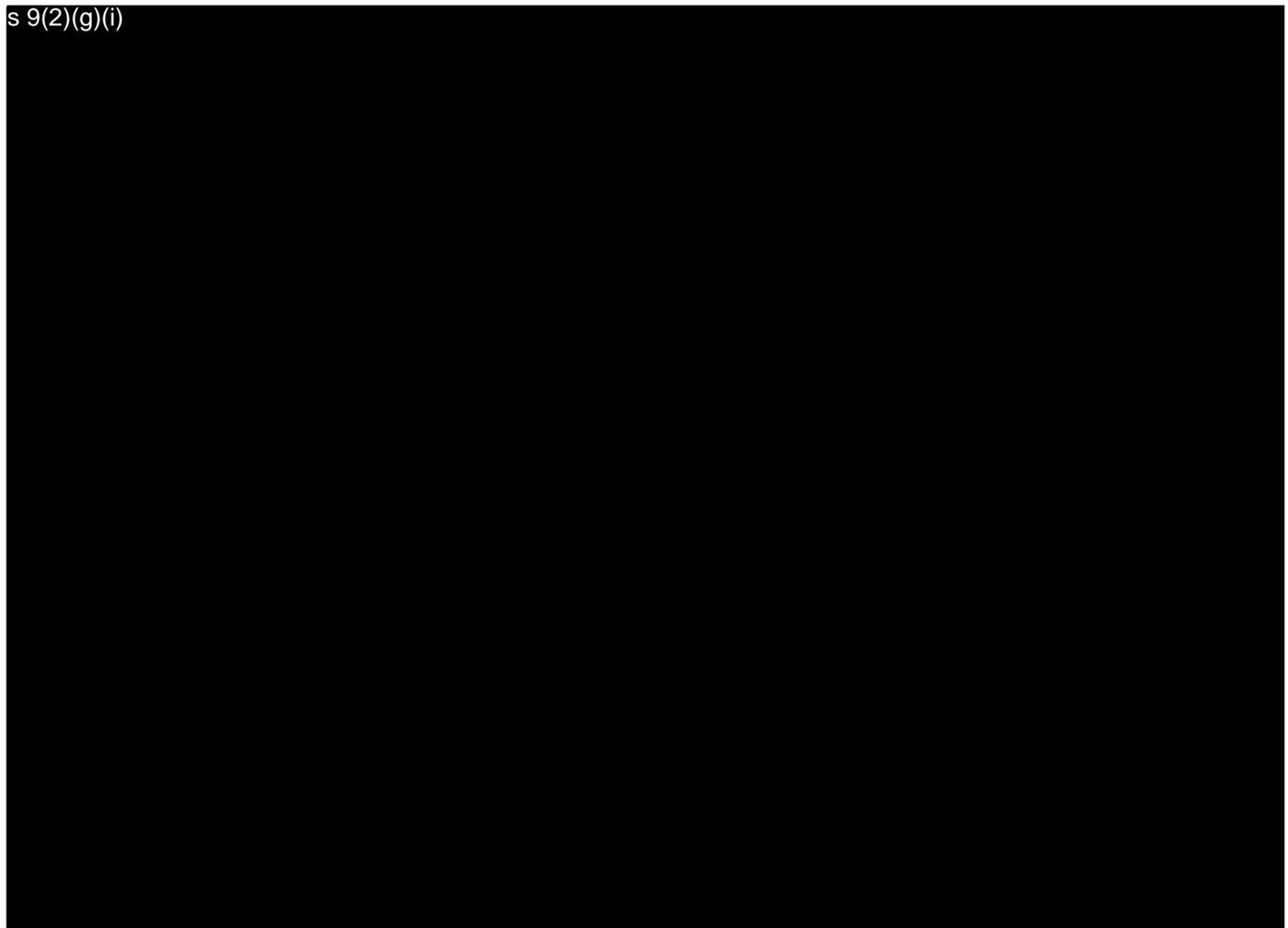
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Appendix One: Suggested talking points for Ministerial consultation on *Kia Manawanui*

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