

## Appendix: Mental wellbeing package

### Purpose and background

1. This note responds to your requests for a revised mental wellbeing package s 9(2)(f)(iv) and for further information about the coverage and feasibility of implementation of the proposed investment in primary mental health and addiction responses.
2. Since your request, Ministry of Health officials have engaged with the Treasury to understand the components of their recommended mental wellbeing package, which totals approximately over four years. The attached A3s set out:
  - a. Option 1: Ministry of Health's recommended package for a funding envelope
  - b. Option 2: Ministry of Health's recommended package for a funding envelope
3. The main points of difference between the Ministry of Health's recommended packages and the Treasury's recommended package are set out below and in the attached A3s.

### Overview of the mental wellbeing package

4. The proposed mental wellbeing package primarily focuses on the **national roll-out of primary mental health and addiction responses**.
  - a. The roll-out is phased over five years, with five DHB regions added each year. Limited service delivery begins in Year 1 (in youth-friendly settings and PHOs already using the proposed model), with regional service delivery beginning in Year 2 to allow lead-in time for detailed service co-design and workforce development).
  - b. This primary component also includes investment to expand capacity to refer to complementary support (eg, , additional digital and telehealth support options, and primary addiction responses); workforce development and expansion; and enablers including co-design, change support and evaluation.
5. **Additional mental wellbeing initiatives** in the package include funding for suicide prevention and crisis responses; alcohol and other drug (AOD) services; support for parents, children and young people; forensic mental health services; and the establishment of a Mental Health and Wellbeing Commission.
6. Also in the package is time-limited funding for 2018/19 and 2019/20 for **psychosocial support for Christchurch**. This includes ongoing support for existing primary mental health services and supports
7. Finally, the package includes an uplift to DHBs' **ring-fence for specialist mental health services** of per annum.

**Summary of variances from Treasury’s recommended package**

	Option 1 s 9(2)(f)(iv)	Option 2
Initiatives included in the Ministry’s package but not Treasury’s	<ul style="list-style-type: none"> <li>Primary addiction responses</li> <li>Mental wellbeing support for parents and whānau</li> </ul>	<ul style="list-style-type: none"> <li>As with Option 1</li> </ul>
Ministry’s package recommends higher investment than in Treasury’s	<ul style="list-style-type: none"> <li>Digital and telehealth services</li> <li>Expansion of acute AOD services</li> <li>Mental Health and Wellbeing Commission</li> </ul>	<ul style="list-style-type: none"> <li>Primary mental health and addiction service deliver</li> <li>As with Option 1</li> </ul>
Ministry’s package recommends lower investment than in Treasury’s	<ul style="list-style-type: none"> <li>Wellbeing and mindfulness in primary and intermediate schools</li> <li>Expansion of School Based Health Services to an additional decile</li> <li>Forensic mental health services for adults and youth</li> </ul>	<ul style="list-style-type: none"> <li>Forensic mental health services for adults and youth</li> </ul>
Initiatives included in Treasury’s package but not the Ministry’s	<ul style="list-style-type: none"> <li>Te Ara Oranga</li> <li>Intensive Parenting Support</li> </ul>	N/A

**Option 1: package**

**Feasibility**

- Under this option, the national roll-out of primary mental health and addiction responses has the capacity to provide services to people across the country (of the total population). This is in line with the expected uptake of the service, based on existing pilots; however, this represents a decrease in capacity from previously proposed packages.
- This lower capacity level presents a risk of oversubscription, which could result in wait times for some people’s first interaction with a mental health and addiction worker. This risk is mitigated by the inclusion of other broad-reaching support options that provide timely access, including additional telehealth support, and primary addiction services. The additional mental wellbeing initiatives included in the broader Vote Health package will also help mitigate this risk.
- The smaller capacity for uptake reduces feasibility challenges around workforce.
- Roll-out over this time period will be challenging, but possible. The proposal to co-design the mix of workforces, settings and responses with communities allows for some flexibility to accommodate regional constraints. The level of workforce demand is also mitigated to an extent by the use of a broad range of workforces<sup>1</sup> and investment to upskill, expand and develop new workforces. It is likely peer and support workforces, which can be developed more quickly, will feature strongly alongside registered workforces.

<sup>1</sup> Includes peer and support workers, health coaches, counsellors, social workers, occupational therapists, nurses (including enrolled nurses), GP and psychologists (including Health Improvement Practitioners).

### ***Variation from Treasury's recommended package***

12. The Ministry-recommended package provides for the **same capacity of primary mental health and addiction service delivery** as Treasury recommends, although with less initial funding for existing activities.
13. The Ministry recommends **investment in initiatives that are currently not in Treasury's recommended package**.
  - a. **Primary addiction responses:** This will fund AOD brief interventions and tailored **s. 9(2)(f)(1v)** support. This funding is crucial to addressing an area of known need and begins to shift the balance of focus in addiction treatment towards early intervention. Expansion of AOD services is needed to support the Government's commitment to take a health approach to drug use and to accommodate the expected increase in demand for health responses as a result.
  - b. **Mental wellbeing support for parents and whānau:** This pilot will develop much-needed models of care that work for mothers, parents and whānau with mild to moderate needs. There is strong evidence of the lasting negative impacts of poor parental mental health on children's development, and of the long-term benefits for children across outcome areas of intervening early. This investment supports efforts to give children the best start in life and will contribute to the priority of child wellbeing.
14. The Ministry also recommends **higher levels of funding** for other initiatives than are in Treasury's recommended package.
  - a. **Digital and telehealth services:** **s 9(2)(f)(iv)**  
[REDACTED]
  - b. **Expansion of acute AOD services:** The Ministry recommends increasing funding for residential care, aftercare **s 9(2)(f)(iv)**, which will relieve significant pressures and improve the quality and timeliness of care. Increased capacity of AOD acute services is needed to meet current demand and to accommodate the increase in demand expected from taking a health approach to drug use.
  - c. **Mental Health and Wellbeing Commission:** The Ministry recommends setting aside sufficient funding for a Commission to demonstrate the Government's commitment to its establishment; however the form and functions of the Commission are yet to be confirmed. An alternative approach would be to seek funding through the between-Budget contingency, on confirmation of the form and function by Cabinet in June.
15. To remain within the funding envelope, **other initiatives have been scaled down**. The initiatives most affected include the following.
  - a. **Wellbeing and mindfulness in primary and intermediate schools:** The Ministry's package still enables a national roll-out of resources for schools, [REDACTED]
  - b. **Expansion of School Based Health Services** [REDACTED] The Ministry's package includes scaled funding for workforce development and evaluation; however, this level of investment still enables a feasible roll-out [REDACTED]

- c. **Forensic mental health services for adults and youth:** Any increase in funding will help to relieve current pressures, but the level of investment proposed will not fully meet existing and expected increasing levels of demand (eg, as a result of the increase in the youth justice age from 1 July 2019). Investment could be increased if this risk needs to be further mitigated, but would require removing or reducing another initiative (eg, Mental wellbeing support for parents and whānau) to stay within the funding envelope.
16. Additionally, this package **does not include investment** in the following initiatives which are supported by Treasury in their proposed revised package.
- a. **Te Ara Oranga, the methamphetamine reduction programme in Northland:** This poses continuity risks, however Northland DHB could choose to fund the continuation of this programme as part of the AOD cost pressure funding it will receive.
  - b. **Intensive parenting support:** This means access to the Pregnancy and Parenting Support programme will not increase. However, the proposed package does include some support for parents, through the initiative to pilot support for parents and whānau with mild to moderate mental health and addiction needs.

## Option 2: [REDACTED] package

### *Feasibility*

17. Under this option, the national roll-out of primary mental health and addiction support allows for the capacity to provide services to [REDACTED] people nationally ([REDACTED] the total population). This represents a slight increase in capacity from Option 1, which mitigates the risk of oversubscription.
18. Applying the same assumptions as for Option 1, [REDACTED] This presents more of a challenge than Option 1, so it is likely Option 2 would need to rely more heavily on peer and support workforces that can be trained more quickly in the initial years, to account for the lag-time for workforce training.

### *Variation from Treasury's recommended package*

19. The Ministry's recommended package allocates more funding to primary mental health and addiction service delivery than Treasury's package, which allows for **greater capacity to see more people**.
20. This option also includes funding for all the proposed mental wellbeing initiatives outside of the primary package. As with Option 1:
- a. The Ministry's package includes investment in initiatives that are not currently in Treasury's recommended package (ie, primary addiction responses and mental wellbeing support for parents and whānau).
  - b. It also recommends higher levels of funding for several initiatives (including digital and telehealth services, expansion of acute AOD services, and the Mental Health and Wellbeing Commission).
  - c. To accommodate greater investment in primary mental health and addiction service delivery, some initiatives have had to be scaled. In particular, the proposed investment in forensic mental health services for adults and youth, while higher than in Option 1, will still not fully meet existing and expected increasing levels of demand.