**Mental Wellbeing Long-Term Pathway | Ministry of Health NZ**

Tena koutou katoa, Great to have you everyone here nice to see you again. My name is Robyn Shearer. I'm the Deputy Chief Executive at the Ministry of Health, and good to be with you again. Thank you for taking your time to join us this afternoon. It's been a couple of months since we checked in, and we hosted the information session on what we're calling a long-term pathway. And the team thought it was time we checked in again. So on the call with us today from the Ministry of Health we have Toni Gutschlag, who you will know is the Deputy Director General of Mental Health and Addiction here at the Ministry of Health.

We've got Kiri Richards, our Group Manager for Mental Health and Education Policy. Joey Chaplain, Group Manager for Primary and Community well-being. Richard Taylor, Group Manager for Addiction. Bill Grady, Group Manager Mental Health Specialist Services. Martin Burke, Program Director for Lived Experience.

So before we get into it, a little bit of information on how the station will run. Soon, I'll hand over to Tony who will cover off the long term pathway. And this includes how it fits with our work programme. Kiri will do a quick recap of the mental well-being framework which was the key piece that we were seeking feedback on during the long-term pathway engagement process. And then we'll hand back to Tony who will cover all of the key things that came through in the engagement.

We'll get some quick key insights from different areas-- Phil and Martin will particularly talk about their work program and engagement. Then we'll hand it to Tony again who will talk about what's next. And before we wrap up, we'll get an update of progress on our work program with both Joe and Richard sharing key highlights. So finally, we will also have time to take some questions. And I will moderate that session. So I'd like to introduce Toni.

Thank you all for making time to be with us today and to check in on the long-term pathway. I know there's a lot of calls on all of our time, and I really appreciate you prioritizing today's session. So the long-term pathway, it's a really important piece of work. And so I thought it would be important to recap on where we've come from and why it is that we're talking about the plan of action over the next 10 years.

In 2018, He Ara Oranga is a document that will be well known. It laid the foundations for transformation, and it was supported by substantial investment from budget '19 which we know to be well-being budget. He Ara Oranga acknowledged that we have a really solid foundation to build on in that New Zealand's mental health and addiction system has valuable strengths including a skilled and committed workforce.

However, it also identified that the system includes a lot of unmet need, growing inequities, and long-term systemic barriers. So the recommendations He Ara Oranga provided a starting point for our transformation. So they didn't capture the broader changes called for in the He Ara Oranga report. We had started some work on a long-term pathway prior to COVID-19 hitting. The government was clear that it wanted a document that would set out the 10-year commitment in its response to He Ara Oranga.

But of course, COVID-19 hit, and it presented an urgent need for a plan that set out the direction for supporting the well-being needs of New Zealanders. And our response to this was the Kia Kaha, Kia Māia, Kia Ora, Aotearoa document, which many of you will be familiar with, and you also contributed to its development. it was initially published in May last year and then another updated financial vision was published in December 2020.

It didn't make sense at that time to have two big national plans focused on mental well-being, so the long-term pathway had been delayed, and the focus became Kia Kaha, which provided a really strong base on which to build a longer term plan for transformation.

So we weren't starting from scratch with development of the long-term pathway. Its development has been a collective effort driven by Insights, experiences, advice, and feedback of New Zealanders gathered over several years which includes through the development of He ara Oranga the development of Whakamaua, the Maori Health Action Plan, the Kia Kaha Plan as I talked about. We also drew on the content and the Initial Mental Health and well-being Commission's Ma Te Rongo-Ake for listening and hearing. And there was rich feedback gathered through the engagement process that we ran specifically around the long-term pathway in March 2021.

Before I go on to talk about the key themes that we have heard through the engagement, I'd like to invite Kiri you to recap on the mental well being framework which was such a pivotal part of the kia Kaha plan.

Thanks for that. So yeah, we thought it would be useful just to remind people of what's in the Mental well-being Framework. As Tony mentioned, the focus last year was on developing Kia Kaha, Kia Māia, Kia Ora Aotearoa, and as part of that, introduce a mental well-being framework that sets the context that we're working in. And we've grounded the long term pathway-- or building on the mental well-being framework-- through the long-term pathway.

And so the recent engagement was really seeking your views on that framework and what needed to happen within it.

So for a quick recap, I will just try to share my screen. So hopefully that's popping up now. So along the top of the framework, we have the principles. And so these are the principles that should be underpinning everything that we do. So it sets out our approach, how we work together, and some of the core values that we'll carry forward through the long-term pathway.

Moving into the middle of the framework, we have the focus areas and the outcomes. And that's really focusing on how we're going to go about achieving our long-term vision of Pae ora which is Healthy Futures For All.

So the inverted pyramid on the left set out the five focus areas. And they cover the spectrum of mental well-being needs and responses. So right at the top of the pyramid, recognizing the importance of building the social, cultural, and economic foundations for mental well-being as the base, acknowledging the community leadership that is needed to support mental well-being as well as equipping whanau and individuals to look after their own mental well-being and others'.

Towards the bottom of the pyramid is where we get into the primary and specialist mental health and addiction supports and services, both in communities and then specialist services for those who need them. Moving to the right are the outcomes we would expect to achieve as a result of the actions across those focus areas. And then, down at the bottom, underpinning the framework, are the key enablers of the key system settings that need to be in place to support a transparent approach to mental well being.

So this framework was a really big part of what we wanted feedback on. And we got some really valuable insights from that engagement, which I will hand back to Toni to talk us through.

So thanks, Kiri. So we had really strong engagement on the development of the long-term pathway. And think you again to everyone who took time to share their thoughts with us. We had almost 150 submissions through the online survey. We had another 14 submissions emailed directly to us. And we had many individual and group conversations with people and partners across the sector.

We also had strong interest in the discussion sessions that we held, like this one, with about 180 people logging in for those. And so we are going to incorporate these kind of forums as regular features in our calendar throughout the year, and also look to invite you to come and to help us with those and have an opportunity to showcase the work that you're doing. But that's all for another day.

In terms of what we heard through the engagement, there were some really strong, key things. In the next day or two, we will be publishing a full report that provides the analysis of all the feedback that we've gathered. It's important that, for us, at least, transparency about what we've heard and also an opportunity to share with others with an interest in this work and that their feedback can then be available to the work that you're doing as well.

From a high-level standpoint, there were some key things. I'm going to look down at my notes. So apologies for that. But I want to make sure that I describe these accurately. There's a really strong sense that communities should and need to be empowered to develop and deliver support. To empower communities to do this, people thought that service delivery needs to be looked at differently, that Whanau need and want more knowledge and education to support young ones. They thought that specific services for different groups within our communities were needed. And there needs to be more promotion of mental well-being and what it means within communities.

People made it clear to us that to empower communities to look after themselves and to enable communities to be able to respond in ways that they're looking for, that other areas that impact on mental well-being need to be addressed. These are the social determinants of well-being like housing, education, and employment.

Across all areas, there was a really strong theme that everything we need to do needs to take into account the needs of specific populations. For example, Maori and lived-experience communities and people wanting to be involved in the development and delivery of services.

Workforce development was a key area where people thought there needed to be more support, both on the funding side but also in the planning and ensuring that the existing workforce is looked after. There was a strong theme around services needing to be integrated and that we can do more to join up our thinking and delivery across the sector in the system. In terms of technology and data, there was a little hesitancy around rolling out digital solutions without ensuring equitable access and also ensuring that those services that seem to be replacing traditional and face-to-face services.

We also asked people what was needed over the long term to underpin the transformation to mental health and addiction. The most common response was a clearer vision and to ensure that their vision is reflected in care models, which is the work that we're doing now and will continue to do going forward as we develop the system and service framework which I'll talk about shortly.

We've also asked people what was needed over the longer term, say, six to 10 years. Key feedback was that, aside from a clear vision, people wanted more support for workforce development, more community lead services, and focus on social determinants, so pretty much the same as what people were saying was important for the short term.

I'd like to hand over to Phil Grady and Martin Burke now, who you met before. They both lead focus groups as part of the engagement. And they're going to share some of the key things that they--

Thanks, Toni. Kia ora koutou. Look, I was privileged to lead a number of focus groups, principally with service delivery leaders, nongovernment organizations, and some district board specialist services.

Firstly, people were really open with their feedback. Some of the key messages I took from the focus groups was that the long-term pathway presents a real opportunity to reframe and move from the psychosocial and well-being plan to a long-term implementation plan for He Ara Oranga . There was a need to specify action and commitment in to how those actions will be implemented.

What I also heard was there is an existing leadership across NGO and DHV in the community sector that are very keen to participate in co-designing and leading new ways of working. Overall, a strong support for the direction of the long-term pathway. And there was also balanced off, as Toni touched on, the importance also to focus on both mental health, well-being, community, and specialist services, and total system change. Again reinforcing the point that Toni made, not just services for all, specific investment and interventions targeted at specific population groups. And very definitely, a strong support for upholding the principles of Te Tiriti o waitangi and achieving equity. And my final comments was-- would be that everyone that I spoke to showed an absolute passion for-- passion and commitment to the mahi balanced by the real challenges that some services are facing at the moment. Now, Martin, I think we're keen to hear from you around your experience with the focus groups.

Oh, Tena koutou kotoa. Sorry, Ko Martin toku ingoa. Yeah, I just want to acknowledge Phil's comments about the patience and the commitment that people exhibited in this particular crisis, of feedback and everything. And I want to really acknowledge the lived experience community and their peer-run organisations who contributed to this. They showed a remarkable ability to operate at the level that this particular document is aimed

And one of the major themes for me that came through from the key informant interviews and the focus discussions which was about relationships. And the notion of relationships were seen as being absolutely critical to realize the aspirations going forward. And there was a real commitment and an acknowledgment that these relationships need to be based on high-trust processes and procedures and be incredibly values-driven.

But there was a caveat here in the notion that relationships, the beginning of relationships, is about engagement. And there was an acknowledgment that previously, some of the engagement processes have been a bit problematic, to say the least. So there was a commitment on our part to actually get better at that.

One thing that did come through in relationships was a little bit of a tension between addiction and mental health services, where people were experiencing simultaneous presentations of both those issues. Another key thing that actually came through was the notion of [? bound ?] power and how we need to apportion power or distribute power a little bit more-- less hierarchically. And there was particular mention made of current outcome measures-- actually systems-based and services-based-- and there was a need to actually, maybe, look at rearranging or reconfiguring the notion of outcomes.

There was a real acknowledgment of leadership and the important part that that will play in re-imagining the future, and there was a real acknowledgment that, in terms of capacity, capabilities, and competencies of leaders, both existing, emerging, and future, there needed to be capacity-building and, this needed resourcing. Investment was something that came prominent, too-- the notion that existing procurement and commissioning processes tend to disadvantage some of the smaller organizations. And many of these smaller organizations are actually engaged in really significant transformation and transformative action already, and the timelines of current contracts are somewhat problematic feelings for these smaller organizations.

There was an acknowledgment that sometimes, there appears to be a disadvantage in terms of where funding is distributed. And then, there was the other thing that came through very, very strongly was the notion of a lived experience workforce, and the huge potential that this workforce has to claim in the transformative actions and really getting to what it is we actually want to do, the core process that we're involved in.

And around that, there's an acknowledgment that additional resourcing and support needs to be put in place to aid the growth of this lived experience workforce. And equally importantly, there needs to be a shared understanding about what that lived experience workforce does, how it operates, and a shared understanding between the providers of those services and the contexts in which those services are provided.

So some of those things actually look a bit problematic, but what I want to acknowledge that with the feedback came some really incredible ideas about simple solutions going forward. I really want to acknowledge that the lived experience community and their organizations were incredibly solution-focused in this, and I really applaud that. So going forward, I think it all looks good.

And yeah, thank you very, very much for the opportunity to share this and to honor the voices that I've been privileged to actually hear. I just want to acknowledge that. So thank you very much.

Thanks, Martin. Thanks, Martin, and Phil, also, Kiri Toni, can you share now what's happening next?

Phil and Martin. So just to recap, all of the feedback that we've heard on those engagement processes have contributed to the development of a long-term pathway which seeks the high-level direction for transformation. In terms of what you can expect to see in the long-term pathway, which is in the final stages of development at the moment, is a focus on those high-level system shifts, the central government levers that exist around improving mental health and well-being, and paying particular attention to those.

You can expect to see short, medium, and long-term actions, and you can also expect to see visibility about how these actions in the direction connect to the recommendations from He Ara Oranga. As we talked about in the specific engagement sessions around the long-term pathway, it isn't going to be the document that provides the direction around what services are provided on the ground. So this is a companion piece of work that needs to be completed that we've talked with many of you about, or you've talked with us about.

So I know there's a lot of interest and enthusiasm for the development of a document that identifies, what does a core-- what does a contemporary mental health and addiction system framework for Aotearoa, New Zealand, what are the core components of services that we should all have? What should be national, regional, and local? What are the models of care that exist for certain parts of the system? What does integration look like?

So we'd love to come up with a nice name for this piece of work, but at the moment it's being called the system and services framework. It really does recognize that the nationwide service framework that many of you will be familiar with that identifies the service specifications and the current range of services that can be provided in New Zealand, what they look like, how we measure them how we fund them, that that is an old, outdated piece of work, and it doesn't reflect the kind of system that we're operating in now.

So we are embarking on the development of this work. It's been scoped, and we'll focus on the bottom two tiers of the inverted pyramid that Kiri showed us on the PowerPoint. So that focuses on specialist services and on expanding primary mental health and addiction support in communities. For those of you who have, I guess, as many gray hairs as I and can remember what happened in the '90s, I'm thinking about this as the equivalent of Blueprint One, which, at that time, was pretty transformational document, guiding document, that set out the core range of services that should be provided just across districts for mental health and addiction services. If you have a look at it now, it looks pretty outdated, but at the time, it was quite revolutionary. And it's time for us to co-develop across the system, across the country, an equivalent piece of work.

So for those of you in DHBs, you should probably be aware that there has been some funding that's gone out to DHBs to support change, collaboration, co-design, engagement with communities, we see that as part of the preparation and development that's required to support and participate in the system and see this framework development. If you don't know about it, please contact your DHB partners. They'll be able to talk with you about it.

The development of this framework is also really closely aligned to the health and disability reforms. We are connected to the transition unit. We're working together through our approach to these big pieces of work, and it's likely that we'll join up more formally, as well as informally, as it develops during the course of the year.

So remember, we have the same minister who's leading the reforms, is responsible for mental health and education. We know that mental health and addiction remains a high priority for the government. They support this work occurring it isn't a parallel process in terms of the development of a national health plan and the mental health documents that I'm talking about. They will be integrated in complementary pieces of work.

So for now, we're focused, like you all are, on ensuring that the system delivers as well as it can for all New Zealanders. We all have a part to play in this transformation. These guiding documents are really important, but it's going to be how they're implemented and how we all lead ourselves and contribute to the transformation that really is going to make a difference on the ground. So thank you for all that you're doing to play your part and with that, I'll hand back to Robyn. Kia ora.

Thanks, Toni. That was a great overview. So we're now going to shift our focus onto some highlights about the work program that's been happening. And there's a lot going on. We don't have time to run through everything today, but we thought we'd use the opportunity, whilst we have over 200 people on the program, to update you.

So firstly, I'm going to get Joe to update on Access and Choice, and then we'll hand over to Richard for an update on the addiction program. Over to you, Jo.

Thanks, Robyn. Tena kotou, ko Joe toko ingoa. So as Robyn said, I'm going to give you a brief update on the Access and Choice Program. I think most of you will be familiar with what that is, but just a quick recap. So that's the program from budget [? '19 ?] that's about expanding access to and choice of primary mental health and addiction services. Funding increases each year for five years. This funding for workforce enablers and for service delivery. We'll just talk about the service delivery highlights and ethics today.

So within the service delivery program, there's four work streams. The program is called different things in different parts of the country. We call it Integrated Primary Mental Health and Addiction Services, and they're the services that are new services that are being introduced and delivered out of general practice. These are Ko papa Maori work stream, a Pacific work stream, and a youth-specific work stream that includes a rainbow young people component of that work stream as well.

So across the program last quarter, we reached the milestone of having delivered over 100,000 contacts to people, or sessions to people, across the country. And I think we're probably only a month or two off being at 150,000 sessions delivered to date. The program that we're rolling out through general practice is now in around 200 practices, covering an enrolled population of about 1.4 million people, and that will continue to expand and roll out over the next couple of years.

So, so far, it's been delivered in 16 DHB areas. It will continue to expand in those areas over the next two to three years. And from July, we'll begin the rollout in the remaining four areas.

And the other work streams, we've got 15 new youth-specific-- so for "youth," we're talking 12-to-24-year-old primary mental health and addiction services. Either the contracts are in place, and those are in various stages of development across the country-- some have been going for a few months-- others are in the very early stages of development, and we'll have more services coming on stream over the next few weeks and, again, continued expansion and growth over the next year or two. That includes the one national contract with Youthline for enhanced web chat and telehealth services for young people.

We've got nine Pacific services in place or in the process of being established across the seven DHB areas in the country with the highest Pacific populations, and we have introduced a new and what we hope is much more responsive procurement process for Kopapa Maori Services, and we're working our way through that with six contracts in place so far and, again, a number more to come on stream very shortly.

So hopefully, what you'll begin to see is those services, if you haven't already, actually being part of your community, beginning to see people be integrated with the other services in local communities, and beginning to really make a difference for New Zealanders and, particularly, that group of New Zealanders who, He Ara Oranga, were that missing middle who were unable to get access to our specialist or secondary services.

Just a few other things, probably, to mention. So Mana Ake is the school-based program in primary and intermediate schools in Canterbury and Kaikoura. We're about to commence co-design of mental health well-being supports and services within primary schools in five other parts of the country-- Northland Counties, Bay of Plenty County, Lake, and West Coast-- and they will build on the learnings from the Mana Ake in Canterbury and Kaikoura take those critical success factors, and design how that's going to work for their young children and their whanau in their local area. So again, you'll be hearing more about that in the coming months.

Plenty more to talk about. I guess the only other thing is to just touch on the fact that we've got procurement in place, processes in place currently, around digital well-being tools for young people and adults. We're really close to finishing a procurement process that's specifically around supports, mental health supports, for rainbow young people, as well as rolling out rainbow cultural competency training across the mental health and addictions workforce nationally.

So lots going on, and probably I'm running out of time, but hopefully, that just gives you a bit of a flavor of the breadth and size of the work program happening in that primary community space here at Manatu Hauora.. And I will hand over to Richard now, who's going to give you the highlights around what's happening in the addiction space. Kia ora.

Thank you, Jo. Thank you, Jo. Kia ora Koutou katoa, ko Richard Taylor toku ingoa. He kaiwhakahere waranga o mo te Manatu Hauora. no reira he mihi rangatira tenei kia koutou.

Hi, everybody. My name is Richard Taylor. I'm the GM for addiction here at the Ministry. I'm going to use my time with you today to focus on one of the really driving concepts underpinning our work program, which is the concept of an outreach approach, and highlight some of the services that we're investing in and driving into the system that really exemplify that approach.

I think one of the best examples of this is our pregnancy and parenting services, which have been in place already in a number of parts of the country, and Tairawhiti, by Hawke's Bay and Northland and Waitemata.. We've recently opened two new services, one in the Eastern Bay of Plenty centered around Opotiki and Kawerau, and another in Whatakane-- sorry, Whanganui.

And they opened at the end of March, early April. And we're working with women and-- pregnant women, and whanau, and parents with kids under the age of-- up to about the age of three. And really working with people where they are in an intensive engagement way, meeting people into the community, and taking, acknowledging the pressures that people have on their lives, and being flexible towards that. Particularly, working with people who may be poorly connected with other health and social services. We know those services are working really well for people where they are, and it's really exciting to be opening two new services this year.

There is also, we've been investing in services in the Taranaki area, in particular, and I'm going to highlight a couple of things. One is a pre- and post-residential care support service, which takes a step up and step down approach. That started back in November. It's seen around about 30-odd people since that time and is providing support and advice to family and whanau outside of that as well.

We've also had a service open there which works focused-- again, takes that outreach approach, but focused on whanau and affected others who are-- whanau of people who are experiencing drug-related harm and working with them. And in July, a service focused on the people themselves who are directly experiencing that harm will open its doors as well. And this follows on from previous investments, such as the Haven Recovery Cafe in central Auckland, which is now seeing hundreds of people every weekend and making a real difference in people's lives.

And I think it follows on again from work such as Te Ara Oranga, which is the methamphetamine harm reduction program, in Northlands DHB, which has been around for some time now. And that's now seen 2,500 people since it opened its doors. So it's making a massive difference in its community as well.

There is going to be ongoing-- there is ongoing investment in that outreach approach, and we're in discussions with a number of areas already. And that funding will continue to roll out next financial year-- so for 1 July-- and the financial year after that. So really trying to break down the barriers between and make it easier for people to access services where they are, whether it's by coming out to people and their community, or by providing more options for people to come to drop in without needing to make appointments and that sort of support. So thank you, everybody, who is contributing to that work.

The last thing that I wanted to highlight before handing back over to Robyn is some of the legislative work that's happening. And you, I hope, will be aware of the legislation that passed at the end of last year to legalize drug checking. These are services that we know are making a difference, that are saving people's lives. The drug checking services share information across an information network that we've invested in as well, and particularly a website called High Alerts, which can pass on information around what we're seeing on the ground in a timely way to people to reduce drug harm, so we're not seeing people, potentially, dying from overdose or buying things that aren't actually what they thought they were when they bought.

So we're working through, at the moment, what a licensing regime for that will look like, and I'm sure there'll be more information coming out really soon about what that looks like over the next part of this year. The minister has concerned the legislation will be permanent. So it's an exciting time, and that's a really key part of how we, as a ministry and as a government, can take a health approach to drug harm. Thank you very much, and look forward to any questions.

Thanks, Richard. It's great. We've had lots of questions coming in-- thank you very much-- and some comments as well. So that is much appreciated. I hope you found the update helpful just to get an understanding of the work program. That's is-- we see that it's not the full spectrum of things we're doing, but these sessions enable us to give you a bit of a spotlight on some of those areas.

So I'm going to start-- this is a comment more than a question, but I might ask Martin to address this. There's been lots of mention around co-design and co-production, but from a consumer experience, we will not have achieved equity until we get to the point of co-governance. The consumer voice needs to be heard directly at the top with separate reporting lines and not filtered through senior management leaders on its way to the ultimate recipient. Martin, are you able to comment on this, please, or give your perspective?

Yes, I'd love to. Thank you for that comment. I think the lived experience and clinical advisory group are working towards autonomy for a lived experience voice within the sector, and I, yes, totally agree around the notion of co-governance and stuff like that. I suppose, really, what we're working on is a continuum, moving up the continuum from what would be traditionally called consultation, through various co-descriptions-- co-production, co-design, co-creation.

But eventually, we want to get to empowerment. And empowerment will actually be when lived experience is integrated within already existing structures, and is recognized for the value that it can actually bring to processes, and is financially resourced to actually be able to do that Yeah, it's essentially a paradigm shift. So I think it's going to take some time, but I can already see advances being made. And I think the fact that I'm in this position and we have lived experience on the mental health and well-being commission, I think we're starting to see a shift. And our role as leaders within the particular sector is to work towards that empowerment and to introduce true co-design processes.

One thing I will mention about co-design is that the first step is engagement, and we need to get engagement right to honor the voice. Rather than actually going to people with problems, we need to co-design the problems in order to co-design the solution. So yeah, I really appreciate that comment, and rest assured that that's the direction I'm heading in. And slowly but surely, we may bring the system along, too. In fact, the system will have to come with us, won't it. Certainly, they've got no other choice. So thank you for that.

Thanks, Martin, and lots of supporting thumbs up here. Shaun asked a question around the alignment of He Ara Oranga the long-term pathway. But her supplementary question-- because I think Toni answered that in his summary-- was how this work, or the pathway, and perhaps the framework, relate to the New Zealand Suicide Prevention Plan? Toni, can I ask you to, perhaps, give an overview of that?

Yeah, sure. Thanks, Robyn, and thanks, Shaun for the question. Well, it is aligned. I didn't mention that specifically-- which, perhaps, I could have. It would have been helpful. But really, just wanted to make the point that these big pieces of work that are related-- whether it's the Kia Kaha, that Whakamaua that we are taking what we've learned and what we've heard through these other strategies or national documents. And they have contributed to into the development of a long-term path way

Thanks, Toni. Caro has asked a question. Kia ora I have had several long-term conditions arising from my long-term-- my mental health long-term condition. And I think [? Carol is ?] referring to physical well-being. Recently accessed mental health services. Received the same treatment options that I've had for the last 30 years, which created other long-term conditions. That's left me feeling there is nowhere to go and there is no hope for people like me. What will be different going forward? I might look to Phil to answer that question, please, Phil.

Sure, Robyn, and thanks for the question, Cara and just to acknowledge your journey. And look, I think whilst there's been a real focus in terms of equally well and how we will focus on ensuring there are equal health outcomes for people who use mental health services, access mental health services, and rest of our population, we've still got some ways to go, and I want to acknowledge that. What we see, particularly in the service framework space and the long-term pathway, is that we need to broaden our approach to make sure that we're really understanding the role of primary care and general practice in terms of management of long-term conditions, that when you're treating people, that that's really done in partnership.

It's informed. It's consented, and we're giving all the supports in place to help people keep well. We've still got some ways to go. I'm fairly confident that the long-term pathway and the service framework development will help us continue the discussion, but really start to pin down some tangible actions.

Thanks, Phil. I think I'd add a comment that I've been doing lots of work with district health boards lately, and having a more comprehensive approach to mental health and well-being through every part of the Health Service is really a really important agenda for us. So just know that we are not just focusing on specialist services or just the new services that are being built, but where people are accessing those services.

We do have a long way to go. We still have workforce issues, and a knowledge and understanding, and addressing stigma. So it is an ongoing challenge, but one that we must continue with.

There's a comment from Jason. Discussions of what we don't have sometimes means we don't use what we could. We could do better and more efficiently and are reluctant to change. Certain times, it's resistance to change that causes issues throughout, and because it is a system that needs to change, not shaping things around it. Simple solutions rather than making massive investment in things that sometimes don't give a return on that investment. I think what Jason is alluding to is getting supports for mental health and well-being for ourselves, and what are the strategies we can all use to maintain our well-being is also a really important part of this program of change and reform.

A question from Platform Trust. If DHBs are being funded to co-design a system and services framework, how is this going to contribute to national consistency? Let's see, I'll hand it round to Phil.

Thanks, Robyn, and thank you, Platform Trust. Look, that's a good question. So in terms of the journey we're on, there's some co-design funding that's been made available to district health boards to start to develop some capacity and capability to change differently with their communities and start to focus on some things that we can do now.

The development of the long-term pathway and the service framework will start to put, I guess, more of a construct around how we all see-- want services to be heavy on services to be at a national, regional, and local level. And I think also, there's an opportunity for us that as we're going through our broader system changes, particularly as we transition from our current construct into Health New Zealand, is that we're actually developing that capacity on the ground, with people that are both experienced in services delivering services iwi and community to ensure the changes we want to put in place are actually at a community base and broadening our system.

Thanks, Phil.

Robyn, can I chip in to that one as well? Thank you. Thanks, Phil. I agree with what you're saying. I think, also, that the comment from Memo and the comment from Jason are really closely linked. Because everywhere we go and every conversation we're having, I get really strong responses around people wanting things to be different and wanting to see change across the sector. But that does need some support and some space to be able to enable that to happen, which is what the funding is for as well.

So we have these big national documents that will provide some guidance and, hopefully, that sense of coherence that we're all looking for. But in the meantime, we all know that there's a lot to get on with, and there's a lot that we can be doing individually and collectively to make things better and to enable that change.

And so providing support for that to be happening at a local level is aligned to the national direction. We want there to be momentum around change-- and not change for change's sake, but about improvement and doing better, and the best we can with the resources we've got, as well as heading in a different direction as we negotiate that together around what does the national system and services plan for this country look like? So I think that they're related.

Thanks, Toni. There's a question from Michael about an outcomes framework for measuring success, especially for Maori. Going to look to Kiri for that question.

I can speak to that. Thanks, Michael. So I think firstly, I think I saw that representatives from the mental health and well-being commission were dialed in. But the mental health and well-being commission play a really important role in this space. So they were given the mandate to develop an outcomes framework for mental health and well-being in New Zealand and undertook extensive consultation and engagement last year on the development of the He Ara Oranga Outcomes Framework, and, I think, are taking-- or, the initial commission led that work, and are taking that work forward as the permanent commission. So I really encourage you to have a look at the draft framework that they've developed, and that will continue to be shaped and finalized. But that sets out, at a population level, some of the outcomes that where we're collectively working towards in terms of mental well-being for all and, specifically, for Maori.

Thanks, Kiri Lee has a question, Kia ora Lee. She wants to tautoko the lived experience voice and workforce across Aotearoa. Are there any plans to resource the whanau peer workforce and whanau voice so we can fully participate and contribute to co-design processes across the mental health and addiction sector? I might hand that one to Toni.

Thanks, Robyn. Thanks, Lee, for the question. I think that there should be some capacity for that now with the new funding. There's flexibility in terms of how that funding can be used to support engagement, and with the whatever it takes lens, I guess, in terms of that being part of the expectation going forward and making it easier so it's not something that needs to be navigated or negotiated on a daily basis across every district health board or service going into the new environment. That definitely is something that could be considered as part of the development of the National System and Services Framework. So please encourage your participation in that process and your whanau leads around the country to put different perspectives forward for consideration as part of that development.

Thanks, Toni. Roy has a question. "I'm a gentleman in my late 60s and live 45 minutes from a health center community. I'm on medication for PTSD and depression, financially dependent on the Ministry of Social Development. I have talked with a health coach in my medical center. These were mildly helpful practical discussions, but there were no suggestions for accessing continuous monthly therapy sessions, which were recommended by my GP and psychiatrist. Behaviourally-orientated psychologist was of some help, but I needed supportive and continuous therapy led by a trained therapist. Where will I be able to access monthly funded therapy sessions near where I am situated?" I might ask Jo start to comment on that.

Kia ora Thank you for the question, yeah. I think the answer at the moment is that that's variable, and that's something we need to look at. There's certainly an expectation that HIPs will be-- there is no limit on the amount of time that people can be seen by a HIP

So in some areas, HIPs are doing that to a degree. There is also some existing funding in some areas for that psychological therapy. But I think as part of the workforce program, we're really conscious that there is a lot of work to be done in the talking therapy space, and it's something that is on the workforce development agenda for us as well in terms of growing the capacity and capability of our workforce across the spectrum in primary and secondary services to be able to deliver high-quality talking therapies and, at the moment, really acknowledge that access to that is limited in a number of areas.

Great. Thanks, Jo. Now, we're nearly coming to a close, but a couple of other questions. One from Maureen. Viewing the value stated of collaboration and the Kia kaha guideline and importance of social determinants of well-being, how do you see this operationalizing cross-sector collaboration and coordination? I might throw that one to Toni.

Thank you. Thanks for the question. That's a great one. I really hope that that becomes a lot clearer to you with the long-term pathway, because that's part of its focus, and it has got a particular emphasis on the across-government collaboration and working together for mutual benefit. And Kiri there may be something else that you would like to say about this, but I think it is certainly a feature of the long-term pathway document.

Yeah, yeah, it is. The long term pathway is intentionally broad in scope, and it's a whole-of-government pathway. So we have been working with our government partners as part of the engagement that we've done to develop it as well. And we're looking at-- if I think back to the mental well-being framework, the system enabler is looking right across from the really practical things that we can do better as government agencies. So looking at how we can share data and commission more closely or in a more aligned way, as well as making sure that translates into integration of services on the ground.

I can say that having been in this space for a wee while now, the appetite is there across government agencies. And we've talked about a paradigm shift in a broad sense, and we need that shift in government as well. And there is a good willingness to do that.

Thanks, Kiri. Rhonda asks about access and choice. Are these pathways accessible for people with alcohol and other drug issues and/or addiction services part of the access and choice program of work across the country? Richard?

Sure, Rhonda. Thank you for the question. I think it would be great for Jo to chip in to this as well. But yeah, absolutely, look, I think the access and choice work, and the practitioners, and health coaches, in particular, there is an expectation that they work with people who are experiencing-- it's probably better to say alcohol and other drug issues, maybe, rather than addiction in terms of the clinical terminology. But definitely an expectation of that they're capable of working with people. Jo, did you want to add anything to that?

Thanks, Richard, yeah. Just to reinforce that, that it's absolutely an important focus of the program of work, not just the program in general practice, but in the Māori, Pacific, and youth as well, there's an absolute expectation that these services, actually, for the whole broad spectrum of need. So mental health, alcohol and other drug issues, other addiction issues, and people with-- to pick up a bit on Carrie's point before, as well, people with other long-term conditions-- chronic pain, other issues.

So one of the big transformations in this area is there's no entry criteria, there's no barriers, and there's no silos. This isn't about getting help for that there and something else here. That about-- the things that are most important to that person that they would like to address. And alcohol and other drugs issues are a really important part of that, and there's an absolute expectation that the people working in those services have the skills and the capabilities to respond to those needs.

Great, thanks, Jo and Richard. I think we're nearly out of time, so I just thought it might be helpful to do a wrap-up. There are many other great questions, and I'm really sorry we don't have more time to answer them. We're about to close out the session. But these will be available on the website. We will do a Q&A. And just do let us know.

Get in touch with us through the Ministry of Health website. Toni puts out a newsletter very frequently. You can access us through that means, or if you have contact with us any way. So I just want to say, thank you for checking in, and we really appreciate all of the questions that you put on, and your time, and listening to us.

There's lots of other questions about evaluation, evidence-based outcomes, and more about lived experience. So we will get those. And really appreciate everyone taking the time to support us with the work. You're all really important as part of this journey.

You are all leaders to make the change happen as well. It doesn't just sit at the Ministry of Health team. We're just one part of the system. But we really appreciate your time and efforts and all of the good mahi that you're doing.

So kia ora, everyone, and look forward to seeing you again soon. Ka kete.