

Budget sensitive
Office of the Minister of Health

Cabinet

INITIAL GOVERNMENT RESPONSE TO THE REPORT OF THE INQUIRY INTO MENTAL HEALTH AND ADDICTION

Purpose

1. This paper sets out a process for consideration of the Report of the Government Inquiry into Mental Health and Addiction (the Inquiry). It also proposes two phases to the Government's response to the Report. This paper notes urgent action to progress five key pieces of work including considerations for Budget 2019. A second paper in March 2019 will provide further information, including a detailed response to each of the Inquiry's 40 recommendations.

Key points

2. As part of the Coalition Agreement under the Government's 100 Day Plan we established the Inquiry into Mental Health and Addiction (the Inquiry) to hear from New Zealanders the changes required to build a leading mental health and addiction system. When the terms of reference for the Inquiry were drafted, it was anticipated that its findings would inform service and community response over at least the next decade.
3. The Inquiry Chair formally presented the Panel's final Report to me on Wednesday 28 November 2018, and it was publicly released on Tuesday 4 December 2018. The Inquiry's Report places people first, recognises that New Zealand has a strong foundation to build from, and has outlined key areas for transformation. A high level summary is provided in **Appendix One**.
4. The panel's recommendations are a mix of changes that can and must be implemented in the near term, and recommendations that will take many years to fully and effectively deliver on. There are high expectations for the Government to deliver a timely and considered response to the Inquiry.
5. The Inquiry confirms our concerns with the system and provides direction for the transformation of New Zealand's mental health and addiction system, building on the foundations and goodwill of families, whānau, communities and a dedicated workforce. It is my intention to overhaul our approach, in line with the Report, to:
 - 5.1. deliver better for Māori and other groups who experience the poorest outcomes
 - 5.2. respond to the specific needs and experiences of different population and age groups
 - 5.3. orient the system towards mental health promotion, prevention and early intervention
 - 5.4. take a whole-of-government approach to mental wellbeing.

6. This paper outlines that our first step was to publicly release the paper. Our second step is to progress urgent action in five areas to:
 - 6.1. address system pressures and show commitment to a transformed approach through Budget 2019 intentions, including greater investment in mental health and drug treatment services
 - 6.2. complete the suicide prevention strategy and implementation plan and provide advice on a suicide reduction target
 - 6.3. provide options to respond to the Inquiry's recommendations on drug law reform
 - 6.4. strengthen leadership of the system, including further work on the roles and responsibilities of a proposed Mental Health and Wellbeing Commission
 - 6.5. scope options to reform the Mental Health (Compulsory Assessment and Treatment) Act 1992.
7. Changing our approach to mental health and wellbeing will require robust cross-government action to ensure strong leadership and strategic investment across the health, justice and social sectors.
8. Real change is required at all levels of society, which means we need to involve the voices of people with lived experience of mental health and addiction issues as we develop a transformed approach.
9. This paper outlines some first strong steps on the journey to transform the approach to mental health and addiction. I will come back to Cabinet in March 2019 with further information, including a detailed plan for how we can respond to each of the Inquiry's 40 recommendations.

Background

10. We are committed to supporting healthier, safer and more connected communities. To ensure that New Zealanders have access to affordable, high quality health care we have committed to overhauling mental health and addiction services, informed by the Inquiry.
11. Work has not stopped while the Inquiry has been underway. We have made steps, including through Budget 2018, to address current challenges and shift our approach to mental health and addiction services. Initiatives are being delivered closer to where people are, including schools, health services, and within families and communities, and across the age spectrum. We are:
 - 11.1. expanding School-Based Health Services in secondary schools so that 65,000 students now have access to registered nurses providing youth-friendly care at school
 - 11.2. rolling out Mana Ake – Stronger for Tomorrow to promote wellbeing and positive mental health to primary and intermediate school children in Canterbury and Kaikōura

- 11.3. piloting integrated psychological therapies for 18 to 25 year olds providing a suite of free interventions including evidence based talking therapies for those with mild to moderate mental distress
- 11.4. testing new ways of working with the 'Fit for the Future pilots' in Tairāwhiti, Auckland and Waitemata which are looking at better integration at the primary care setting and building the evidence base.

Report of the Government Inquiry into Mental Health and Addiction

12. There has been strong support from people with lived experience, providers, experts and the wider public for changing New Zealand's approach to mental health and addiction. The Inquiry prompted significant public engagement, with around 5,200 submissions and over 2,000 people attending 26 regional meetings. We need to acknowledge and thank everyone who has contributed to the Inquiry and its Report.
13. The breadth of scale of the Inquiry and the level of public engagement with the Inquiry necessitated an extension to the original report back date of 31 October 2018 in order for the Inquiry Panel to give due consideration to the extensive public input [CAB-18-MIN-0497 refers].
14. The Inquiry Chair formally presented the Panel's final Report to me on Wednesday 28 November 2018. There are high expectations from the sector and the public for the Government to deliver a timely and considered response to the Inquiry. This means we must balance responsiveness with the need to carefully consider the Report. A high level summary of the Report is provided in **Appendix One**.
15. The Inquiry heard from people that the current system is not working, services are under pressure, and that we need to take a more holistic approach to mental wellbeing. The Report recognises the need to put people at the centre of our approach to mental health and addiction.
16. The Inquiry identified that the sector is facing multiple pressures including:
 - 16.1. increasing demand for specialist services and waiting lists
 - 16.2. limited or unavailable advice or support at times of crisis
 - 16.3. lack of forensic services to meet the needs of a growing number of prisoners with serious mental illness
 - 16.4. persistently high numbers of people presenting with suicidal thoughts and behaviours
 - 16.5. high rates of compulsion, including community treatment orders and seclusion, compared with rates of other countries
 - 16.6. limited access to services for those with mild to moderate and moderate to severe needs
 - 16.7. cumulative pressures building at the intensive end of the system where most services are located.

17. The Inquiry outlines that New Zealand's future mental health and addiction system should have a *vision of mental health and wellbeing for all*. To achieve this vision, the Inquiry recommends building on what they describe as solid foundations and by focusing on a small number of changes to shift the system. They propose changes to current policies and legislation, supported by substantial additional investment in services and support to implement change. This gives us a clear path forward for the next 5–10 years.
18. The Inquiry made 40 recommendations covering a wide spectrum of matters. The recommendations are contained in nine areas:
 - 18.1. increasing access to and choice of mental health and addiction services
 - 18.2. transforming primary health care
 - 18.3. increasing support for the non-governmental organisation sector
 - 18.4. greater focus on wellbeing, promotion and prevention
 - 18.5. placing people at the centre of services
 - 18.6. action on alcohol and other drugs
 - 18.7. increasing focus on preventing suicide
 - 18.8. Mental Health (Compulsory Assessment and Treatment) Act 1992 reform
 - 18.9. a new Mental Health and Wellbeing Commission.
19. The 40 recommendations point to a number of opportunities to strengthen New Zealand's approach to mental health and addiction, in particular:
 - 19.1. placing people firmly at the centre of our approach
 - 19.2. strengthening leadership, oversight and accountability across the sector
 - 19.3. strengthening coordination and integration of health and social support services
 - 19.4. increasing investment with appropriate support for implementation.

Proposed approach for responding to the Inquiry

20. The Inquiry has identified the need to expand and transform services, but also to address the wider social determinants of health and social wellbeing. We have a unique opportunity to improve mental health and wellbeing for all New Zealanders. While the health system has a key role in shifting our approach to mental health and addiction it will require efforts across whole-of-government and whole-of-society.
21. We will need to work together to ensure that all relevant sectors are engaged in preventing and responding to mental health and addiction challenges and promoting the wellbeing of New Zealanders.

22. To ensure a timely and well considered response to the Inquiry's Report and recommendations I propose we take a phased approach comprising:
- 22.1. public release of the Report
 - 22.2. an initial response to the Inquiry's Report, with urgent progress on a small set of actions to help address challenges and shift the current approach to mental health and addiction (as initiated in this paper)
 - 22.3. a more detailed response to the 40 recommendations informed by engagement with health and other sectors and people with lived experience (via report back in March 2019)
 - 22.4. a longer-term plan to transform our approach to mental health and addiction building on the direction recommended by the Inquiry, s 9(2)(f)(iv)
[REDACTED]
23. We need to overhaul our approach to mental health and addiction to ensure we are delivering better outcomes for Māori, and responding to the specific needs and experiences of different population and age groups. We need to build on the strengths of the current system and take strategic steps to transform mental health and addiction services. Some aspects of this transformation process will take several years before we see the benefits.
24. For example, if we wish to expand services to deliver for a greater portion of the population, we will need a greater number of qualified staff. In this context, a shortfall in the senior mental health nursing workforce cannot be fixed immediately. Nurses require three years of academic training and a number of years at junior level to accumulate the experience required to take on senior roles.
25. I am committed to ensuring that strong Māori and lived experience perspectives are included from day one. I have therefore directed my officials to engage with Māori, people with lived experience, the health sector and other government agencies to develop a coordinated, whole-of-government approach at each stage of the response.
26. I intend to provide the Cabinet Social Wellbeing Committee with regular updates on progress to help ensure a coordinated approach. I will outline my plans for keeping you informed when I report back to Cabinet in March 2019.

Phased response to the Inquiry

Release of the Report

27. There is high public interest in the Inquiry's Report and recommendations, the Government's response to these recommendations and other steps the Government is taking to improve the mental health and wellbeing of New Zealanders.

28. Our first step was to publicly release the Report on 4 December 2018.

Initial response to the Report

29. To ensure that we move at pace to transform our approach to mental health and addiction based on the Inquiry's recommendations we want to take action to immediately address pressures on mental health and addiction treatment services, and prioritise issues signalled in the Report as requiring urgent attention.
30. I propose that Government prioritise action in five areas as part of an initial response to the Inquiry's recommendations.
- 30.1. Addressing system pressures and showing commitment to a transformed approach through Budget 2019 intentions, including addiction treatment services.
 - 30.2. Completing the suicide prevention strategy and implementation plan, as I am deeply concerned about the high number of deaths due to suicide.
 - 30.3. Scoping options to respond to the Inquiry's recommendations on drug law reform.
 - 30.4. Further work on the roles and responsibilities of a proposed Mental Health and Wellbeing Commission.
 - 30.5. Scoping options for reform of the Mental Health (Compulsory Assessment and Treatment) Act 1992.
31. Taking urgent action on these areas and signalling the next steps for a more fulsome response in March 2019 will help demonstrate responsiveness, gain momentum and build sector and public confidence.

Budget 2019 intentions for services: Enhancing mental health and addiction services

32. We have already committed to Budget 2019 having a focus on wellbeing, and mental health is one of the five core priorities. Budget 2019 will demonstrate this Government's commitment to improving New Zealanders' mental health and wellbeing, to align investment with our priorities and to build momentum as an initial stage in a phased, multi-year response to the Inquiry.
33. Across government there are a number of proposals that will contribute to our mental health package for Budget 2019.
34. The Inquiry has recommended that the Ministry of Health urgently develop a proposal for Budget 2019 to make talk therapies, addiction services and culturally-aligned therapies much more widely available. In addition, I have sought advice from officials and I know we are at full capacity across New Zealand, in particular within our forensic mental health services.

35. As such I will be submitting a package of proposed investment in Budget 2019 for mental health and addictions with two components.

35.1. Accelerating transformation across sectors to support a transformed approach. This will include an increased focus on promotion, prevention and early intervention; improving outcomes across the life course; and responding more effectively to complex and compounding needs

35.2. Enhancing current responses to relieve significant system pressures and ensure safe and appropriate services are available for those who need them. This will include investment in more mental health, addiction and detoxification services.

36. I have directed Ministry of Health officials to reflect the Inquiry's recommendations in the proposed Budget 2019 mental health related initiatives. To enable cross-agency collaboration and ensure alignment with the Inquiry's suggestions for urgent investment, the deadline for submission of mental health initiatives to Treasury has been extended to Friday 18 January 2019. There remains an expectation that placeholder initiatives will be submitted on 14 December 2018.

37. I look forward to further conversations with Social and Justice Sector Ministers, Associate Ministers of Health and the Minister of Finance about how we can best support the mental health and wellbeing of New Zealanders through Budget 2019.

Completion of a suicide prevention strategy and implementation plan

38. It is a tragedy that so many New Zealanders take their own life every year. This number saddens me. We need to take urgent and meaningful action to help bring this number down and prevent more families, whānau and communities from losing their loved ones to suicide.

39. Public consultation on a draft suicide prevention strategy took place in 2017.

40. The Inquiry recommends urgently completing the national suicide prevention strategy and implementation plan, to address the need for effective implementation and resourcing for suicide prevention. It also recommends we set a target of 20 percent reduction in suicide rates by 2030.

41. No level of suicide is acceptable so we must take great care and sensitivity around how we address the Inquiry's intent to reduce suicide rates. We need to work together to prevent suicide and to ensure appropriate support after suicide. I am asking that health, justice and social agencies work together to support the development of a suicide prevention strategy and implementation plan.

42. I intend to direct the Ministry of Health to take a lead on completing a suicide prevention strategy and implementation plan in conjunction with other social agencies. I will submit a final draft strategy and plan to the Social Wellbeing Committee for consideration by June 2019.

43. I also intend to seek funding for suicide prevention through Budget 2019 to support the implementation of new suicide prevention initiatives.

Action on drug law reform

44. Our current approach to drug addiction issues is set out in *the National Drug Policy 2015–2020*. We have work underway to improve access to medicinal cannabis based on the principles of fairness, compassion, quality and safety, and to address synthetic drug-related harm.
45. The Inquiry recommends strong action be taken on drug addictions, including regulatory reform, more addiction treatment and detoxification services, and cross-sector leadership. The thrust of these reforms are to replace punitive measures with a public health approach.
46. The Government has developed an initial response to the problem of synthetic drug use which has seen 42 deaths provisionally linked to the use of two dangerous synthetic drugs from June 2017 to June 2018. I will be bringing a paper to Cabinet shortly that proposes a health-based prevention response to synthetic drug-related harm. It proposes:
 - 46.1. significant funding for a local community-led ‘surge’ response with a public health and prevention focus, linked with suitable addiction treatment, that sets up an enduring framework for emerging substances in the longer-term
 - 46.2. to ensure that enforcement powers and penalties are focused on those who import, manufacture and supply dangerous synthetic drugs, and not the people who use the drugs themselves.
47. Considering this issue has highlighted wider issues with the Misuse of Drugs Act 1975 and Psychoactive Substances Act 2013. I have asked officials to provide me with advice on options for drug law reform and will report back to Cabinet in 2019.

Establishment of a Mental Health and Wellbeing Commission

48. Given the commitment from the Labour-New Zealand First Coalition Agreement to re-establish a Mental Health Commission, the Inquiry was asked to provide advice on the roles and responsibility of a re-established Commission.
49. The Inquiry has recommended that a Mental Health and Wellbeing Commission be established as a matter of urgency to provide the required enhanced leadership and oversight of the mental health and addiction system. The Report outlines a proposed overarching purpose, core functions, and powers of a potential Commission.
50. In light of the Inquiry’s recommendation about the Commission, and to recognise work underway to strengthen leadership of the system, I consider that further work is required to determine potential scope, functions and operations of a potential Commission.
51. I am proposing that we bring back a proposal to establish a Commission to Cabinet by June 2019. It can provide a crucial mechanism to enhance the leadership on mental health, addiction and wellbeing issues and provide monitoring and oversight of the system.

52. The Minister of State Services and I will report back to Cabinet by June 2019 on the functions, form and financial implications for establishing a Mental Health Commission.
53. This report back will enable us to ensure previous learnings are considered. It will also enable us to provide consistency across the machinery advice in the wellbeing and social sector and to be certain that the machinery advice fits with other system level changes and proposals. We need to carefully examine the level of independence. In particular, we will consider the nature of the proposed functions and the impact of those being at arms' length from Ministers and their policy decisions.

Seeking funding for potential Commission in Budget 2019

54. I intend to seek funding for the ongoing operational costs of the potential Commission through Budget 2019 to ensure that we are able to act on advice received by June 2019.

Repeal and Replace the Mental Health (Compulsory Assessment and Treatment) Act 1992

55. The Inquiry heard many concerns about mental health law, in particular the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act), and its impact on people, whānau and clinicians. The Report describes widespread sector criticism of laws that allow people to be denied their human rights after being diagnosed with a psychiatric condition.
56. The Inquiry recommends the first step to mental health law reform is to repeal and replace the Mental Health Act. The Inquiry suggests changes are required to:
 - 56.1.** reduce the use of compulsion, seclusion and restraint
 - 56.2.** support government commitment to recovery and people centred services
 - 56.3.** enhance and protect people's rights.
57. New Zealand has faced strong criticism from a range of individuals and domestic and international organisations about its mental health laws being non-compliant with key international obligations and human rights. I agree that our Mental Health Act needs reform: our current Act is incompatible with a modern, world class approach to mental health and addiction.
58. I am committed to addressing these criticisms and therefore will direct the Ministry of Health to develop options for Mental Health law reform including repealing and replacing the Mental Health Act.
59. Further work is needed to determine the scope, timeframes, implications and resourcing required for this. The report back by June 2019 will include further information on these matters and a proposed response.

More detailed response to the Inquiry

60. I will report back with a further response paper in March 2019 which will propose Government's response to each of the 40 recommendations.
61. To enable me to bring back a strong and considered response I will direct the Ministry of Health to work with other agencies to:
 - 61.1. evaluate each of the recommendations – including system and workforce impacts, potential costs, and implementation considerations
 - 61.2. work with people with lived experience, Māori, sector and cross-agency partners to evaluate the recommendations and how to respond. This will ensure that we are taking a whole of system perspective and to report on implications for other sectors
 - 61.3. develop a plan for how to respond to each of the Inquiry's recommendations
 - 61.4. determine the most appropriate way for me to monitor progress on the planned response so that Cabinet is regularly updated.

Planning for longer-term transformation

62. A further Cabinet paper or papers will be needed from mid-2019 onwards, to outline an implementation plan for the transformation of our approach to mental health and addiction for the next 5-10 years.
63. There are also opportunities for longer-term work to overlap with and contribute to other government priorities and work programmes such as child wellbeing, addressing family violence, reforms to the Criminal Justice sector, welfare reforms, Waitangi Tribunal Kaupapa Inquiry into Health Services and Outcomes, the Health and Disability System Review, housing reforms and reviews within the Education sector.

Considerations

Health and Disability System Review

64. The Inquiry gave extensive consideration as to whether to recommend changes in how mental health, addiction and other social services are commissioned and by whom. This covered the complexity of commissioning with 20 district health boards, the Ministry of Health and broader government agencies commissioning health and social services.
65. Concerns were also raised about commissioning arrangements for non-government organisations and for Māori and Pacific peoples. There is an expectation that these matters will be addressed by the Health and Disability System Review.
66. Further changes to mental health and addiction services may therefore be recommended through the Health and Disability System Review (interim Report expected August 2019, and final Report in March 2020). If required, these

changes will be considered as part of the longer-term work on transforming our approach to mental health and addiction.

Public and sector expectations

67. As outlined in this paper the proposed approach to responding to the Inquiry seeks to balance responsiveness to the Inquiry and the need to fully consider the Inquiry's findings and recommendations. It also seeks to involve people with lived experience, Māori, sector partners and relevant agencies in the response. There remain high expectations about the Inquiry's findings and recommendations which is why the first step is to publicly release the Report.

Consultation

68. The Ministry of Health has prepared this paper in consultation with the Ministries of Education, Justice, and Social Development; Departments of Corrections and Internal Affairs; and New Zealand Police, Oranga Tamariki, State Services Commission, The Department of Prime Minister and Cabinet (Policy Advisory Group), and the Treasury.

Financial implications

69. The Government's initial and longer term responses to the Inquiry will have financial implications. New funding will be sought and considered through the Budget 2019 process and future Budget processes.

Legislative implications

70. This paper does not have any legislative implications, however the Government's initial and longer term responses to the Inquiry will have legislative implications, in particular the repeal and replacement of the Mental Health Act and any proposed changes to drug legislation.

Impact analysis

71. An impact analysis is required for particular legislative changes proposed and will accompany future papers on these items.

Human Rights

72. 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 the United Nations Convention on the Rights of Persons with Disability.

Gender Implications

73. There are gender differences in mental health and addiction outcomes and experience of mental health and addiction issues. Contributors of this include differential experience of shame and stigma, physical and sexual abuse and relationship issues.
74. The proposed transformed approach to mental health and addiction will have a strong focus on increasing equity, including increasing gender equity.

Disability Perspective

75. The proposed approach, in particular the repeal and replacement of the Mental Health Act, will improve consistency with the New Zealand Disability Strategy 2016, and international obligations such as the United Nations Convention on the Rights of Persons with Disabilities.

Publicity

76. I released the Report of the Government Inquiry into Mental Health and Addictions on 4 December 2018. I will work with the Prime Minister's Office on the details of the Government's response to the Report.

Proactive Release

77. This paper will be proactively released once the Inquiry's Report and the Government's response has been made public, subject to redactions as appropriate under the Official Information Act 1982, such as to withhold information related to Budget 2019.

Recommendations

It is recommended that Cabinet:

Proposed approach for responding to the Inquiry

1. **note** that the Minister of Health received the final Report of the Government Inquiry into Mental Health and Addiction on 28 November 2018
2. **note** the contribution of everyone who provided input to the Inquiry and its Report
3. **note** that the Minister of Health publicly released the Report of the Government Inquiry into Mental Health and Addiction on 4 December 2018
4. **note** that when the terms of reference for the Inquiry were drafted, it was anticipated that its findings would inform service and community response over at least the next decade.
5. **note** that a phased Government response to the Inquiry is proposed, comprising:
 - 5.1. an initial response to the Inquiry's Report with urgent progress in five action areas (outlined in paragraph 30 of this paper)
 - 5.2. a more detailed response to each of the 40 recommendations (to be provided in March 2019)
 - 5.3. a 5-10 year plan to transform the approach to mental health and addiction building on the direction outlined by the Inquiry **s 9(2)(f)(iv)**

6. **direct** the Ministry of Health and other agencies to work together to develop the phased response by:
 - 6.1. evaluating each of the Inquiry's recommendations, including system and workforce impacts, potential costs, and implementation readiness
 - 6.2. developing a plan for how to respond to each of the Inquiry's recommendations
 - 6.3. working with people with lived experience, Māori, and sector partners to evaluate the recommendations
 - 6.4. determining the most appropriate way for me to monitor progress on the planned response so that I can keep Cabinet updated
7. **invite** the Minister of Health to report back with a more detailed response to the Inquiry and next steps in March 2019

Budget 2019 proposals for Mental Health and Addiction

8. **note** that mental health is one of the core priorities for the first Wellbeing Budget (Budget 2019)
9. **note** that to enable cross-agency collaboration in response to the recommendations of the Inquiry the deadline for submitting mental health initiatives to Treasury has been extended to Friday 18 January 2019, with an expectation that placeholder initiatives are submitted on 14 December 2018
10. **note** that the Minister of Health intends to submit Budget 2019 proposals for a mental health and wellbeing package which will help respond to the Inquiry's recommendations and be aligned with a transformed approach to mental health and addiction. This will include proposals to address current pressures for mental health and addiction services

Suicide Prevention

11. **note** that the Inquiry recommended the urgent completion of a suicide prevention strategy and implementation plan
12. **direct** Ministry of Health officials to work with other agencies to urgently complete a suicide prevention strategy and implementation plan
13. **invite** the Minister of Health to bring a draft suicide prevention strategy and implementation plan to Cabinet by June 2019

Drug law reform

14. **note** that the Inquiry recommends reforming drug policy and laws with a focus on minimising harm and promoting health
15. **note** that the need for more drug treatment services is well signalled in the Inquiry Report

16. **note** that the Government proposes action on synthetic drugs as a first step in exploring wider drug reform. The Minister of Health will bring a paper in December 2018 on this matter
17. **invite** the Minister of Health to return to Cabinet in 2019 with options on drug law reform including modernisation of the Misuse of Drugs Act 1975

Further work to establish a Mental Health Commission

18. **note** that the Inquiry recommended change to strengthen leadership and oversight of the mental health and addiction system
19. **note** that the Minister of Health will work with Social and Justice Sector Ministers and Associate Ministers of Health on how to strengthen leadership and ensure all relevant sectors are engaged in preventing and responding to mental health and addiction challenges
20. **note** that the Inquiry recommended the urgent establishment of an independent Mental Health and Wellbeing Commission, with a proposed set of functions and powers, to provide leadership and oversight of mental health and addiction in New Zealand
21. **invite** the Minister of Health and Minister of State Services to report back to Cabinet by June 2019 on the form, functions and establishment process for a Mental Health Commission
22. **note** that operational funding for a potential Mental Health Commission will be sought in Budget 2019

Legislative reform of the Mental Health Act (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act)

23. **note** that the Inquiry heard many concerns about the Mental Health Act and the negative impact on people in terms of compulsion, seclusion and restraint
24. **note** that New Zealand has faced strong criticism about the Mental Health Act, particularly related to non-compliance with international obligations
25. **direct** Ministry of Health officials to provide options on the scope, timeframes and resourcing required to reform the Mental Health Act by June 2019.

Authorised for lodgement

Hon David Clark

Minister of Health

Appendix One: High level summary of Report of the Government Inquiry into Mental Health and Addiction, He Ara Oranga

- The cost of poor mental wellbeing and addiction is high for New Zealand as a whole – there is a high cost for individuals, families and whānau, businesses and organisations, communities and government.
- The Government Inquiry into Mental Health and Addiction was established in February 2018. The Terms of Reference were broad, the purpose being to: hear the voices of the people; report on how New Zealand is preventing mental health and addiction problems and responding to the needs of people with those problems, and; recommending specific changes to improve New Zealand’s approach to mental health and addictions with a focus on equity of access, confidence in the system, and better outcomes particularly for Māori and those with disproportionately poorer outcomes.
- The Inquiry involved extensive public consultation with over 2,000 people attending public meetings, over 5,200 submissions and six petitions with 339,217 signatures.
- The Inquiry heard from people that the health and addiction system is not fit for purpose; services are difficult to access and do not meet the needs of Māori or Pacific peoples; services are under pressure; there is a common perception about a lack of clear leadership and national direction. The Inquiry also heard that there are instances of innovation and inspiring services.
- Much of what the Inquiry heard has been said before and described in previous inquiries and reports. In the same way the future direction (a greater focus on prevention and early intervention, expanded access to services, more options in the community, and cross-government action) has been articulated before. While there has been agreement on both the issues and future vision the system has not changed substantially.
- The Report outlines a vision of mental health and wellbeing for all – where a good level of mental wellbeing is attainable for everyone, outcomes are equitable across the population, and those who experience mental health and addiction problems have the support they need to regain their wellbeing.
- The Report places people first, recognising the needs of people and communities. The Report recognises that New Zealand has a strong foundation from which to build from, and has outlined key areas for transformation. The recommendations are based on two principles:
 - Commitment to equity and the Treaty of Waitangi
 - Putting people with lived experience and consumers at the centre of the system.
- Within the Report, fulfilling the vision of mental health and wellbeing for all means:
 - Prioritising the wellbeing of children and young people
 - Understanding that mental wellbeing is more than just the absence of mental distress or harmful substance use

- Accepting that ideas about wellbeing will vary across population groups and individuals
- Building an understanding of mental wellbeing that is connected to wider wellbeing and embedding this understanding into all the things people do – in the mental health and addiction system, wider health and social system and all levels of society
- Recognising the specific aspirations of Māori (Whakawātea te Ara – Māori health and wellbeing) and Pacific peoples (Vai Niu – Pacific Health and Wellbeing) in the system.
- The Inquiry made 40 recommendations covering a wide spectrum of matters. The recommendations are contained in the following 9 areas:
 - Increasing access and choice to mental health and addiction services
 - Transforming primary health care
 - Increased support for the non-governmental organisation sector
 - Greater focus on wellbeing, promotion and prevention across government
 - Placing people at the centre of services
 - Action on alcohol and other drugs by taking a health-focused approach
 - Increasing focus on preventing suicide
 - Reforming the Mental Health Act
 - Establishing a new Mental Health and Wellbeing Commission.

PROACTIVELY RELEASED