

Security classification: In-Confidence

Health Report: Draft Cabinet paper: Response to the Inquiry into Mental Health and Addiction

Date:	14 February 2019	Report No:	20190249
		File Number:	AD62-14-2019

Action Sought

	Action Sought by Minister's Office	Deadline
Minister Clark	Agree	Friday 15 February
Minister Genter	N/A	
Minister Salesa	N/A	

Contact for Telephone Discussion (if required)

Name	Position	Telephone	Contact Order
Robyn Shearer	Deputy Director-General, Mental Health and Addiction	s 9(2)(a)	1st Contact
Anna Hunn	General Manager, Mental Health and Addiction, Policy	s 9(2)(a)	2nd Contact

Actions for the Minister's Office Staff

Return the signed report to the Ministry of Health

Due date: by Monday 18 February, to enable a report back to Cabinet on the proposed Government response to the Inquiry into Mental Health and Addiction in March 2019 as invited to do so by Cabinet in December 2018 [CAB-18-MIN-0621 refers].

Note any feedback on the quality of the report

Ministry of Health
14 FEB 2019
DISPATCHED

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Action required by: 15 February 2019

Draft Cabinet paper: Response to the Inquiry into Mental Health and Addiction

To: Hon Dr David Clark, Minister of Health

Purpose

This paper provides you with a draft Cabinet paper which seeks agreement to the proposed Government response to the Inquiry into Mental Health and Addiction.

Key points

- In December 2018 you brought an initial response to the Government Inquiry into Mental Health and Addiction (the Inquiry) to Cabinet [CAB-18-MIN-0621 refers]. As part of the initial response, you committed to report back to Cabinet in March 2019 with a plan to respond to the 40 recommendations in *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*.
- Officials provided you with a draft 'strawperson' response to the Inquiry on 25 January 2019 [HR 20190114 refers]. Since then, officials have undertaken cross-agency consultation on a draft Cabinet paper.
- The attached draft Cabinet paper reflects the outcomes of agency consultation and outlines the proposed Government response to each of the 40 recommendations made by the Inquiry, for your consideration by Friday 15 February 2019.
- This timeframe will allow officials to make any required revisions on Monday 18 February 2019, following which ministerial and cross-party consultation can begin. This will enable the lodging of a final Cabinet paper on Thursday 7 March 2019, for consideration by the Cabinet Social Wellbeing Committee on Wednesday 13 March 2019.

Recommendations

The Ministry recommends that you:

- | | |
|--|-----------------|
| a) provide the Ministry of Health with any feedback on the attached draft Cabinet paper and proposed Government response to the Inquiry by Monday 18 February 2019 | Yes / No |
|--|-----------------|



Robyn Shearer
Deputy Director-General
Mental Health and Addiction

Minister's signature:

Date:

Contacts:	Robyn Shearer, Deputy Director-General, Mental Health and Addiction	s 9(2)(a)
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Budget Sensitive

Office of the Minister of Health

Chair, Cabinet Social Wellbeing Committee

RESPONSE TO THE INQUIRY INTO MENTAL HEALTH AND ADDICTION

Proposal

1. This paper seeks agreement to the proposed Government response to the Inquiry into Mental Health and Addiction.

Executive Summary

2. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* gives us a clear vision of mental health and wellbeing for all, and charts a clear direction for what is needed to give effect to this bold vision – an approach with shared responsibility across the whole of government and society that acknowledges wider wellbeing and addresses underlying determinants; is grounded in Te Tiriti o Waitangi and a commitment to equity; puts people first; and supports all New Zealanders, while prioritising the needs of children and young people.
3. There are high expectations for the Government's response to the Inquiry, which are elevated by the fact that mental wellbeing is a priority for this 2019 Wellbeing Budget. We must deliver on these expectations.
4. The 40 recommendations in *He Ara Oranga* provide a strong basis from which to begin to transform our approach. I propose that the Government accepts, accepts in principle, or agrees to further consideration of all of the recommendations in *He Ara Oranga*, as outlined in **Appendix One**.
5. Transforming our approach to mental health and addiction is no small task and will take some time. Our response to the Inquiry must be phased to balance the need for timely action with longer-term transformation. The recommendations in *He Ara Oranga* will need to be prioritised and sequenced into a feasible implementation plan, taking into account constraints including the need to grow and develop our workforces.
6. I will bring an early whole-of-government action plan to Cabinet in June 2019. This will outline our plan for the coming financial year, setting out the actions arising from the related report-backs and the implementation of mental wellbeing initiatives funded through Budget 2019.
7. The early action plan will be followed by a 5–10 year strategic transformation plan and implementation pathway in November 2019. This will confirm the Government's response to recommendations requiring further consideration at this stage; further prioritise and phase accepted recommendations and changes to system settings;

s 9(2)(f)(iv)

8. This plan will be developed by officials from a range of government agencies and other stakeholders, including Māori and people with lived experience, to develop a coordinated, cross-sector transformation plan.
9. Realising the vision set out in *He Ara Oranga* will require bold funding commitments. Budget 2019 is the first opportunity to reassure our sector partners and communities that we will support them through the transformation of our approach, and to demonstrate our long-term commitment to supporting mental wellbeing.
10. I am confident our cross-sector Budget 2019 mental wellbeing package will move us towards the vision outlined in *He Ara Oranga*, accelerating transformation while relieving significant system pressures.
11. [note: the executive summary will be updated to reflect the Minister of Health's preferences for seeking pre-commitment of funding once confirmed]

Background

12. The Government Inquiry into Mental Health and Addiction (the Inquiry) was established in January 2018 to inform the transformation of our approach to mental health and addiction. The Inquiry Panel presented *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* to the Government on 28 November 2018.
13. I brought an initial response to the Inquiry to Cabinet in December 2018 [CAB-18-MIN-0621 refers]. This noted the public release of *He Ara Oranga* on 4 December 2018 in acknowledgement of the high level of public interest in the report and the Government's response to its recommendations. It has also been publicly announced that mental wellbeing is one of the Government's five priority areas for the 2019 Wellbeing Budget.
14. As part of the initial response, I committed to report back to Cabinet in March 2019 with a plan to respond to the 40 recommendations in *He Ara Oranga*. This paper outlines the vision for a transformed approach to mental health and addiction, inspired by the direction set in *He Ara Oranga*, and how we will give effect to this vision through responding to the recommendations and long-term transformation planning.

Future direction: Mental health and wellbeing for all

Agreeing our long-term vision and shared direction

15. Our response to the Inquiry presents a unique and exciting opportunity for positive change, with the potential for New Zealand to be an international leader in its commitment to supporting mental wellbeing.

16. He Ara Oranga charts a new direction for mental health and addiction in New Zealand, one that puts people at the centre of our approach: *We aspire to a flourishing New Zealand, where a good level of mental wellbeing is attainable for everyone, outcomes are equitable across the whole of our society, and people who experience mental distress have the resilience, tools and support they need to regain their wellbeing.*
17. The vision set by *He Ara Oranga* challenges us to fundamentally change the way we understand and respond to mental health and addiction issues. It calls for a new approach that acknowledges wider wellbeing; is grounded in Te Tiriti o Waitangi and a commitment to equity; puts people first and prioritises the needs of children and young people; and supports all New Zealanders, not just those with the most severe needs.
18. Delivering on this vision requires a proactive cross-agency approach and a shared responsibility across government and society to address the underlying determinants of mental wellbeing that impact on multiple outcomes and lead to inequities. This requires a transformed approach across the wider social, education and justice sectors, as well as the health and disability system, to support education and meaningful employment, adequate income and a reduction in child poverty, affordable and safe housing, social inclusion and connectedness, freedom from violence, and reliable social support.
19. A transformed, whole-of-government approach to mental health and addiction must be responsive to people from different cultural backgrounds, life experiences and perspectives, including Māori, Pacific peoples, children and young people, rural communities, Rainbow communities, migrants and refugees, disabled people, veterans, and people interacting the criminal justice system.
20. A transformed approach must deliver for Māori. We know that Māori experience a higher burden of mental health and addiction harm, and that existing approaches do not work for many Māori. New policies, system settings and responses must address current inequities, including through expansion of kaupapa Māori and whanau-centred approaches. This is integral to the planning for a transformed approach and has been incorporated into the current work underway.
21. The Government cannot do this alone. We must partner with Māori at all levels and stages in responding to the Inquiry to improve outcomes for Māori, to uphold the principles of Te Tiriti o Waitangi, and to honour the role of Māori as a Treaty partner.
22. I propose that Government accepts the direction and the spirit of change set by *He Ara Oranga*. This vision should underpin to the transformation of our approach.

Building on the momentum of current activities

23. Work to transform our approach is already underway. The Government has pushed ahead with a number of mental health and addiction initiatives while the Inquiry conducted its work, including:
 - 23.1. establishing the Mana Ake programme and extending School Based Health Services, provide health support in school settings

- 23.2. funding the construction of new alcohol and drug detoxification beds in Auckland
 - 23.3. launching the Integrated Therapies pilot to provide better access to evidence-based interventions for 18-25 year olds experiencing mild to moderate mental distress
 - 23.4. building a fit-for-purpose 100-bed mental health facility at Waikeria Prison to provide enhanced support to people in prison
 - 23.5. setting aside funding for an Acute Drug Harm Response Discretionary Fund, a Drug Early Warning System, development and delivery of 'Addiction 101' training in communities experiencing harm from synthetic drugs, and other Ministry of Health drug and alcohol initiatives.
24. We can build on this momentum in our response to the Inquiry. Alongside the 40 recommendations in *He Ara Oranga*, it provides a strong basis from which to start to transform our approach to mental health, addiction and wellbeing.

Government response to the recommendations in *He Ara Oranga*

25. I propose that the Government accepts, accepts in principle, or agrees to further consideration of all of the recommendations in *He Ara Oranga*. I have not suggested non-acceptance of any recommendations. The proposed Government response for each recommendation, and rationale for that response, are outlined in the table attached as **Appendix One**.
26. I suggest the Government accepts or accepts in principle the recommendations in *He Ara Oranga* relating to expanding access and choice of mental health and addiction responses, as well as the proposed focus on transforming primary responses and enhancing wellbeing, promotion and prevention. This must be done with people at the centre and be supported by strong stewardship, leadership and oversight arrangements.
27. Further consideration is needed in the context of related recommendations and longer-term transformation planning before the Government can fully accept some recommendations. For example:
- 27.1. We need to look across the recommendations related to machinery of government to design the optimum accountability, oversight and leadership arrangements for a transformed approach.
 - 27.2. Further consideration is needed of the range of mechanisms available to measure and incentivise improved access and outcomes, including suicide reduction, and to drive change. Longer-term planning will consider a mix of targets and measures to track progress transforming our approach.
 - 27.3. The Government fully agrees with the intent behind the recommendations to reduce harm from alcohol and other drugs, and has begun to take steps to achieve this. Further consideration is needed in the context of ongoing work, including options for modernising the Misuse of Drugs Act 1975.

Mental health and work: New Zealand / Aotearoa

28. 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 Cooperation and Development (OECD) evaluating New Zealand's approach to policy challenges relating to mental health and work. This report forms part of a series of reviews of OECD countries on this topic.
29. The OECD's report, *Mental health and work: Aotearoa / New Zealand*, was released publicly on 13 December 2018. The report includes a comprehensive assessment of New Zealand's health, social protection and employment systems, and identifies a number of policy challenges and recommendations. The OECD's findings are broadly aligned with the direction set in *He Ara Oranga* and can inform future work to support people with mental health and addiction needs to access and sustain meaningful employment.
30. We must consider the Inquiry's findings and recommendations through a number of lenses, including from the perspective of impacts on economic development and labour market productivity. For this reason, I propose to integrate the OECD's recommendations into the Inquiry response process, to facilitate a coordinated and balanced response in this policy area.
31. A summary of the OECD's report and the proposed Government responses to the report's recommendations are attached as **Appendix Two**.

Areas prioritised for immediate action

32. As part of the initial response presented to Cabinet in December, and to ensure that we move at pace to transform our approach, I proposed prioritising action in five areas [CAB-18-MIN-0621 refers]:
 - 32.1. addressing system pressures and showing commitment to a transformed approach through Budget 2019 intentions
 - 32.2. completing the suicide prevention strategy and implementation plan
 - 32.3. scoping options to respond to the Inquiry's recommendations on drug law reform
 - 32.4. further work on the roles and responsibilities of a proposed Mental Health and Wellbeing Commission
 - 32.5. scoping options for reform of the Mental Health (Compulsory Assessment and Treatment) Act 1992.
33. Work on these areas is progressing at pace, with report backs to Cabinet scheduled on suicide prevention, the reform of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the establishment of a potential Mental Health and Wellbeing Commission, scheduled by June 2019. I will report back on options for drug law reform before the end of 2019.
34. **Appendix Three** provides an update on progress and next steps in these areas.

Budget 2019 investment to support Government's response

35. The fifth area identified for urgent action was aligning Budget 2019 intentions with *He Ara Oranga* prior to submission of mental wellbeing Budget proposals to the Treasury on 18 January 2019.
36. Realising our aspirations of mental wellbeing for all will require bold investment decisions. Budget 2019 presents an opportunity to build momentum for the broader Inquiry response and to demonstrate this Government's long-term commitment to improving New Zealand's approach to mental health and wellbeing.
37. Since the release of *He Ara Oranga*, I am pleased that officials from across health, social, justice and education agencies have worked together to better understand and coordinate investment in mental wellbeing proposed across Votes.
38. The cross-agency package submitted aligns to the recommendations in *He Ara Oranga*, initially focusing on the theme of expanding access and choice of mental health and addiction support for New Zealanders. Funding sought through Budget 2019 will also support the areas prioritised for immediate action in our response to the Inquiry.
39. The package reflects a proportionate universalism approach, with a mix of universal responses for all New Zealanders supplemented with additional, targeted support for population groups including Māori, young people, the homeless and people in prison who have specific mental health and addiction needs. Alongside this, a number of initiatives proposed under other Budget 2019 priorities, including child wellbeing, will contribute to improved mental wellbeing.
40. I am confident the cross-sector package will accelerate transformation, while also relieving significant pressures being borne across sectors. 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.
41. [note: this section will be updated to reflect the Minister of Health's preferences for seeking pre-commitment of funding once confirmed]

Longer-term transformation planning

42. The response to the 40 recommendations in *He Ara Oranga*, as well as funding secured through Budget 2019, will form part of a broader transformation plan. Delivering on our long-term vision and addressing the challenges laid out before us will require:
 - 42.1. fundamental changes to system settings across sectors including: legislation, regulation, policies and practice; accountability and governance arrangements; commissioning and funding levers; service delivery and settings; information collection and sharing, including engagement; and workforce development and expansion

- 42.2. 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
- 42.3. multiple years of investment in enablers for transformation; resource for new system builds; and funding to relieve current pressures to create the capacity for change.
43. Reshaping our approach to mental health and addiction will take some time; however, there is a call for timely action in *He Ara Oranga* and moreover in the voices of New Zealanders who shared their stories with the Inquiry panel. There are actions that we can take now to build the foundations for transformation and to continue to shift our approach to one grounded in wellbeing.
44. While some things can be addressed in relatively short order, many of the issues we are facing, such as significant workforce constraints, will take many years to fully address even as we move on them now. Early action must be aligned with a long-term, strategic plan to transform New Zealand's approach to mental health and addiction, building on the direction set in *He Ara Oranga* and outlining clear actions and timeframes for change.
45. The types of changes above, as well as the recommendations in *He Ara Oranga*, will need to be prioritised and sequenced for feasible implementation. This must take into account dependencies between recommendations and barriers to change; implementation constraints, including workforce capacity and capability and fiscal constraints; and the system's and communities' capacity for change.
46. To support prioritisation and phasing and to balance timely action with longer-term strategic planning:
- 46.1. I will report back to the Cabinet Social Wellbeing Committee in June 2019 with an early action plan, alongside the report-backs with further advice on the reform of the Mental Health Act, a draft suicide prevention strategy and implementation plan, and the establishment of a Mental Health Commission [CAB-18-MIN-0621 refers]. This plan will set out actions arising from the related report-backs and the implementation of mental wellbeing initiatives funded through Budget 2019, with a focus on activity in the first year.
- 46.2. I will report back to the Cabinet Social Wellbeing Committee in November 2019 with a 5–10 year strategic transformation plan and implementation pathway, building on the early action plan s 9(2)(f)(iv) [REDACTED]. This plan will reflect the Government's confirmed response to recommendations requiring further consideration at this stage; focus on further prioritisation and implementation phasing of the accepted recommendations and other proposed actions, sequenced over the long term and supported by workforce planning; and include a framework to monitor and report on progress of transformation.

47. Longer-term planning will also consider overlaps with and opportunities to contribute to other Government priorities and work programmes, to maximise the impacts of each. For example, child wellbeing is a key focus of this Government, so longer-term transformation planning will specifically consider the needs of children and young people. This will include the particular needs of those in the care and custody of the Chief Executive of Oranga Tamariki.
48. Other related priorities and work programmes that will be considered include addressing family violence, reforms to the Criminal Justice sector, the overhaul of the welfare system, 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.
49. The transformation called for by *He Ara Oranga* requires a whole-of-government and whole-of-society commitment. The Social Wellbeing Board has been established to ensure a collective approach across the State sector to improve the social wellbeing of current and future New Zealanders. The Social Wellbeing Board will provide advice on the collective approach to mental wellbeing and will ensure the coordination of cross-agency input to the longer-term transformation planning.

Wide engagement to ensure an effective response

50. The health sector cannot do this alone, nor can the Government. For this transformation to be successful, it is crucial that strong Māori and lived experience perspectives are reflected in each stage of our response and decision-making.
51. Ministry of Health officials are engaging with Māori and people with lived experience. Engagement to date has focused on designing an engagement approach for ongoing involvement that works best for these groups, and seeking their initial views on how Government should approach its response to the Inquiry.
52. This engagement will continue throughout the development and implementation of our longer-term transformation plan. Similarly, I expect my officials to work alongside the health sector and other government agencies to develop a coordinated, whole-of-government response.

Monitoring progress of responding to *He Ara Oranga*

53. I intend to provide the Cabinet Social Wellbeing Committee with regular updates on progress. This paper provides the first update on the proposed response to the Inquiry and approach for longer-term transformation planning.
54. I have directed Ministry of Health officials, in conjunction with other agencies, Māori, people with lived experience and other sector stakeholders, to develop a monitoring and reporting framework as part of longer-term transformation planning. I expect this framework to take an equity approach, meaning stronger monitoring for some aspects of implementation, and to balance tracking implementation progress with outcomes measurement.

55. As signalled above, I will report back to the Cabinet Social Wellbeing Committee in June 2019 and November 2019. From then, I propose at least six-monthly reporting to the Cabinet Social Wellbeing Committee, as part of ensuring tangible progress is being made and to help ensure a coordinated approach.

Consultation

56. 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 Departments of Corrections and Internal Affairs; and the New Zealand Police, Oranga Tamariki – Ministry for Children, Te Puni Kōkiri, the Office for Disability Issues, WorkSafe New Zealand, 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.
57. In addition, Ministry of Health officials have engaged with Māori stakeholders, people with lived experience, and Crown entities and agents including the Health Promotion Agency, Housing New Zealand Corporation, the Health and Disability Commissioner, the Health Quality and Safety Commission, the office of the Children’s Commissioner, representatives of district health boards, and other sector stakeholders in the development of the proposed responses to the recommendations in *He Ara Oranga*.
58. The Treasury does not support pre-commitment of funding for mental wellbeing initiatives ahead of Ministerial decisions on the overall Budget package. The Treasury maintains the mental wellbeing initiatives should be subject to the normal Budget assessment and decision-making process to enable consideration investment alongside other priorities and proposals across Government.

Financial Implications

59. Implementing the Government’s response to the Inquiry will have financial implications. New funding will be sought and considered through the Budget 2019 process § 9(2)(f)(iv)

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 and any proposed amendments to drug legislation.

Impact Analysis

61. An impact analysis will be 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 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. Contributors of this include differential experience of shame and stigma, physical and sexual abuse, and relationship issues.
64. The proposed transformed approach to mental health and addiction will have a strong focus on supporting equitable outcomes, including in relation to gender equity. New policies, system settings and responses 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. A transformed approach will also support the mental health and wellbeing of Rainbow New Zealanders through tailored support, and will promote acceptance of diversity.

Disability Perspective

65. The proposed Government response to the Inquiry and transformed approach, 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 the deaf community and other members of the disabled community, including better integration with disability support.

Publicity

67. There remain 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 appendices detailing agreed responses to the recommendations, as soon as possible following Cabinet's consideration. Release will be subject to redactions as appropriate under the Official Information Act 1982.

Proactive Release

68. This paper will be proactively released in whole, 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 consideration, 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, where a good level of mental wellbeing is attainable for everyone, outcomes are equitable across the whole of our society, and people who experience mental distress have the resilience, tools and support they need to regain their wellbeing
2. **note** that there are significant opportunities to improve outcomes for Māori and other disadvantaged populations through a transformed approach to mental health and addiction
3. **agree** to the vision set out in *He Ara Oranga* as the basis for transforming New Zealand's approach to mental health and addiction
4. **approve** the proposed Government response to *He Ara Oranga* which accepts, accepts in principle or agrees to further consideration of all 40 recommendations (as set out in **Appendix One**)
5. **note** that the OECD publicly released 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
6. **approve** the proposed response to *Mental Health and Work: Aotearoa / New Zealand*, which does not accept two of the 20 recommendations (as set out in **Appendix Two**)
7. **note** that minor editorial amendments may be made to **Appendix One** and **Appendix Two** prior to the public release of the Government's response
8. **note** the opportunity Budget 2019 presents to demonstrate this Government's long-term commitment to improving wellbeing and to build momentum for the broader Inquiry response
9. **note** that the cross-agency package submitted aligns to the recommendations in *He Ara Oranga* and supports the areas prioritised for immediate action in the initial response to the Inquiry
10. **agree in principle** to fund a Budget 2019 mental wellbeing package to accelerate transformation and relieve significant system pressures
11. **note** the need to align timely action to build the foundations for transformation with a long-term, strategic plan to transform New Zealand's approach to mental health and addiction

12. **note** that Cabinet will receive further information by June 2019 on the following areas prioritised in the initial response to the Inquiry [CAB-18-MIN-062 refers]:
 - 12.1. Suicide prevention
 - 12.2. Mental Health and Wellbeing Commission
 - 12.3. Mental Health (Compulsory Assessment and Treatment) Act 1992
13. **invite** the Minister of Health to report back to Cabinet in June 2019 with an early action plan that sets out the implementation of Budget 2019 mental wellbeing initiatives and the actions in the accompanying June 2019 report-backs noted above
14. **invite** the Minister of Health of report back to Cabinet in November 2019 with a 5-10 year strategic transformation plan and implementation pathway, building on the early action plan s 9(2)(f)(iv)
15. **note** that the development of the early action plan and transformation plan will be undertaken in partnership with Māori, people with lived experience and other stakeholders
16. **direct** the Ministry of Health and other agencies to work together to develop a plan for transforming our approach to mental health and addiction
17. **note** the Social Wellbeing Board will oversee the cross-agency coordination of the Government's response to the Inquiry and the collective approach to longer-term transformation planning

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 both the intent of these recommendations and the mechanisms recommended to deliver on the intent. Many of these recommendations are beginning to be addressed by work currently underway across Government and the wider health and social sectors.
- **Accept in principle:** In some cases, the intent of the recommendation is aligned with our future vision, but we need to consider a range of mechanisms, in addition to those suggested, to deliver on the intent. Longer-term transformation planning will consider how best to address the principles underpinning these recommendations.
- **Further consideration needed:** Further consideration of the implications of some recommendations may be required in the context of related recommendations and longer-term transformation planning, before the Government is in a position to fully accept some recommendations.
- **Do not accept:** The Government disagrees with the problem underpinning the recommendation, as well as the action proposed.

#	Theme / recommendation	Response	Comments	Agencies involved
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	<ul style="list-style-type: none"> • The Government acknowledges that there are missing components in the continuum of care, barriers to access, and significant levels of unmet need, particularly for the 'missing middle' of people with mental health and addiction needs who do not meet the threshold for secondary services identified by the Inquiry. 	<ul style="list-style-type: none"> • Health • Justice • Primary Industries
2	Set a new target for access to mental health and addiction services that covers the full spectrum of need.	Accept in principle	<ul style="list-style-type: none"> • Measuring the increase in access sought through these recommendations will be crucial to tracking our progress with transformation; however, there are a range of mechanisms that may support and incentivise increased access along with improved outcomes, including a mix of targets, which will be considered in the longer-term transformation planning. 	
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		

#	Theme / recommendation	Response	Comments	Agencies involved
4	Agree that access to mental health and addiction services should be based on need so: <ul style="list-style-type: none"> access to all services is broad-based and prioritised according to need, as occurs with other core health services 	Accept in principle	<ul style="list-style-type: none"> The Government supports broad access to mental health and addiction services appropriate to people's levels of need, and acknowledges the special duty of care we have for those with the highest need. The system settings, including funding arrangements, needed to give effect to broad-based access prioritised by need will be considered in the longer-term transformation planning, and will be further informed by the Health and Disability System Review. Opportunities to increase both access and choice of mental health and addiction services must be integrated into the design of a whole-of-government approach to mental wellbeing, as pathways to access are likely to come from other sectors. This will take into account the existing service landscape and related work, including Hāpaitia te Oranga Tangata. 	
4	<ul style="list-style-type: none"> people with the highest needs continue to be the priority. 	Accept		
<i>Increase choice of services</i>				
5	Commit to increased choice by broadening the types of mental health and addiction services available.*	Accept	<ul style="list-style-type: none"> The current system and service offerings do not work well for all New Zealanders. Increasing the choice of services that are appropriate across both the needs spectrum and the life course will begin to improve equitable outcomes for Māori, Pacific peoples, and other population groups that continue experience poor outcomes. Increasing both access and options for the 'missing middle' calls for a reorientation towards more promotion, prevention and early intervention. The Government supports expanding access and options of mental health and addiction responses, including but not limited to: <ul style="list-style-type: none"> talk therapies, as these interventions are supported by a strong evidence base and are an appropriate level of response for people with mild to moderate needs, for whom there are currently few options for support alcohol and other drug services, as current services are under significant pressure to meet increasing demand culturally-responsive therapies that take a whanau-centred approach and place Māori and Pacific values at the core, as this will be crucial to improve equity in access and outcomes for these groups. 	<ul style="list-style-type: none"> Health Housing and Urban Development
6	Direct the Ministry of Health to urgently develop a proposal for Budget 2019 to make talk therapies, alcohol and other drug services and cultural aligned therapies much more widely available, informed by workforce modelling, the New Zealand context and approaches in other countries.*	Accept		

#	Theme / recommendation	Response	Comments	Agencies involved
Facilitate co-design and implementation				
7	Direct the Ministry of Health, in partnership with the new Mental Health and Wellbeing Commission (or an interim establishment body) to: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The Government cannot transform our approach to mental health and addiction alone. This must be done jointly across sectors and society, and in partnership with Māori, people with lived experience, other funders, providers, communities, whānau and tāngata whaiora. Co-design is an effective approach for ensuring the voices of stakeholders are incorporated into service transformation. This supports the Government's commitment to a transformed approach that places people firmly in the centre. Priority will be given to including the voices of groups who are not accessing support at the same rate as others or who continue to experience inequitable outcomes (including Māori, Pacific peoples, Rainbow communities, disabled people, and children and young people, among others). 	<ul style="list-style-type: none"> Health State Services Commission Oranga Tamariki Police Housing and Urban Development
7	<ul style="list-style-type: none"> produce a cross-government investment strategy for mental health and addiction services. 	Accept	<ul style="list-style-type: none"> The involvement of a Mental Health and Wellbeing Commission is contingent on decisions around establishment, timing and scope. 	
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	<ul style="list-style-type: none"> 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 across sectors. The Government acknowledges that a successful national co-design process must be supported by sufficient funding, communications and engagement planning, and strong leadership. The phasing and funding required for a national co-design process will be considered as part of longer-term transformation planning. 	
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				
10	Agree that the work to support expanded access and choice will include reviewing and establishing: <ul style="list-style-type: none"> workforce development and worker wellbeing priorities 	Accept	<ul style="list-style-type: none"> Workforce development is critical to enable expanded access and choice of services. Currently, the mental health and addiction workforce is under considerable pressure and will ultimately be both a key enabler and a constraint for transformation. 	<ul style="list-style-type: none"> Health Police Primary Industries
10	<ul style="list-style-type: none"> information, evaluation and monitoring priorities (including monitoring outcomes) 	Accept	<ul style="list-style-type: none"> Monitoring and evaluation of outcomes is essential to ensure transformation is increasing access and choice and improving 	

#	Theme / recommendation	Response	Comments	Agencies involved
10	<ul style="list-style-type: none"> 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	<p>outcomes, and must be supported by fit-for-purpose, real-time information collection and sharing.</p> <ul style="list-style-type: none"> Funding rules and expectations should enable more integrated planning and support more balanced funding across the spectrum of need. The Health and Disability System Review will provide advice to the Government on the current funding arrangements within the system, including for mental health and addiction services. 	
11	Agree to undertake and regularly update a comprehensive mental health and addiction survey.	Accept in principle	<ul style="list-style-type: none"> The Government acknowledges the importance of having accurate, comprehensive, up-to-date data on the prevalence and impact of mental health and addiction, and on the access to and effectiveness of services. This is crucial to inform the optimum mix and balance of responses, and to establish a baseline from which to measure progress. Further consideration is needed about other ways to achieve the intent of this recommendation, in addition to a regular national survey, including opportunities to better share and leverage existing data sets. 	<ul style="list-style-type: none"> Health Social Investment Agency Statistics New Zealand
12	<p>Commit to a staged funding path to give effect to the recommendations to improve access and choice, including:</p> <ul style="list-style-type: none"> expanding access to services for significantly more people with mild to moderate and moderate to severe mental health and addiction needs 	Accept	<ul style="list-style-type: none"> 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 <i>He Ara Oranga</i>. 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 considerations will be included in the longer-term transformation planning. 	<ul style="list-style-type: none"> Health Te Puni Kōkiri
12	<ul style="list-style-type: none"> more options for talk therapies, alcohol and other drug services and culturally aligned services 	Accept		
12	<ul style="list-style-type: none"> designing and implementing improvements to create more people-centred and integrated services, with significantly increased access and choice. 	Accept		

#	Theme / recommendation	Response	Comments	Agencies involved
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.	Note	<ul style="list-style-type: none"> 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 (prioritised by need) will be considered as part of the current Health and Disability System Review. Reorienting the mental health and addiction system cannot wait for primary care transformation to be complete. However, work undertaken now must be flexible enough to accommodate recommendations of the Health and Disability System Review. 	<ul style="list-style-type: none"> Health
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		
Strengthen the NGO sector				
15	Identify a lead agency to: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The Government acknowledges the need to support the development and sustainability of the NGO sector. No one central government agency currently has stewardship responsibility for the NGO sector; however, further consideration is needed as to how we might best deliver on the intent of the recommendation. The recommendations in <i>He Ara Oranga</i> related to changes in machinery of government arrangements will be considered collectively as part of longer-term transformation planning. 	<ul style="list-style-type: none"> Health Social Development Housing and Urban Development Primary Industries
Enhance wellbeing, promotion and prevention				
<i>Take a whole-of-government approach to wellbeing, prevention and social determinants</i>				
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: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The Government acknowledges the importance of addressing social determinants of health and wellbeing and the need for a coordinated, cross-government approach. The State Services Commission will support the Minister of State Services to report back on the options for a locus of responsibility, including an assessment of the functions and form appropriate for that role. 	<ul style="list-style-type: none"> State Services Commission Social Development Housing and Urban Development Child Wellbeing Unit

#	Theme / recommendation	Response	Comments	Agencies involved
17	Direct the State Services Commission to report back with options for a locus of responsibility for social wellbeing, including: <ul style="list-style-type: none"> its form and location (a new social wellbeing agency, a unit within an existing agency or reconfiguring an existing agency) its functions. 	Accept	<ul style="list-style-type: none"> Development of a whole-of-government approach to social wellbeing will consider the nature of the role of a locus of responsibility in relation to social determinants, investment in prevention and resilience-building. The recommendations in <i>He Ara Oranga</i> related to changes in machinery of government arrangements will be considered collectively as part of longer-term transformation planning. 	<ul style="list-style-type: none"> Health
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	<ul style="list-style-type: none"> The Government acknowledges that there are missing components in the continuum of care, as highlighted in <i>He Ara Oranga</i>, 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. 	<ul style="list-style-type: none"> Health State Services Commission Primary Industries
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	<ul style="list-style-type: none"> The Government is committed to placing people at the centre of mental health and addiction services. Inclusion of consumer voice is currently inconsistent and variation exists in how DHBs resource consumer advisors. Baseline monitoring and reporting signals to DHBs that consumer voices need to be included, strengthened and active in all aspects of the system and policy process. This will be crucial to understanding progress in transforming our approach. The development of national resources, guidance and support, and accountability requirements, with people with lived experience, will bring clarity and consistency across agencies about expectations and 	<ul style="list-style-type: none"> Health Child Wellbeing Unit
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	Comments	Agencies involved
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	<p>requirements for inclusion of lived experience voice and role across the system.</p> <ul style="list-style-type: none"> 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 <i>New Zealand Disability Strategy 2016-2026</i>. Further consideration and engagement with people with lived experience and the Health and Disability Commissioner, including any invitation to undertake specific activities, is required. 	
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	<ul style="list-style-type: none"> Family and whānau form an important support network for people with mental health and addiction needs, and evidence points to better outcomes for people who stay connected to their supports. 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. 	<ul style="list-style-type: none"> Health Te Puni Kōkiri Child Wellbeing Unit Accident Compensation Corporation
24	Direct the Ministry of Health to ensure the updated information-sharing and partnering guidance is integrated into: <ul style="list-style-type: none"> training across the mental health and addiction workforce all relevant contracts, standards, specifications, guidelines, quality improvement processes and accountability arrangements. 	Accept	<ul style="list-style-type: none"> The Government acknowledges the importance of the roles of the Privacy Commissioner and the Mental Health Commissioner in this area, among other key stakeholders, and will continue to involve both in ongoing work. 	
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: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Health Education Te Puni Kōkiri Social Development Pacific Peoples Oranga Tamariki Child Wellbeing Unit

#	Theme / recommendation	Response	Comments	Agencies involved
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	<ul style="list-style-type: none"> 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; however, further consideration is needed as to how best to give effect to this. The Sale and Supply of Alcohol Act 2012 has only been in force for 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. 	<ul style="list-style-type: none"> Health Justice Police Corrections Accident Compensation Corporation
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.*	Accept in principle	<ul style="list-style-type: none"> Further work is needed in relation to other regulatory levers, such as minimum pricing, and the sponsorship and advertising of alcohol. Longer-term planning will consider the sequencing of this work in the context of other key priorities and the timeframe for full operationalisation of the Act. 	
29	Establish clear cross-sector leadership and coordination within central government for policy in relation to alcohol and other drugs.	Accept	<ul style="list-style-type: none"> Officials are currently considering options on drug law reform, including modernisation of the Misuse of Drugs Act 1975. This will explore opportunities to take a health-based approach and options for reducing criminal convictions for drug possession. Longer-term consideration will take into account the outcomes of the upcoming referendum on personal cannabis use. Shifting to a more health-oriented response will need to be supported by increased early intervention and treatment services, so that access is readily available to accommodate any future reforms. This work will need to take place regardless of any changes to legislation, such as those mentioned above, to strengthen a system that is already under pressure. Given the significant role that alcohol and other drugs play in people's wellbeing, a strong cross-sectorial forum dedicated to the advancing alcohol and other drug policy is critical. The recommendations in <i>He Ara Oranga</i> related to changes in machinery of government arrangements will be considered collectively as part of longer-term transformation planning. 	

#	Theme / recommendation	Response	Comments	Agencies involved
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	<ul style="list-style-type: none"> A new strategy and implementation plan could be used to drive a reduction in suicide rates, particularly for population groups such as Māori and Rainbow 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 by June 2019. 	<ul style="list-style-type: none"> Health Te Puni Kōkiri Child Wellbeing Unit Police Primary Industries Accident Compensation Corporation
31	Set a target of 20% reduction in suicide rates by 2030.	Further consideration needed	<ul style="list-style-type: none"> The Government acknowledges that a suicide reduction target may send 'a clear signal that suicide prevention is a priority and can galvanise energy around suicide prevention', as referenced in <i>He Ara Oranga</i>. Growing international evidence indicates that the use of targets as an additional motivating driver for change has been associated with reductions in suicide rates; however, evidence around how much of this reduction can be attributed to the setting of a target remains inconclusive. A number of mechanisms to incentivise suicide reduction have been implemented internationally in recent years, including the use of targets. Further work will ensure that the most relevant and impactful option for New Zealand is advised. Options include an aspirational goal for no suicides, supported by a strong Suicide Prevention Strategy and Implementation Plan. 	<ul style="list-style-type: none"> Health Child Wellbeing Unit
32	Establish a suicide prevention office to provide stronger and sustained leadership on action to prevent suicide.	Accept in principle	<ul style="list-style-type: none"> An office is envisaged to be a 'repository of suicide information, support local implementation of evidence-informed programmes and coordinate cross-agency activities'. The Inquiry provides an opportunity to strengthen the governance and leadership of suicide prevention in New Zealand. There is sector agreement on the need for high-profile leadership; however, further consideration is needed as to whether a stand-alone office is the best mechanism to carry out this function. 	<ul style="list-style-type: none"> Health State Services Commission Child Wellbeing Unit

#	Theme / recommendation	Response	Comments	Agencies involved
			<ul style="list-style-type: none"> The recommendations in <i>He Ara Oranga</i> related to changes in machinery of government arrangements will be considered collectively as part of longer-term transformation planning. 	
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	<ul style="list-style-type: none"> 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 coronial process is lengthy, and there are missed opportunities for better integration of reviews, to better support bereaved families and preventing suicides. The overall coronial process, while led by the Ministry of Justice, is heavily intertwined with the work of other agencies and the review will need to ensure cross-agency collaboration and engagement with whānau and peers of the bereaved who have experienced the coronial process. The Review will need to be considerate of tikanga Māori and the expectations of other cultures and their spiritual beliefs, as well as resource, training and communication requirements throughout the coronial process. 	<ul style="list-style-type: none"> Justice Health Police
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 in principle	<ul style="list-style-type: none"> Mental health care has moved to a recovery and social wellbeing model of health, with more emphasis on human rights over the last 20 years. New Zealand's Mental Health Act has not kept pace with these shifts and has never been comprehensively reviewed. Ongoing work will consider the interactions with, and implications for, other statutes and regulations, for example the New Zealand Public Health and Disability Act 2000, the Code of Health and Disability Services Consumers' Rights, and the Protection of Personal and Property Rights Act 1988, among others. 	<ul style="list-style-type: none"> Health Justice Police Te Puni Kōkiri Oranga Tamariki
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	<ul style="list-style-type: none"> Legislation change will not immediately change ingrained societal attitudes and how providers practice. The opportunity to bring representatives from consumers, stakeholders can spearhead changing attitudes and practice within the mental health sector. The Ministry of Health will report back to Cabinet by June 2019 with the proposed scope, timeframes, resource needs, and initial policy decisions to reform the Act, including a full repeal and replace. 	

#	Theme / recommendation	Response	Comments	Agencies involved
Establish a new Mental Health and Wellbeing Commission				
36	Establish an independent commission – the Mental Health and Wellbeing Commission (with the functions and powers set out in Figure 4 in section 12.2.2) – to provide leadership and oversight of mental health and addiction in New Zealand.	Accept in principle	<ul style="list-style-type: none"> Depending on its scope, a Mental Health and Wellbeing Commission could provide a crucial mechanism to enhance the leadership on mental health, addiction and wellbeing issues and provide monitoring and oversight of the system. 	<ul style="list-style-type: none"> Health State Services Commission
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).	Further consideration needed	<ul style="list-style-type: none"> The Minister of Health and Minister of State Services will provide further advice to Cabinet by June 2019 on the functions and powers, form, and financial implications for establishing a Commission, including options for interim arrangements. 	
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	<ul style="list-style-type: none"> The recommendations in <i>He Ara Oranga</i> related to changes in machinery of government arrangements will be considered collectively as part of longer-term transformation planning. 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 regime for the Government's response. 	
Wider issues and collective commitment				
39	Ensure the Health and Disability Sector Review: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 Review and the Government's wider priorities. 	<ul style="list-style-type: none"> Health
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.	Further consideration needed	<ul style="list-style-type: none"> The Government acknowledges the need for cross-party collaboration and collective commitment to deliver on the vision of mental health and wellbeing for all. 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. 	<ul style="list-style-type: none"> Health

* Note: These recommendations provide good opportunities to improve Māori mental health and addiction outcomes and to improve equity.

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 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 in the report include the following:
 - New Zealand has a strong platform on which to build, as awareness of challenges related to mental health and work is high.
 - Policy development and implementation in this area, however, has not advanced significantly in recent years.
 - 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 New Zealanders' mental wellbeing through addressing both their mental health needs and broader social determinants; taking a whole-of-government approach to supporting mental wellbeing in an integrated way; 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 the following:
 - 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 in this policy space and roll-out successful pilots nationally, ensuring that services of comparable nature and quality are available in all regions
 - 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 somatic 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.

PROACTIVELY RELEASED

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

#	Theme / recommendation	Response	Comments	Agencies involved
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	<ul style="list-style-type: none"> 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 or who do not have adequate access to primary care due to factors such as income. The Government supports greater integration of care for physical and mental health, 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 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 services and somatic care. 	<ul style="list-style-type: none"> Health Social Development
2	Ensure consistent, equitable access to primary and mental health care for everyone and improve the mental health capacity of primary care.	Accept	<ul style="list-style-type: none"> 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 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 transformation planning will include development of a strategic and cohesive approach to workforce development and cross-sector competencies. 	<ul style="list-style-type: none"> Health
3	Develop the primary care sectors' work and workplace competence, and provide guidelines for sickness certification to treating doctors.	Accept	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Health Social Development

#	Theme / recommendation	Response	Comments	Agencies involved
			<p>Government's commitment to a wellbeing approach, taking into account people's broader circumstances when responding to mental health and addiction needs.</p> <ul style="list-style-type: none"> Longer-term transformation planning will include development of a strategic and cohesive approach to workforce development and cross-sector competencies. 	
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	<ul style="list-style-type: none"> Meaningful employment is strongly associated with better mental health and wellbeing. The Government supports improved integration of 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. 	<ul style="list-style-type: none"> Health Social Development
Helping vulnerable youth to succeed in education and employment				
5	Step up teachers' mental health competence	Accept in principle	<ul style="list-style-type: none"> 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, supports 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, Pasifika, students with disabilities, and those that identify as LGBTQIA+. Further work is underway to build on anti-bullying initiatives in schools and support the Bullying-Free NZ Framework. 	<ul style="list-style-type: none"> Education Health
5	Address bullying at school more rigorously.	Accept		
6	Ensure that comprehensive school-based mental health services are available for all students.	Accept	<ul style="list-style-type: none"> 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 <i>He Ara Oranga</i> to increase access and choice. 	<ul style="list-style-type: none"> Health Education

#	Theme / recommendation	Response	Comments	Agencies involved
7	Ensure adequately-equipped, easily accessible Youth One Stop Shops operate in all regions, with comparable service quality.	Accept in principle	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Health Social Development Oranga Tamariki
8	Resource Youth Primary Mental Health Services adequately and enable them to provide common interventions (such as talking and e-therapies).	Accept in principle	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Health
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	<ul style="list-style-type: none"> 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 <i>Health and Safety at Work Strategy 2018-2028</i>. 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. However, the Government does not consider that legislative change is necessary at this time to increase WorkSafe's enforcement powers. WorkSafe has a range of enforcement tools under the Health and Safety at Work Act 2015 that provides flexibility. As WorkSafe develops its long-term work programme, it will build understanding of the opportunities and any limitations of its enforcement tools in relation to work-related mental health. 	<ul style="list-style-type: none"> Business, Innovation and Employment WorkSafe
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	<ul style="list-style-type: none"> A Government-appointed Holidays Act Review Taskforce is currently carrying out a full review of the Holidays Act and is expected to report back 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. 	<ul style="list-style-type: none"> Business, Innovation and Employment Social Development

#	Theme / recommendation	Response	Comments	Agencies involved
			<ul style="list-style-type: none"> • 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. 	
11	Provide financial incentives for smaller firms to get income protection insurance and to contract an Employee Assistance Programme (EAP) provider.	Do not accept	<ul style="list-style-type: none"> • While provision of these supports is good practice for employers, 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 <i>He Ara Oranga</i> to expand access and choice of mental health and addiction responses, including for people in the labour market. 	<ul style="list-style-type: none"> • Business, Innovation and Employment • Social Development
12	Consider expanding ACC to cover illness, fully or partially.	Do not accept	<ul style="list-style-type: none"> • 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. • The Welfare Expert Advisory Group (WEAG) will likely recommend significant changes to the welfare system. Consideration of the interface with the health system, and how to improve outcomes for disabled people and people with health conditions (including mental health), are included in the WEAG Terms of Reference. [note: to be updated once MSD receives the WEAG's initial report in late February] • The Health and Disability System Review will also consider the relationship between the health and disability system and the ACC scheme. 	<ul style="list-style-type: none"> • Business, Innovation and Employment • Social Development • Accident Compensation Corporation
12	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	<ul style="list-style-type: none"> • 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), with limited time. 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). 	<ul style="list-style-type: none"> • Social Development • Health

#	Theme / recommendation	Response	Comments	Agencies involved
			<ul style="list-style-type: none"> Longer-term transformation planning will include development of a strategic and cohesive approach to workforce development and cross-sector competencies. 	
14	Provide access to fully-integrated psychological and employment support.	Accept in principle	<ul style="list-style-type: none"> 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 Integrated Placement and Support pilots, with a view to support increased access to evidence-based approaches. 	<ul style="list-style-type: none"> Social Development Health
14	Expand services to people with mental health conditions not claiming a benefit (be they off-sick or inactive).	Further consideration needed	<ul style="list-style-type: none"> 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. 	
15	Further improve mental health and cultural competence of welfare staff and improve ease of case managers' access to mental health advisors.	Accept	<ul style="list-style-type: none"> The Government acknowledges the importance of supporting the mental health and cultural competency of all Work and Income staff, given the high proportion of all 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 enable more case managers to access appropriate follow-up. A mental health advice line has 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. 	<ul style="list-style-type: none"> Social Development
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	<ul style="list-style-type: none"> 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/procurement requirements, which will in turn better support the NGO sector. Some improvements are already underway, as new provider contracts for nationally contracted disability Employment Services now have longer contract periods. Contracts 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 <i>He Ara Oranga</i>, for example around coordinating NGO commissioning. 	<ul style="list-style-type: none"> Social Development Accident Compensation Corporation Business, Innovation and Employment Health

#	Theme / recommendation	Response	Comments	Agencies involved
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	<ul style="list-style-type: none"> 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-based, 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 implementation plan. 	<ul style="list-style-type: none"> Social Development Health Business, Innovation and Employment WorkSafe
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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Social Investment Agency Health Business, Innovation and Employment Social Development
19	Systematically collect evidence needed for good policy-making, through administrative data as well as regular health and mental health surveys.	Accept	<ul style="list-style-type: none"> The Government acknowledges the importance of having accurate, comprehensive, up-to-date data on the prevalence and impact of mental health and addiction, and on the access to and effectiveness of services. This is crucial to inform the optimum mix and balance of responses, and to establish a baseline from which to measure progress as we transform our approach. 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 <i>He Ara Oranga</i> for a regular mental health survey. 	<ul style="list-style-type: none"> Health Social Investment Agency Social Development Business, Innovation and Employment WorkSafe Accident Compensation Corporation Statistics New Zealand

#	Theme / recommendation	Response	Comments	Agencies involved
20	Increase the focus on high-prevalence common mental health conditions, with an emphasis on non-stigmatising support rather than diagnosis.	Accept	<ul style="list-style-type: none"> • 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 significant. • 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. 	<ul style="list-style-type: none"> • Health

PROACTIVELY RELEASED

Appendix Three: Update on areas prioritised for immediate action

Priority area	Update
Drug law reform	<ul style="list-style-type: none"> • In December 2018, Cabinet agreed to "specify that Police should not prosecute for possession for personal use (for all drugs) where a therapeutic approach would be more beneficial or there is no public interest in proceeding with a prosecution" [CAB-18-MIN-0620 refers]. • The Government has also committed to a binding referendum on Cannabis Legalisation at the 2020 general election. Ministry of Health officials are working with Ministry of Justice officials on this. • In addition, the Government has committed funding for an Acute Drug Harm Response Discretionary Fund, a Drug Early Warning System, 'Addiction 101' training in communities experiencing harm from synthetic drugs and other Ministry of Health drug and alcohol initiatives. • The cross-sector Budget 2019 mental wellbeing package seeks further funding to expand and enhance alcohol and other drug addiction treatment services. • I will report back to the Cabinet Social Wellbeing Committee in 2019 on options for drug law reform, including modernisation of the Misuse of Drugs Act 1975 [CAB-18-MIN-0621 refers].
Suicide prevention	<ul style="list-style-type: none"> • Ministry of Health officials have commenced work with social and justice agencies to urgently draft a suicide prevention strategy and implementation plan by June 2019. • Many components of a comprehensive strategy and action plan already exist, following development of, and public consultation on, a draft suicide prevention strategy in 2017. • There are also opportunities to strengthen our current effort in the short to medium-term by leveraging off, and increasing investment in, the work already underway to prevent suicide. • Ministry of Health officials will provide me with a draft strategy and framework for implementation by the end of March 2019, following which targeted engagement on the draft strategy and implementation plan will commence. • I have committed to providing a final draft strategy and plan to the Cabinet Social Wellbeing Committee for consideration by June 2019 [CAB-18-MIN-0621 refers]. • The cross-sector Budget 2019 mental wellbeing package seeks further funding to expand and enhance suicide prevention initiatives and postvention¹ support nationally.
Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act)	<ul style="list-style-type: none"> • Ministry of Health officials are developing advice on options for the scope, timeframes and resourcing required to reform the Mental Health Act. • Officials are also revising the Guidelines under the current Mental Health Act, to better align application of the existing legislation with human rights obligations and responsiveness to Māori. This work will be completed by the end of 2019. • Cross-agency discussions on the key policy decisions for reform of the Mental Health Act began in February 2019. The views of stakeholder groups outside of government, including Māori and people with lived experience, will also inform officials' advice. • I will be kept informed of the outcomes of these discussions and will receive advice in May 2019 on the proposed approach agreed across agencies and any issues requiring further direction.

¹ The term 'postvention' is used in New Zealand to refer to all activities undertaken after a suspected self-inflicted death or suicide, but has also become synonymous with cluster and contagion management.

Priority area	Update
	<ul style="list-style-type: none"> • Ministry of Health officials will report back to the Cabinet Social Wellbeing Committee by June 2019 identifying the recommended scope, detailed timeframes and necessary resources moving forward [CAB-18-MIN-0621 refers]. • Following confirmation of policy decisions, the Ministry will continue to engage across agencies to prepare legislative drafting instructions for the Parliamentary Counsel Office, with the intent to deliver these instructions by the end of 2019.
Mental Health and Wellbeing Commission	<ul style="list-style-type: none"> • The Inquiry's recommendation to establish a Mental Health and Wellbeing Commission is intended to improve system leadership. I will work with Social and Justice Sector Ministers and Associate Ministers of Health on strengthening leadership across systems, and ensuring all relevant sectors are engaged in preventing and responding to mental health and addiction challenges. • Ministry of Health and State Services Commission officials are also developing advice on options for the functions, form and financial implications for establishing a Commission to enhance the leadership on mental health, addiction and wellbeing issues and provide monitoring and oversight of the system. • Officials' advice will incorporate learnings from the previous Mental Health Commission and other commissions to propose an appropriate scope for a new Commission, as past experience suggests this is key to effectiveness. • Options for establishing a Commission will be considered alongside other machinery of government measures recommended in <i>He Ara Oranga</i>, to inform Government's decisions about how best to strengthen leadership, governance and oversight of a transformed wellbeing approach. • Ministry of Health and State Services Commission officials will engage across government agencies, sector representatives and other stakeholders groups to inform advice to Ministers. • I have committed to report back to Cabinet with the Minister of State Services by June 2019 on the potential establishment of a Commission [CAB-18-MIN-0621 refers]. • The cross-sector Budget 2019 mental wellbeing package proposes to set aside funding to establish and operate a Commission, pending decisions about the preferred approach.