

Ministry of Health

SIL Research

| Stakeholder engagement

Long-term pathway to mental wellbeing

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INTRODUCTION

Aotearoa's approach to supporting people with mental health and addiction needs is undergoing transformation, driven by *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*, published in 2018.

He Ara Oranga acknowledged that the system provided a solid foundation to build on, and that New Zealand's mental health and addiction system has valuable strengths, including a skilled and committed workforce. However, the assessment of the system outlined unmet needs, growing inequities and long-term, systemic barriers.

The Government accepted, or accepted in principle, 38 of the 40 recommendations within *He Ara Oranga*. Its response was supported by unprecedented investment into mental wellbeing in Budget 2019 – the Wellbeing Budget. Within the budget, \$1.9 billion was allocated to cross-government action on mental wellbeing, including addressing social determinants of wellbeing such as housing, education and employment.

In 2020, the COVID-19 pandemic presented a need for a plan focused on supporting the psychosocial and mental wellbeing recovery of people in Aotearoa. In May 2020, the Ministry published the first version of *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan*, with the final version published in December following consultation with the sector.

To avoid having two national plans focused on mental wellbeing, the Ministry of Health has progressed the initial plan detailed in *Kia Kaha, Kia Māia, Kia Ora Aotearoa* with a view of expanding the strategic direction to guide longer-term transformation.

To help develop the long-term pathway, during March 2021 the Ministry of Health ran a national engagement process. It included both online consultation and direct conversations with people from a wide range of organisations with an interest in mental health and wellbeing, population groups, and with lived experience of mental distress and addiction. Two online discussions were also held. Altogether, the engagement attracted about 180 participants.

In total, almost 150 people submitted responses through the online survey, and we received 14 additional submissions outside of the online survey. We held interviews or focus groups with around 20 individuals or organisations. The strong interest in the opportunity to provide feedback was demonstrated by strong engagement across digital channels and email.

The engagement sought specific feedback on the mental wellbeing framework published within *Kia Kaha, Kia Maia, Kia Ora Aotearoa*, focusing on four key areas:

- The key principles outlined in the framework, and how they could, or should, be applied over the longer term.
- How communities can best be supported to initiate and lead mental wellbeing initiatives, appreciating that the focus areas within the mental wellbeing framework seek to broaden the scope of support to include greater emphasis on mental wellbeing and support within communities.
- Specific thoughts on what's needed within each of the six 'enablers' – key areas which, if investment is directed, can support transformation.
- What longer-term shifts (over the next 6-10 years) would support system transformation.

WHAT WE'VE HEARD

The key themes that emerged through the engagement were:

Principles

- There was strong support for the seven principles proposed to underpin all work to support mental wellbeing. There were clear themes around the need for Māori-led approaches, development of tailored services, consideration of specific population groups and more collaboration across the system.

Focus areas / enabling community action

- Respondents said empowering community to initiate and lead mental wellbeing initiatives relied on community engagement and more information, education, promotion and resourcing, within the context of a sustainable living environment that meets basic needs and encourages wellbeing.

Enablers

- Building a mental health and wellbeing workforce prompted the strongest feedback from respondents. Generally, people agreed with the need to grow and support a sustainable, diverse, competent and confident mental health and addiction workforce. Just under half of respondents submitted comments around the need for further education/training in specific areas, while almost a third of respondents believed a more diverse/multicultural workforce is needed, including specific populations (e.g. lived experience) reflecting the communities they work in.
- Almost two-thirds of respondents commented on the need for leadership support to ensure successful implementation of actions in the focus areas, particularly to provide effective communication, collaboration, guidance and training.
- The need for sustained funding was reiterated as a crucial enabler for transformation of the approach to mental wellbeing, with respondents noting that funding should be well allocated and targeted for specific needs and populations.
- There was a reported need for more robust research, evaluation, information gathering and data systems to ensure existing and emerging services are evidence-based and outcomes-focused.
- Respondents shared thoughts that there needed to be specific policy settings to appreciate the needs of population groups.
- While acknowledging the value of expanding technology use in modern service delivery, there was caution from respondents around relying too heavily on digital platforms for mental wellbeing supports, noting there were varying levels of access and digital literacy.
- When asked about information and data, the strongest feedback was based on the need for coordination and sharing of data across agencies, with some noting a standardised and widely accessible information system being a key enabler.

Longer-term shifts

People were asked what key longer-term shifts would support system transformation. Multiple suggestions were provided, reflecting the range of needs represented within the engagement process. The key themes within this section included:

- The need for new services or approaches to be community-led
- The need for a new (or clearer) vision, strategy and models of care
- Development of a diverse workforce and adequate training
- A focus on social determinants as a means of prevention and change.

Additional feedback was gathered through independent written submissions, interviews and focus groups. This feedback showed a clear emphasis on the need for a holistic plan that addressed the recommendations in *He Ara Oranga*, and that included some detail about implementation.

The valuable information gathered through the engagement drove the development of the long-term pathway for transformation of New Zealand's approach to mental wellbeing.

METHODOLOGY

BACKGROUND AND OBJECTIVES

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction 2018 found that significant shifts were needed to enable better mental wellbeing outcomes for people in New Zealand. It set out a clear and aspirational vision for the future – mental health and wellbeing for all.

Since the Government's response to *He Ara Oranga*, the Ministry of Health has taken action to address the recommendations of the report accepted by the Government, focusing on four initial priority areas:

- setting up the Mental Health and Wellbeing Commission;
- establishing the Suicide Prevention Office and releasing a suicide prevention strategy and action plan;
- beginning work on repealing and replacing the Mental Health Act;
- expanding access and choice of primary mental health and addiction supports.

Prior to the COVID-19 global pandemic, the Ministry of Health had started working on the development of a long-term pathway as part of the Government's response to *He Ara Oranga* and the call for transformation in the way we respond to mental health and addiction. This work became part of the development of a national psychosocial plan, as both were focussed on mental wellbeing.

The Ministry of Health developed *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan (Kia Kaha)* in 2020, setting the pathway and actions for the short term to support the mental wellbeing of New Zealanders. The Ministry publicly engaged on the pathway during May and June 2020 and received almost 150 submissions. Overall, there was a strong endorsement for the direction and focus areas set out in the pathway.

Kia Kaha provides a framework within which government agencies, service providers and communities can see themselves as contributors to mental wellbeing. The pathway is grounded in the direction set by *He Ara*

Oranga and helps give effect to its key recommendations.

The Ministry is now developing the long-term pathway, building on *Kia Kaha* and what was heard through engagement with the sector, stakeholders and communities over the past 18 months – and through the vast engagement that was done through *He Ara Oranga*.

The long-term pathway is designed to outline the high-level direction needed to support and enable the transformation of New Zealand's approach to mental health and addiction over the next ten years.

The key purpose of the engagement in March 2021 was to seek the views of a wide range of Ministry of Health stakeholders to help develop the cross-government pathway for future transformation.

DATA COLLECTION AND PROJECT SPECIFICS

SIL Research, an independent research agency, was contracted to analyse the collated engagement feedback and to report on the key themes and issues raised by stakeholders.

Responses were received in March 2021 from a range of organisations, individuals and networks.

The engagement included online submissions through the Ministry’s Consultation Hub webpage; n=142 unique submissions were received.

In addition, n=14 submissions were received by email. Where feedback was received via both channels, it was recorded as having been received via the Hub.

The Ministry of Health organised and ran a series of in-depth interviews and focus groups alongside the main engagement. All the received recorded interviews (n=11) were summarised, producing key notes and feedback. Interviews and focus group feedback were analysed in addition to the main submissions.

DATA ANALYSIS

A total of n=156 submitted responses and n=11 interviews were used in the final analysis. While the identities of individual contributors remain confidential, submissions have been summarised on the basis of the represented organisation or respondent type, as shown in Table 1.

All submissions contained non-numeric (qualitative) free-text responses. SIL Research used a content analysis approach to determine certain themes, issues or concepts within submitted feedback. This represents a ‘bottom up’ data driven approach where identified themes are derived purely from the collective respondent feedback, rather than fitting responses into pre-determined categories; essentially, reflecting ‘the voice of the people’. Where very specific comments did not fall into larger themes, these have been coded as ‘Other’ issues. The majority of respondents had comments coded into at least one of the identified themes for each

question area (many with multiple themes identified from their responses).

Table 1 Responses by represented organisations

	Number of responses	%
DHB	33	20%
Education providers	4	2%
Government agencies	3	2%
Health NGOs and networks	31	19%
Individual/unspecified	34	20%
Local authorities	3	2%
PHO and general practices	12	7%
Social services/other NGOs	42	25%
Iwi/hapu entities	2	1%
Workforce centres	3	2%
Grand Total	167	100%

Feedback on each of the seven principles of the framework was analysed in two ways. Firstly, providing a general summary indicating the degree of overall support for the principle (*Support, General support with further feedback, Do not support, Unclear, or No comment provided*), consistent with analysis of the overall feedback from the initial 2020 engagement report. Secondly, providing a more detailed thematic analysis of comments (where provided), particularly highlighting the areas of reservation, refinement or other issues raised.

Feedback on other aspects of the framework (i.e. focus areas, enablers, and long-term shifts) were each analysed using a single thematic analysis approach.

NOTES ON REPORTING

Due to rounding, figures with percentages may not add to 100%. Open-ended comments were categorised into key themes. Totals may exceed 100% owing to multiple responses for each respondent.

The respondent comments included as anecdotal examples in this report are presented verbatim, and identified by represented organisation or respondent type only, to maintain anonymity.

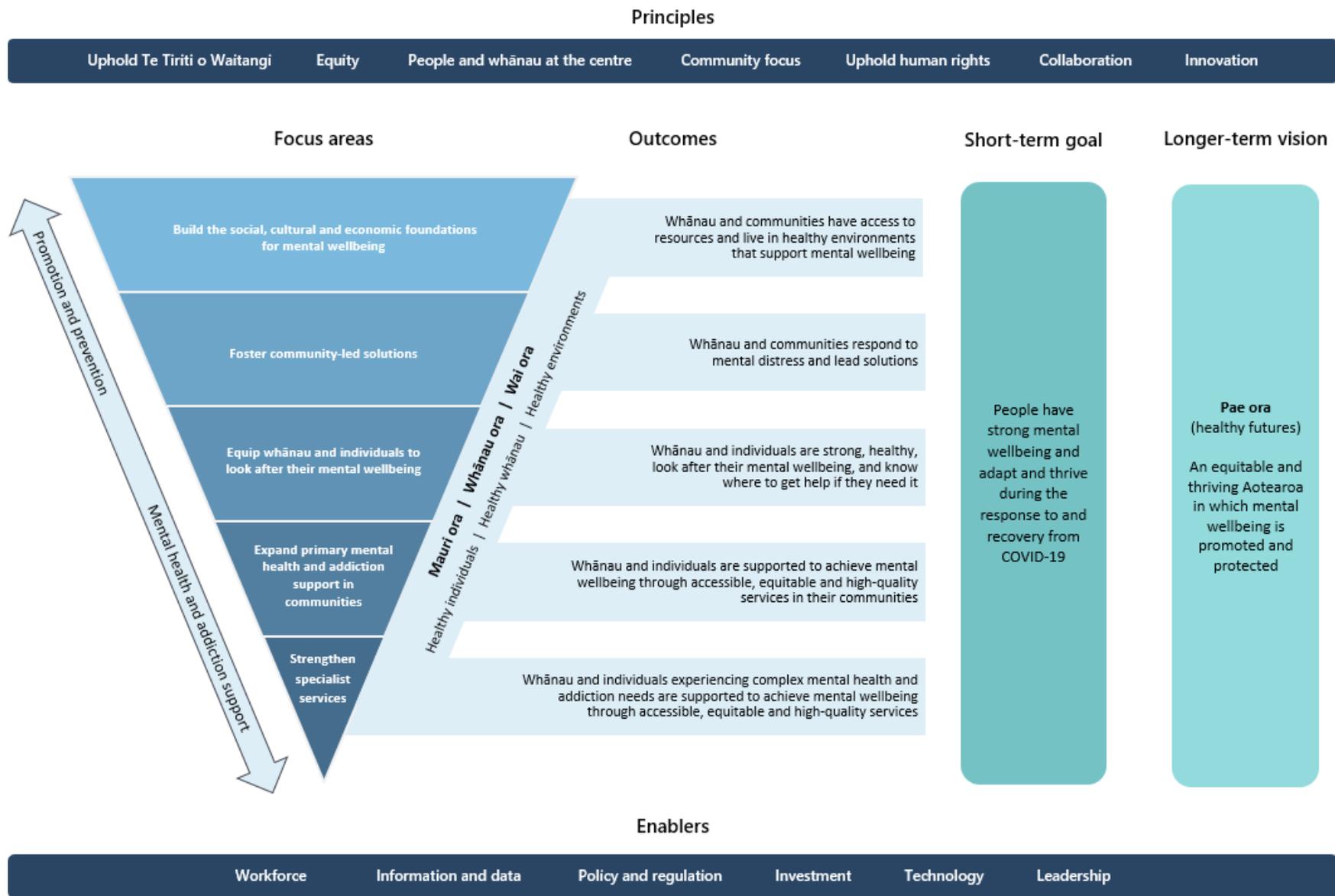
Estimates of support for the framework principles are derived from provided

comments only. '*No comment*' does not indicate lack of support or otherwise.

On top of key engagement topics, the independent written submissions and interview notes were reported separately to ensure extensive and inclusive analysis and understanding of stakeholders' feedback.

For reference, the Ministry's mental wellbeing framework developed for *Kia Kaha, Kia Māia, Kia Ora Aotearoa* – showing the principles, focus areas and enablers covered in the engagement – is reproduced on the following page.

Figure 1: Mental wellbeing framework (as published in *Kia Kaha, Kia Māia, Kia Ora Aotearoa*)



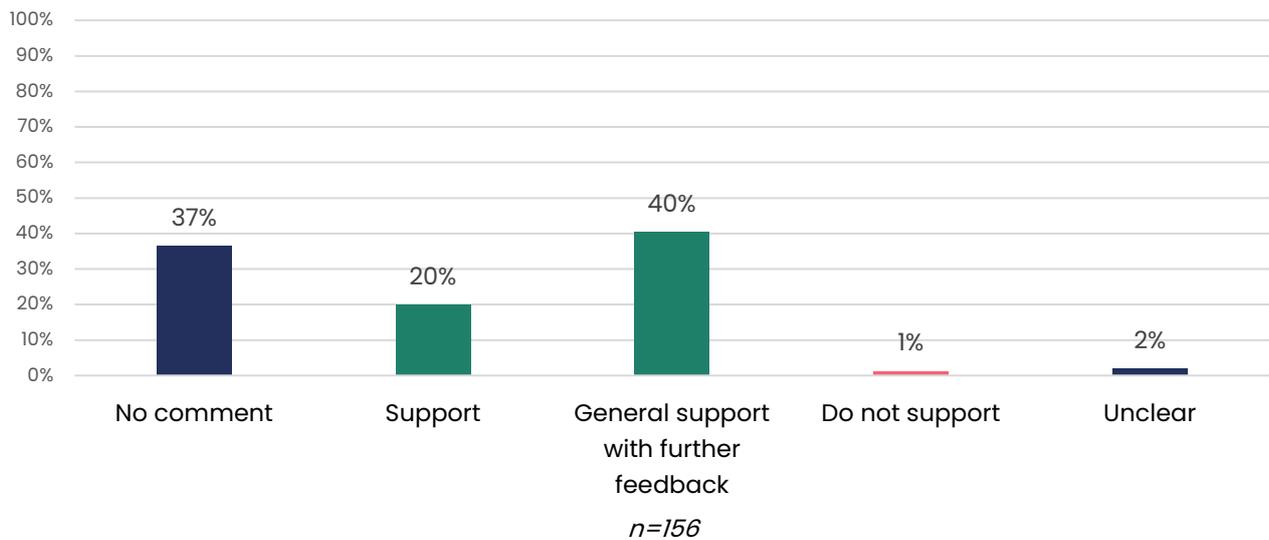
Source: Ministry of Health. 2020. *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID 19 Psychosocial and Mental Wellbeing Plan*. Wellington: Ministry of Health.

FEEDBACK ON KEY PRINCIPLES

The mental wellbeing framework includes seven key principles that are intended to underpin work across the sector, including how organisations work together. Respondents were asked to share their thoughts on each of the principles.

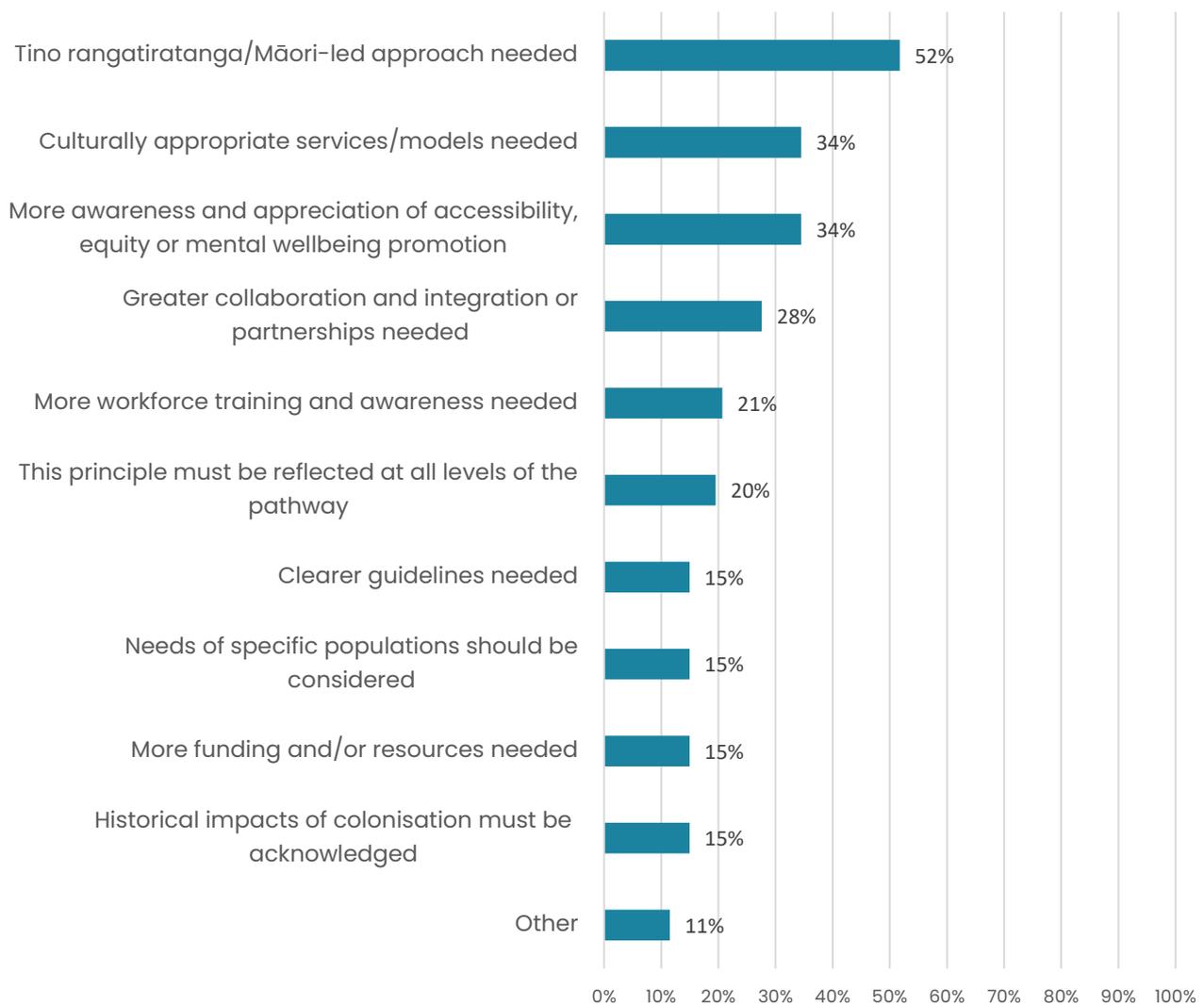
Uphold Te Tiriti o Waitangi

All respondents were asked to share their thoughts on: “Uphold Te Tiriti o Waitangi – the principles of Te Tiriti underpin all actions in Kia Kahd”.



- While this principle elicited the least number of comments overall (63% of submissions), it did receive the greatest degree of outright *Support* relative to *General support with further feedback*; that is, 20% of responses were wholly in support of the principle as currently presented in the framework.
- Where reservations or refinements were provided, these typically served to reinforce or emphasise the relevance of this principle within the framework. The main themes or issues highlighted were:
 - *Tino rangatiratanga/Māori-led approach needed* (52% of submissions) – the primary consideration was that a truly tino rangatiratanga approach was needed to ensure Treaty obligations were met within the pathway, and to maximise Māori health outcomes.
 - *Culturally appropriate services/models needed* (34%) – To support equitable health outcomes for Māori, services and related models or approaches must be culturally appropriate and responsive to the needs of Māori communities.
 - *More awareness and appreciation of accessibility, equity or mental wellbeing promotion* (34%) – Mental health services must be fully accessible to Māori to enable equity of health outcomes, supported by community promotion to raise awareness and understanding of the services available.

- *Greater collaboration and integration or partnerships needed (28%)* – Cooperation (or more cooperation) between Māori-led and mainstream services, with Māori engaged as a partner in all conversations and planning, is considered necessary for full integration of Māori in their mental health and wellbeing journey.
- *More workforce training and awareness needed (21%)* – Further training across the workforce is needed to increase awareness of Māori cultural and health needs across all service providers and staff.
- *This principle must be reflected at all levels of the pathway (20%)* – Many respondents wished to emphasise that the need for Māori ownership, engagement and partnership was required throughout the pathway, and should be reflected across all levels of the framework.



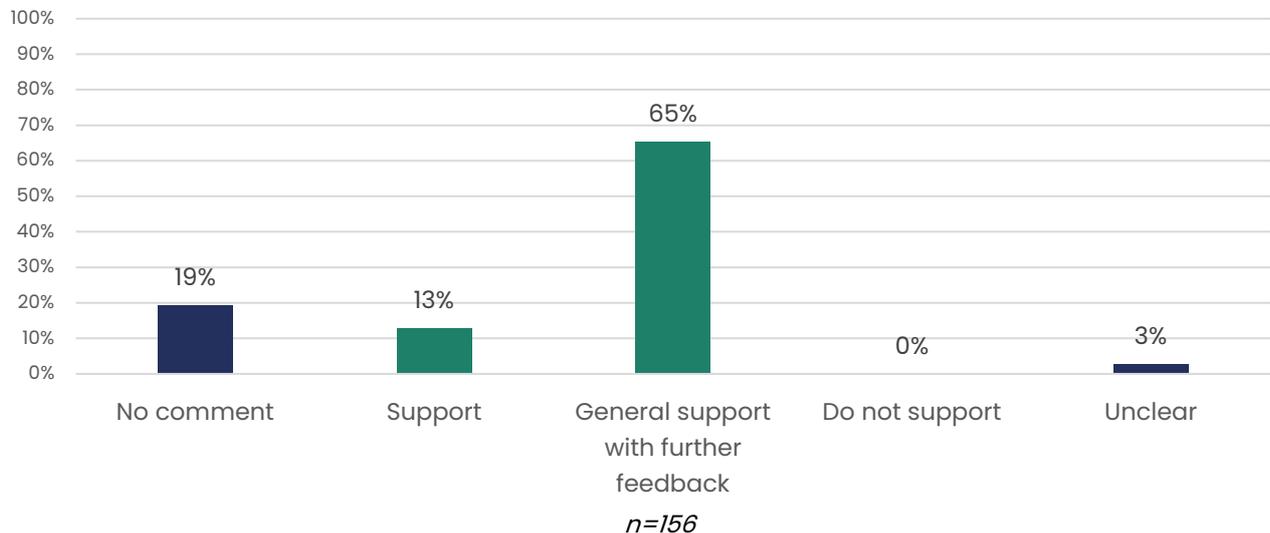
n=87 provided additional comments

“Te Tiriti plays a central role in supporting all New Zealanders to live lives they value, full of meaning and purpose.” Social services/other NGOs

“Support Kaupapa Māori services to decide how services for Māori are commissioned, delivered and evaluated.” Health NGOs and networks

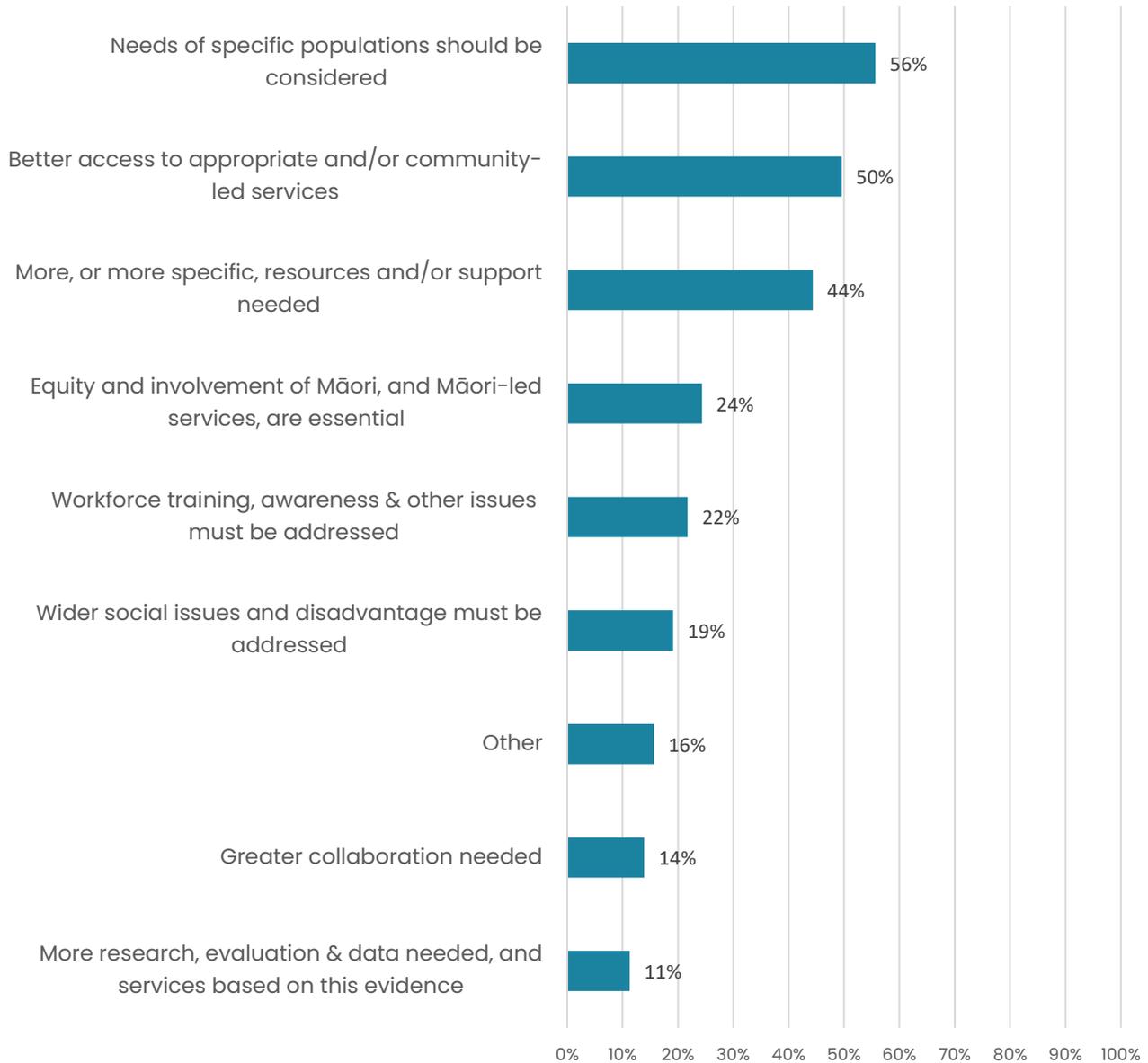
Equity

All respondents were asked to share their thoughts on: "*Equity – people have different levels of advantage and experience and require different approaches and resources to get equitable outcomes*".



- This principle received the highest degree of support overall (78%), although the majority of submissions (65%) indicated some refinement was needed to the expression of this principle within the pathway.
- The main issues or refinements noted were:
 - *Needs of specific populations should be considered* (56%) – While most submissions were supportive of the Equity principle in general, many expressed the need for equity of specific populations or health needs to be reflected, including: Pasifika and Asian populations, rural communities, youth, elderly, rainbow communities, those in poverty, lived experience and neurodivergent populations, refugees, those with rare disorders, and others.
 - *Better access to appropriate and/or community-led services* (50%) – For equity to be achieved, many believed that access to (and awareness of) appropriate and/or community-led services was essential to providing services matched to personal/community needs.
 - *More, or more specific, resources and/or support needed* (44%) – Supporting the previous point, many respondents noted that further resources would be needed to promote equity; either greater levels of existing resources (particularly funding) and/or provision of new or additional support. For example, specific needs-based services, new or customised delivery methods, support for wider or more holistic needs.
 - *Equity and involvement of Māori, and Māori-led services, are essential* (24%) – Consistent with the first principle, equity for Māori and the need for appropriate Māori-led services to support this was a frequent consideration.
 - *Workforce training, awareness & other issues must be addressed* (22%) – increased awareness and upskilling across the workforce was considered necessary in order to meet the needs of specific communities or health needs.

- *Wider social issues and disadvantage must be addressed (19%)* – Many respondents felt mental health equity could not be achieved without first (or concurrently) addressing the societal determinants of wellbeing, and providing support for social disadvantage within the wider community.



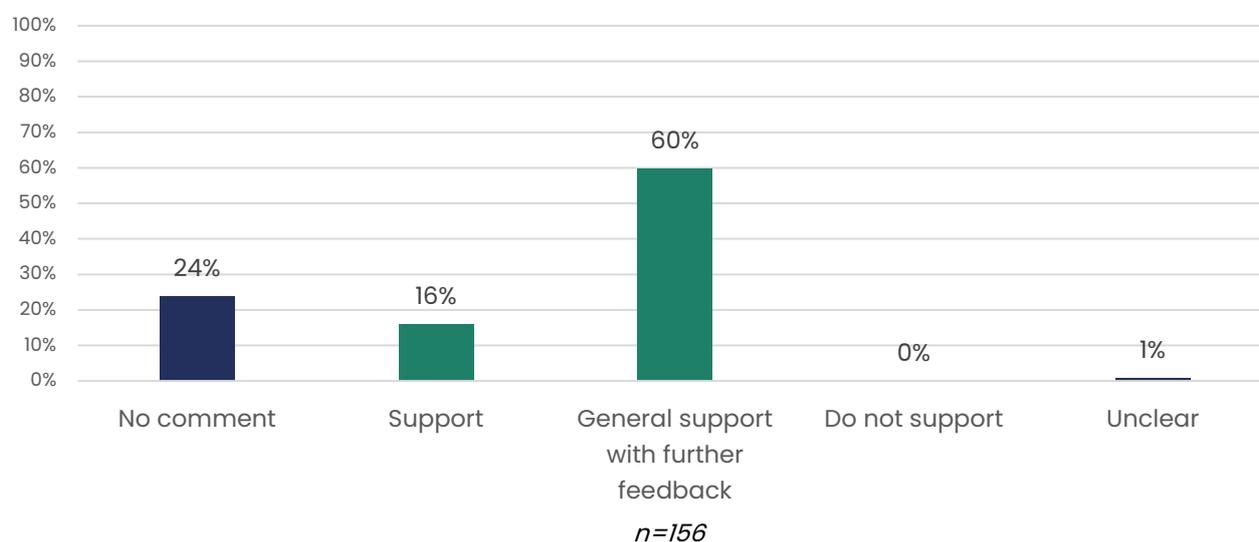
n=115 provided additional comments

*“ - Youth - increasing resources within schools and kura Kaupapa;
 - Elderly - increasing services available to elderly; ensuring adequate access (ie not all online);
 - Rural - being mindful of connectivity and isolation challenges;
 - Multi-cultural communities - ensuring accessibility (including translated resources).” Local authorities*

“There needs to be more funding of care for those without.” Health NGOs and networks

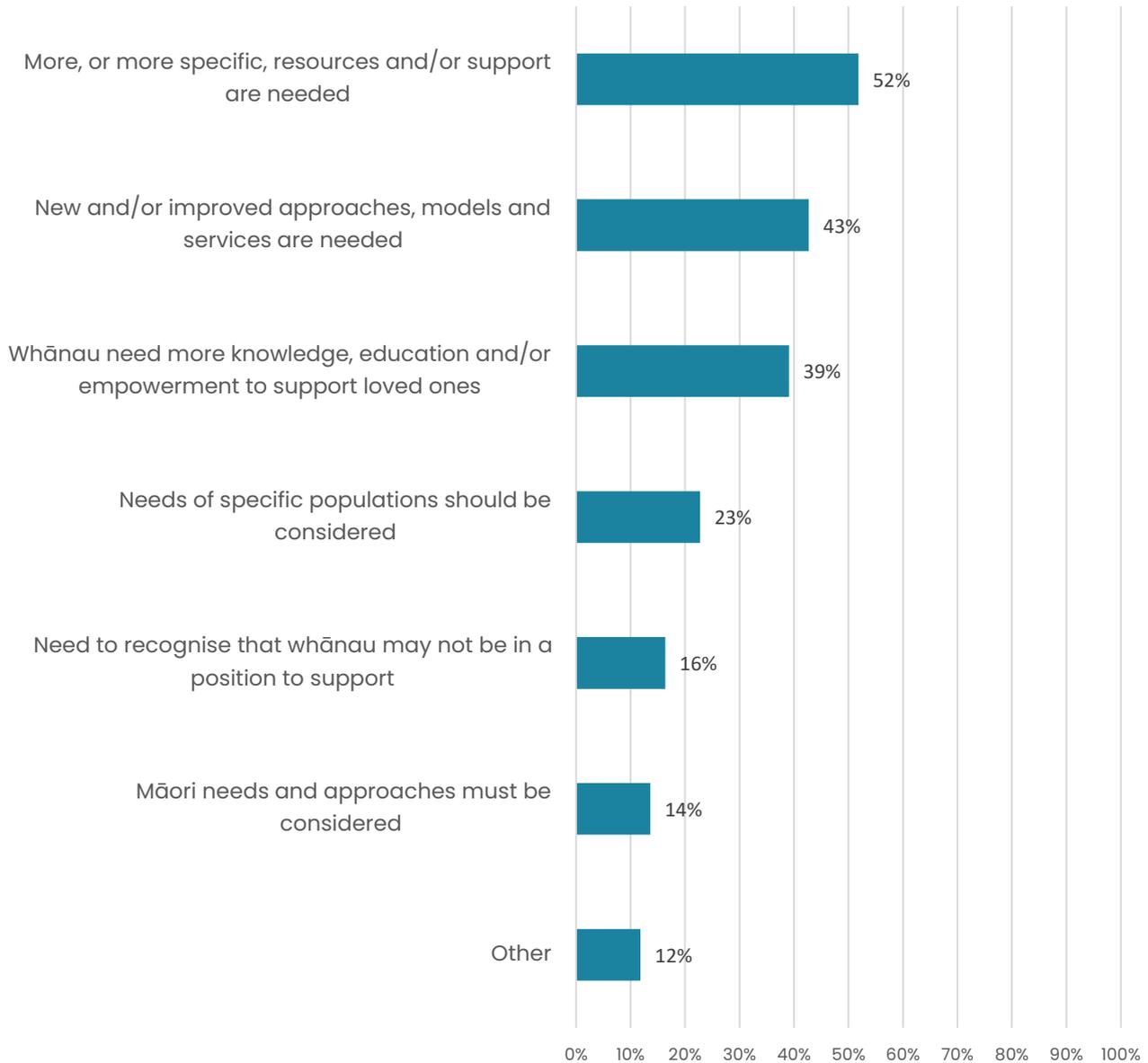
People and whānau at the centre

All respondents were asked to share their thoughts on: "*People and whānau at the centre – whānau are a crucial part of the support network for individuals experiencing challenges. This principle seeks to strengthen the capacity of people and whānau to lead their own pathways to wellbeing*".



- Overall, a high degree of support (76%) was expressed for this principle, with 60% of submissions also indicating further refinements.
- The main issues or refinements that respondents wished to be reflected or further emphasised were:
 - *More, or more specific, resources and/or support are needed (52%)* – In order to ensure people and their whānau are considered at the centre of the framework and mental health delivery, many felt that further resources (funding, contract requirements, whānau-based services, staff resources, additional support) would be essential.
 - *New and/or improved approaches, models and services are needed (43%)* – Improvements to existing approaches, and/or development of new services or models focused on community needs, were considered necessary in a range of contexts.
 - *Whānau need more knowledge, education and/or empowerment to support loved ones (39%)* – Many respondents believed that providing whānau with greater knowledge about their health needs and related resources (via appropriate education and training initiatives) was necessary to facilitate empowerment in their own whānau-centred care.
 - *Needs of specific populations should be considered (23%)* – Again, respondents advocating for specific populations wished for the needs of their communities to be explicitly reflected in the expression and manifestation of this principle.
 - *Need to recognise that whānau may not be in a position to support (16%)* – While whānau were generally considered essential to an individual's wellbeing, some respondents wished it to be reflected that this is not a universal condition or requirement. For example, in cases where whānau may in fact contribute to health concerns, may simply not be available to provide support, or where an individual exercises their right or preference not to have family or whānau involved.

- *Māori needs and approaches must be considered* (14%) – The central involvement of whānau was considered a key principle in supporting Māori-led mental health care consistent with Treaty obligations. Culturally appropriate approaches need to be considered, supported and encouraged in this context.

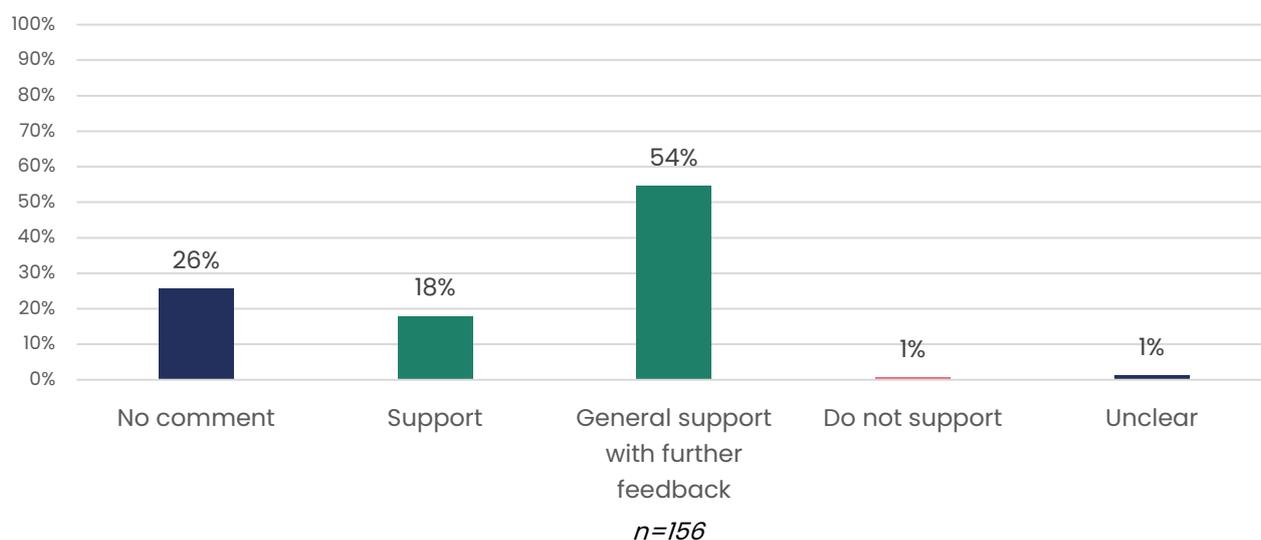


n=110 provided additional comments

“Ability to be able to provide whānau therapy at the community/ GP clinic levels will improve overall outcomes. Often when an individual is going through difficulties in their wellbeing the family are facing it alongside, but we as a clinician in primary care are unable to provide family therapy/ support but only one on one via referring to PHO funded counselling or psychology. However, in our Māori and Pacifica communities offering therapy to the whole family often can improve overall wellbeing for multiple individuals.” PHO and general practices

Community focus

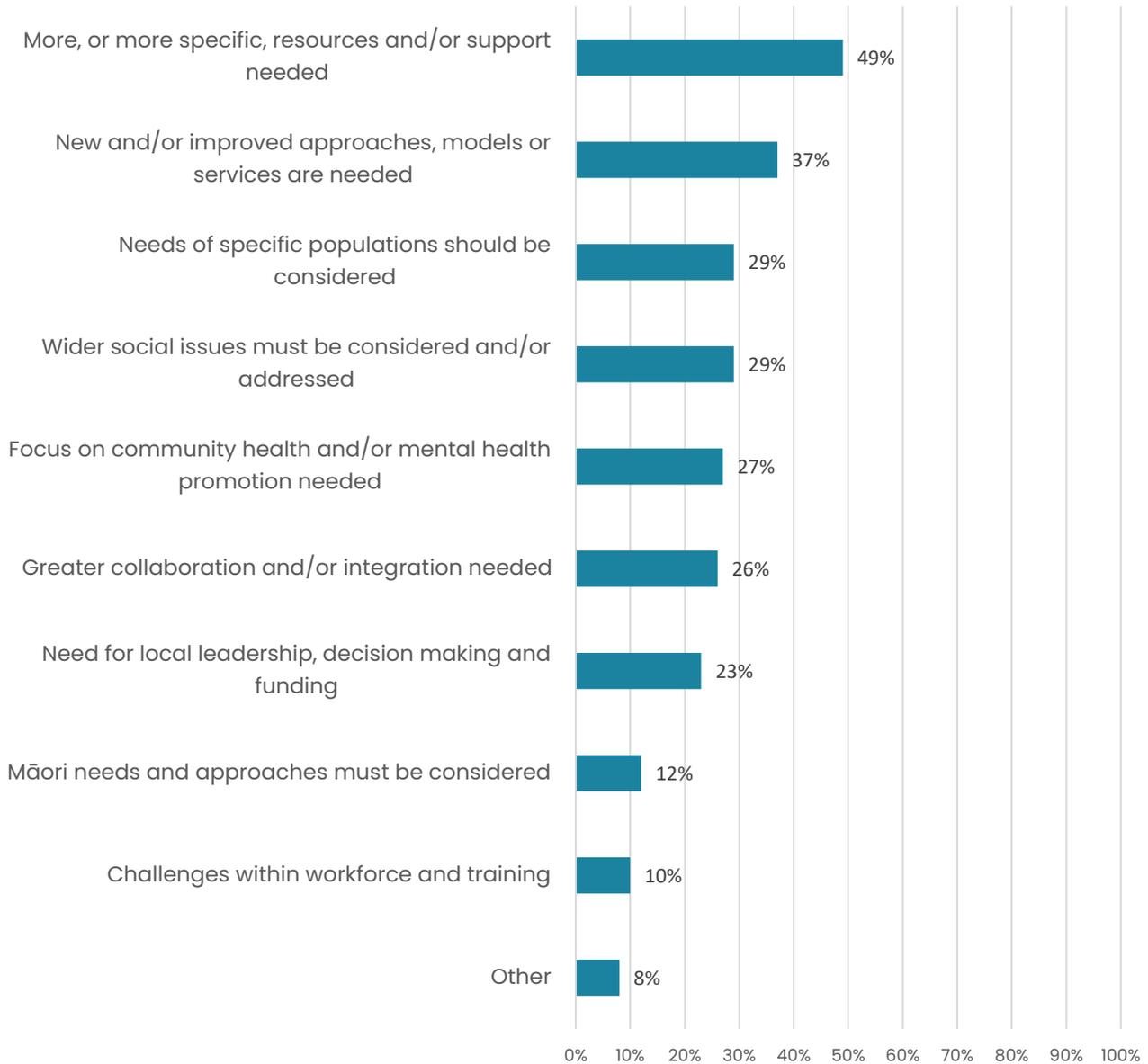
All respondents were asked to share their thoughts on: "*Community focus – strong communities provide a foundation of support and connection which is vital for mental wellbeing*".



- A majority of submissions (72%) were explicitly supportive of this principle, although over half (54%) indicated some reservation or suggested refinements.
- The main issues highlighted in relation to Community focus included:
 - *More, or more specific, resources and/or support needed* (49%) – A range of general or specific resources were recognised as necessary to implement this principle, including greater or more targeted funding in community services, investment in community development strategies, community-led support groups (including peer support), enhanced health promotion campaigns and information provision that reaches all relevant communities.
 - *New and/or improved approaches, models or services are needed* (37%) – Related to the previous point, enhanced services that truly address community needs were considered important, including new community-driven approaches that may differ from (or complement) traditional services.
 - *Needs of specific populations should be considered* (29%) – There was a concern that a true community focus is only possible if the full range of specific needs across communities are addressed.
 - *Wider social issues must be considered and/or addressed* (29%) – Addressing social conditions that contribute to social harms and/or health issues, including stigmatisation of mental illness, was considered a necessary pre-condition that needs to be reflected in the commitment to community-focused wellbeing.
 - *Focus on community health and/or mental health promotion needed* (27%) – Refocusing on community health rather than only individual health needs, supported by relevant mental health promotion approaches, was suggested as a key requirement for community-led strategies.
 - *Greater collaboration and/or integration needed* (26%) – Some respondents also wished to note that the necessary collaboration between services, agencies, and community groups

was not yet sufficient, with further enhancement and integration needed to support a thorough community focus.

- *Need for local leadership, decision making and funding (23%)* – Some respondents indicated that local leadership and decision-making was a natural condition for community-focused health initiatives, supported by local funding and investment.

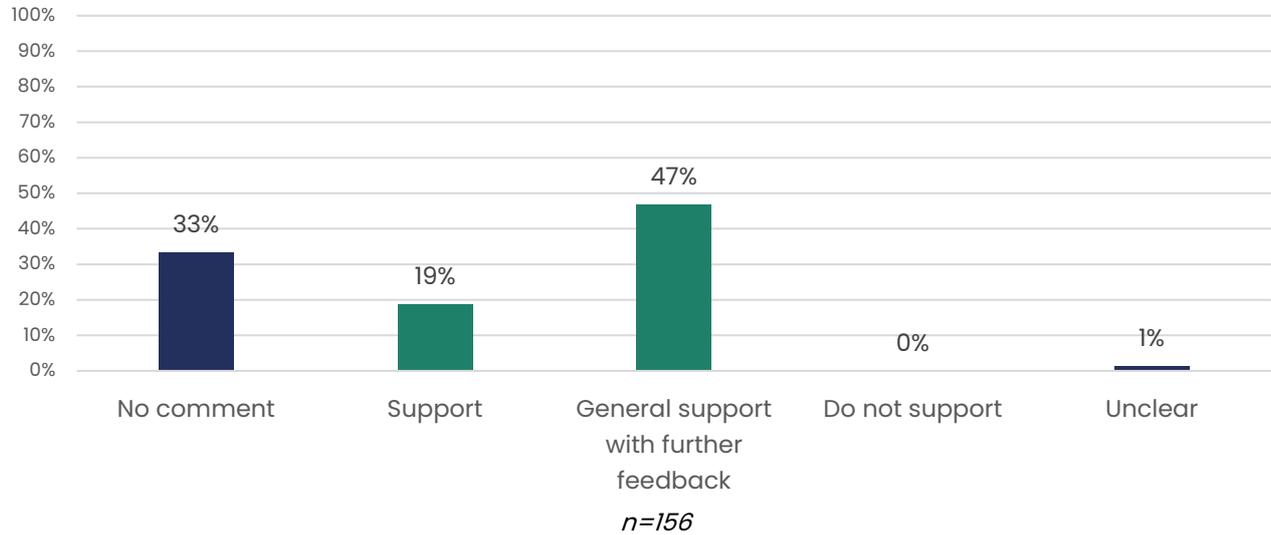


n=100 provided additional comments

“Stronger engagement with community groups, marae etc when developing services is essential if we are truly to have a community focus and awareness.” PHO and general practices

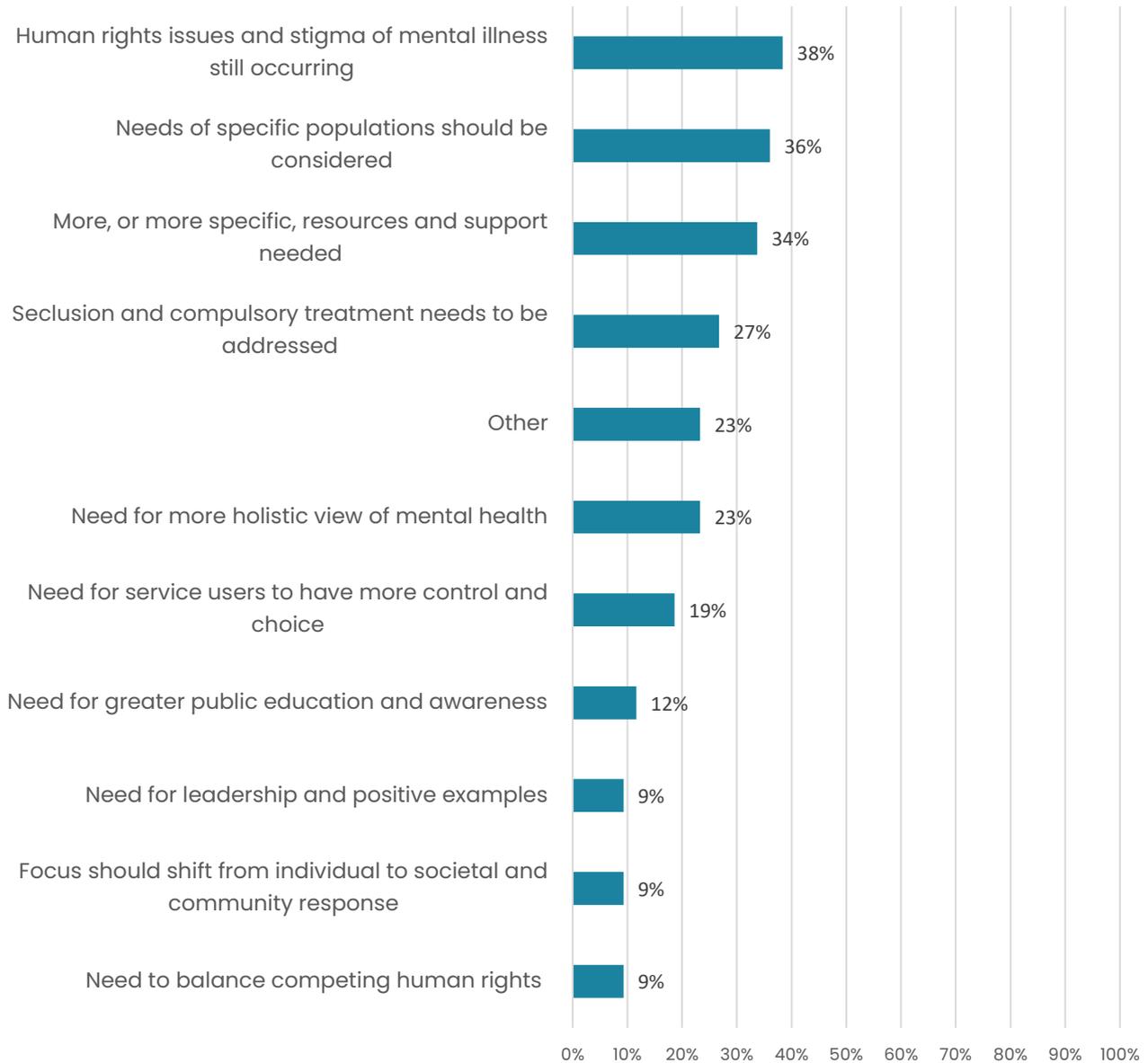
Uphold human rights

All respondents were asked to share their thoughts on: "*Uphold human rights – human rights are central to implementing an effective, equitable and balanced future mental health and addiction system*".



- Despite a relatively low number of submissions directly addressing this principle, overall support was still high (66%).
- The main reservations or refinements that respondents wished to have highlighted were:
 - *Human rights issues and stigma of mental illness still occurring* (38%) – Many respondents stated their concerns that a range of human rights abuses, including stigmatisation of mental illness, were still occurring, and that this needs to be explicitly noted and addressed in the pathway in order to realise this principle.
 - *Needs of specific populations should be considered* (36%) – Consistent with the previous point, the needs and rights of specific populations need to be acknowledged and addressed to ensure human rights are upheld for all in the community.
 - *More, or more specific, resources and support needed* (34%) – A range of resources and support mechanisms (funding, community services, advocacy, early intervention initiatives, legal protections, heightened awareness) were considered essential to address existing rights issues and promote equitable health outcomes.
 - *Seclusion and compulsory treatment needs to be addressed* (27%) – Related to the wider concern about human rights abuses, some respondents felt strongly that rights issues within the mental health system could not be fully addressed without dealing with existing practices of compulsory seclusion and involuntary restraint.
 - *Need for more holistic view of mental health* (23%) – In order to enhance the manifestation of human rights related to mental wellbeing, some respondents believed that less pathological models of health, focused on more holistic or community-based models and practices, were necessary.

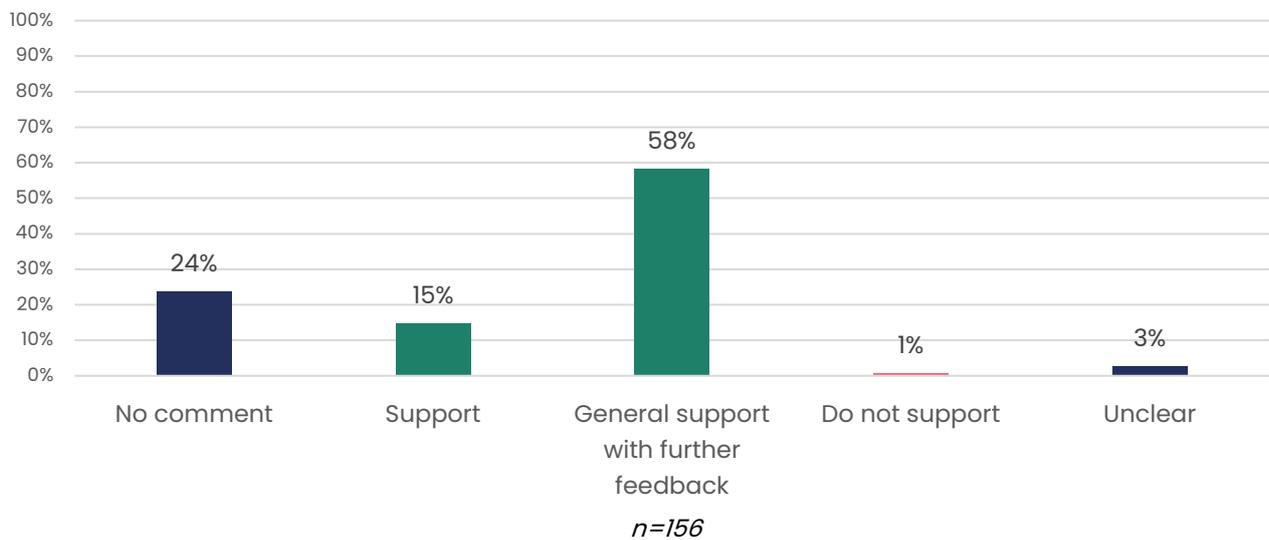
- *Need for service users to have more control and choice (19%)* – Several respondents believed that allowing clients more control (or more collaboration) in their own health needs and treatments underpins the principle of upholding human rights in mental health, and needs to be reflected in the pathway accordingly.



n=86 provided additional comments

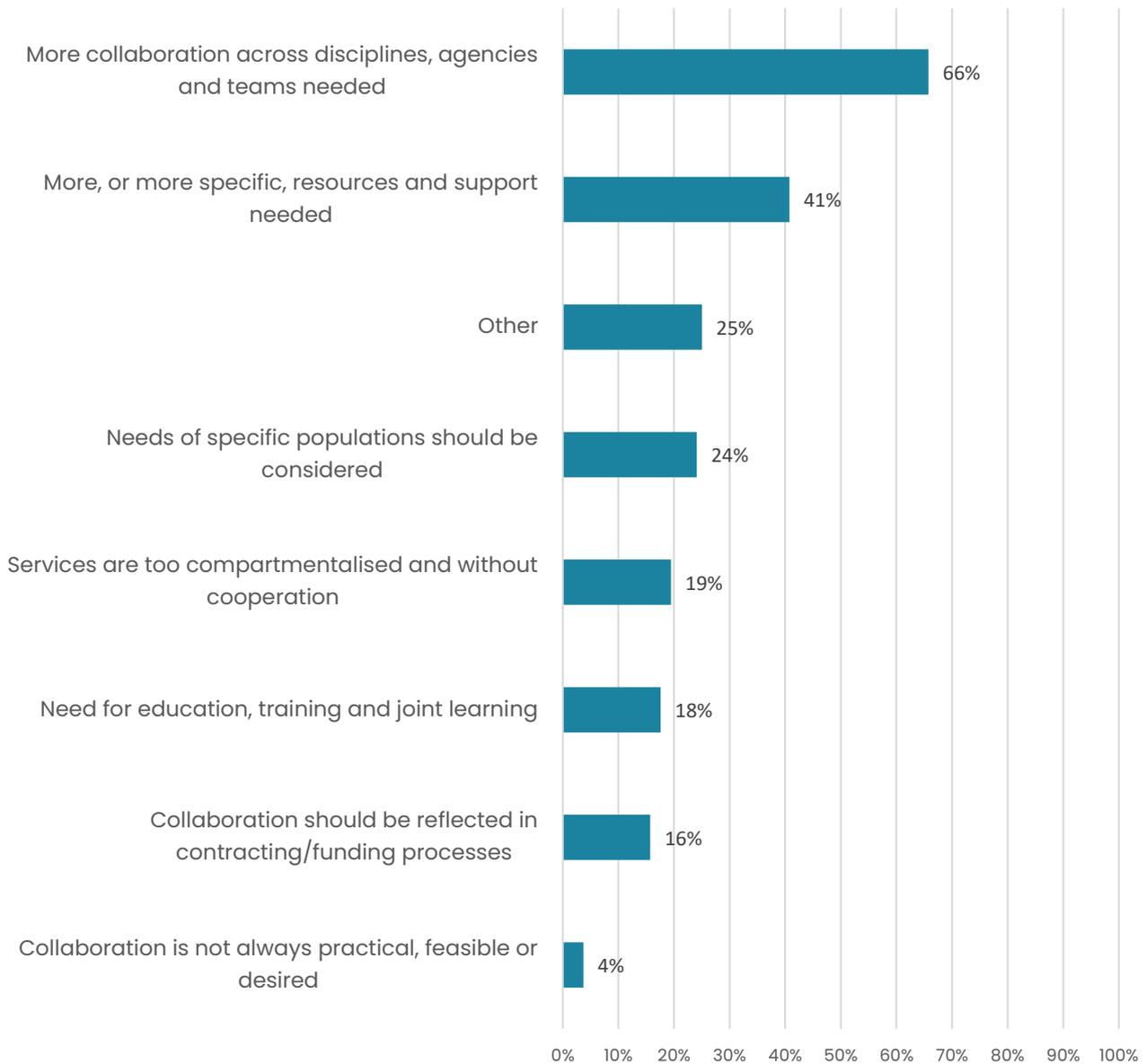
Collaboration

All respondents were asked to share their thoughts on: "*Collaboration – working together is vital to create stability, efficiency and enhanced support for New Zealanders*".



- Three-quarters (73%) of submissions explicitly supported this principle, although many respondents did so with reservations and/or refinements noted.
- The main issues raised in relation to Collaboration included:
 - *More collaboration across disciplines, agencies and teams needed (66%)* – The outstanding concern here was the essential need for more (or more enhanced) connectedness between services, agencies and disciplines in order to achieve the goal of collaboration. Existing collaborative practice was acknowledged where relevant, with a desire for more connection and team relationships where needed.
 - *More, or more specific, resources and support needed (41%)* – As effective collaboration requires clear coordination, time and communication, many respondents acknowledged the need for more resources (e.g. funding, smoother processes, clearer referral pathways, staffing capacity) to enable this.
 - *Needs of specific populations should be considered (24%)* – The inclusion of communities from a wide range of populations and needs groups was considered a key element in effective collaboration.
 - *Services are too compartmentalised and without cooperation (19%)* – Consistent with the first point, some respondents emphasised that many services currently operate in ‘silos’, with barriers to cooperation needing to be recognised and addressed before effective collaboration can be implemented.
 - *Need for education, training and joint learning (18%)* – In order to address concerns around existing relationships, and to enhance further partnerships, several submissions noted the need for greater training in collaborative approaches, including joint learning around specific health and shared community needs.

- *Collaboration should be reflected in contracting/funding processes (16%)* – Some respondents also raised a concern that collaborative partnerships are currently limited by existing contracting processes (including competitive funding, procurement timelines, short-term contracts), highlighting the need to address these core barriers to help enable and support true collaborative practice.

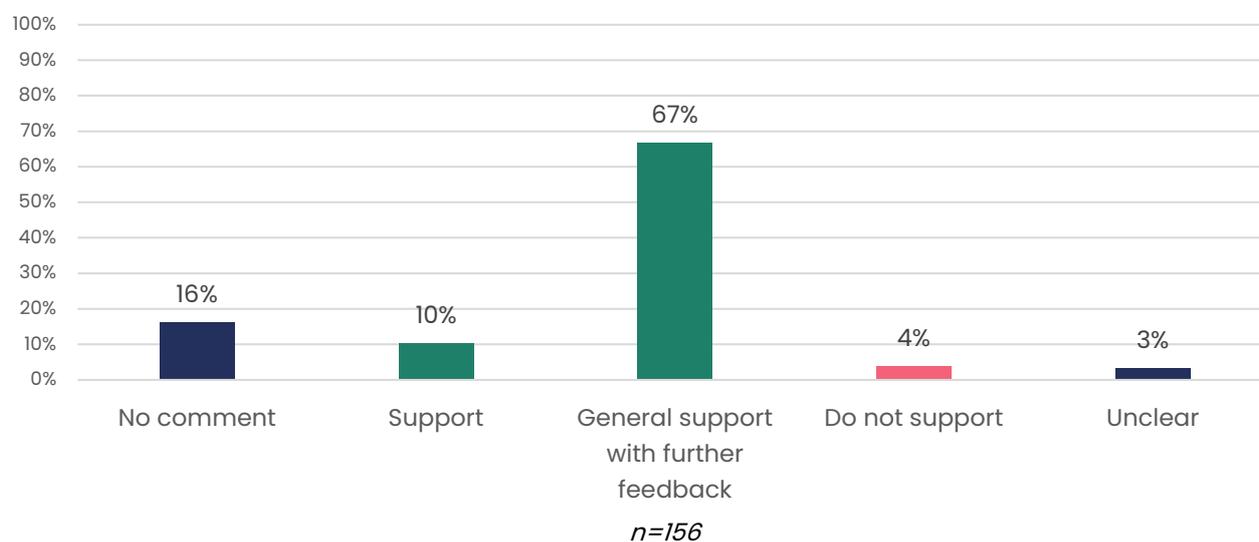


n=108 provided additional comments

“Collaboration also needs an equity lens when it comes to different viewpoints. It does not matter who or where a good idea comes from, what matters is that the acceptance of this idea is not based on what the person who made it is qualified in or what their social status is. This is still a problem in many areas especially in health where the clinical voice overcomes the lived experience or practical voice.” DHB

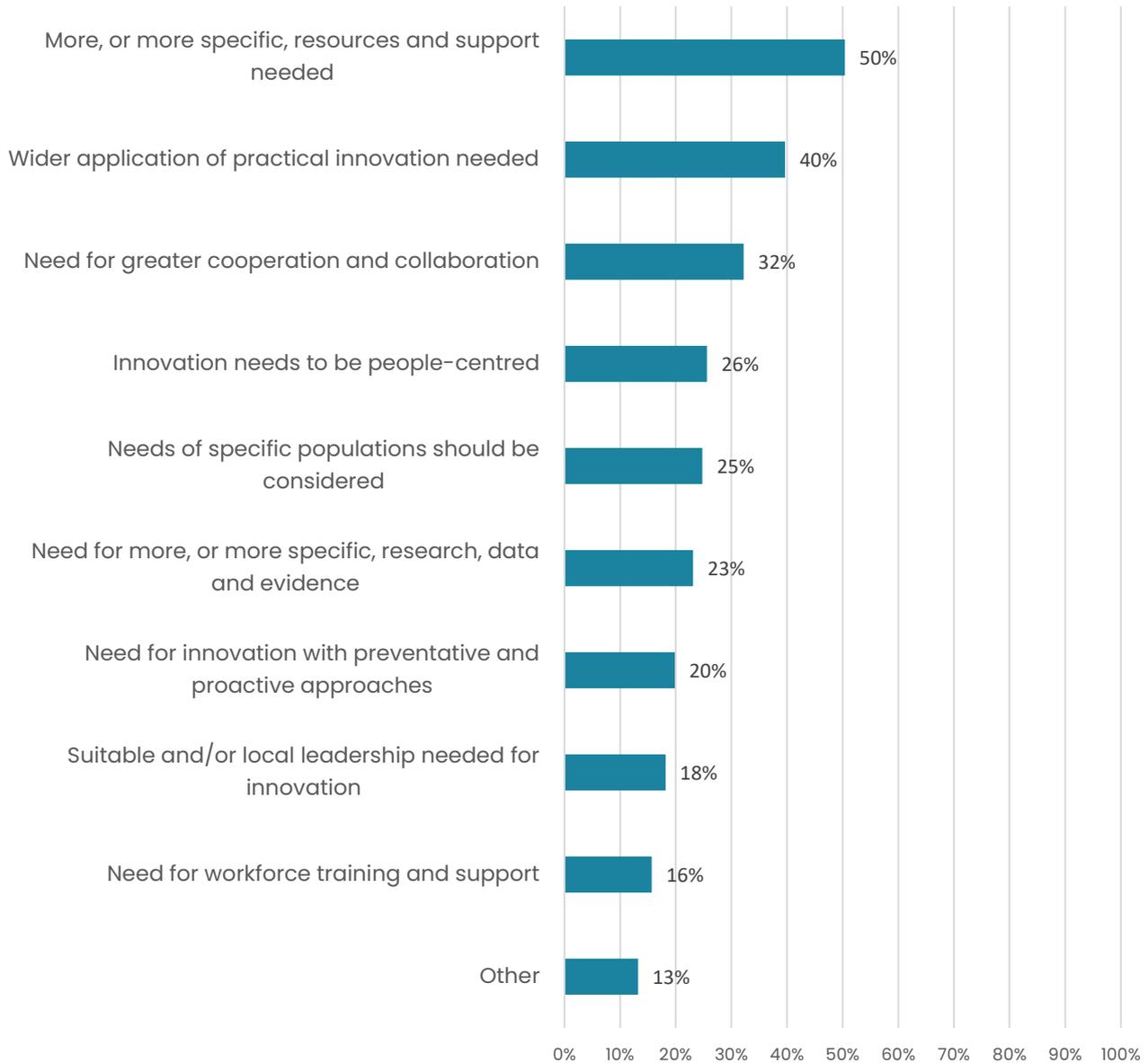
Innovation

All respondents were asked to share their thoughts on: "*Innovation – innovative and original approaches to mental and social wellbeing support will facilitate transformation of the mental health and addiction system*".



- Innovation elicited the most feedback across all principles, with a high degree of overall support (77%) – although relatively few indicating outright support without further concerns or refinements.
- The main issues raised in relation to Innovation reflected the other principles, and reinforced some of the common themes already expressed:
 - *More, or more specific, resources and support needed (50%)* – The predominant concern here was that effective innovation does (or will) require greater resourcing and support; for example, in the form of funding, workforce capacity, specialised training and supervision provision, communication channels, adequate systems and processes, and other factors.
 - *Wider application of practical innovation needed (40%)* – There was also a perceived need that innovation must be principally focused on community relevance, addressing practical needs in a sustainable way, by applying knowledge and improving service effectiveness across the wider community, including more specific populations.
 - *Need for greater cooperation and collaboration (32%)* – Collaboration and increased information sharing across services and communities is seen as essential to facilitating more innovative systems and approaches.
 - *Innovation needs to be people-centred (26%)* – Reflecting the earlier principle, and supporting the desire for greater practical applications, many respondents wished to ensure that innovative approaches were ultimately centred on (and driven by) the needs of people and communities that will benefit from them.
 - *Needs of specific populations should be considered (25%)* – As for previous principles, the needs of specific communities and population groups need to be reflected in the delivery of innovation.

- *Need for more, or more specific, research, data and evidence (23%)* – Several submissions also stressed the need for research and data in the conception, design and delivery of any innovative services or practices, with the need for evidence-based and outcome-focused approaches a necessary consideration.



n=121 provided additional comments

“Innovation will be driven by consumers, whānau and community enabled by people working across the mental health and addiction system. This will also require social service provider and our society to support and make New Zealand a kinder place. Most determinants of mental health and wellbeing sit outside of the health sector; this is everyone’s business. Any innovations should be fully evaluated, to ensure that evidence of effectiveness is captured. This will require funding to support such evaluation.” DHB

FEEDBACK ON THE FOCUS AREAS

The mental wellbeing framework includes focus areas across the spectrum of mental health and addiction supports, from promotion and prevention to specialist support. Respondents were asked to share thoughts on where support needs to be directed.

All respondents were asked to share their thoughts on: *“What support is most needed to build the ability of communities to initiate and lead mental wellbeing initiatives?”.*



n=130 provided comments

- Most respondents (83%) commented on support needed to build the ability and capacity of communities to initiate, lead and deliver mental wellbeing initiatives.

-
- 38% of respondents advocated for further *community engagement, information, education and promotion* as essential to mental wellbeing initiatives.
 - 33% of respondents believed support is needed to strengthen the *community services, initiatives or facilities*, with 30% also highlighting the need for more *funding and/or resources for service providers*.
 - 28% of respondents advocated for a *community-led approach* to build on and strengthen community-focused responses to mental wellbeing needs.
 - Creating a sustainable environment that meets the fundamental social, cultural and economic needs as foundations to support mental wellbeing was cited by 28% of respondents.
 - Other contributing factors were mentioned that reflected previous areas of feedback, including *training to develop a skilled workforce* (24%) and *collaboration and service integration* (21%).
-

"Focus on poverty, housing, healthy living through resources, education, employment etc is primary concern and then greater availability of primary health services informed by psychological practices, education, health promotion, education, availability of talking therapies and so forth." DHB

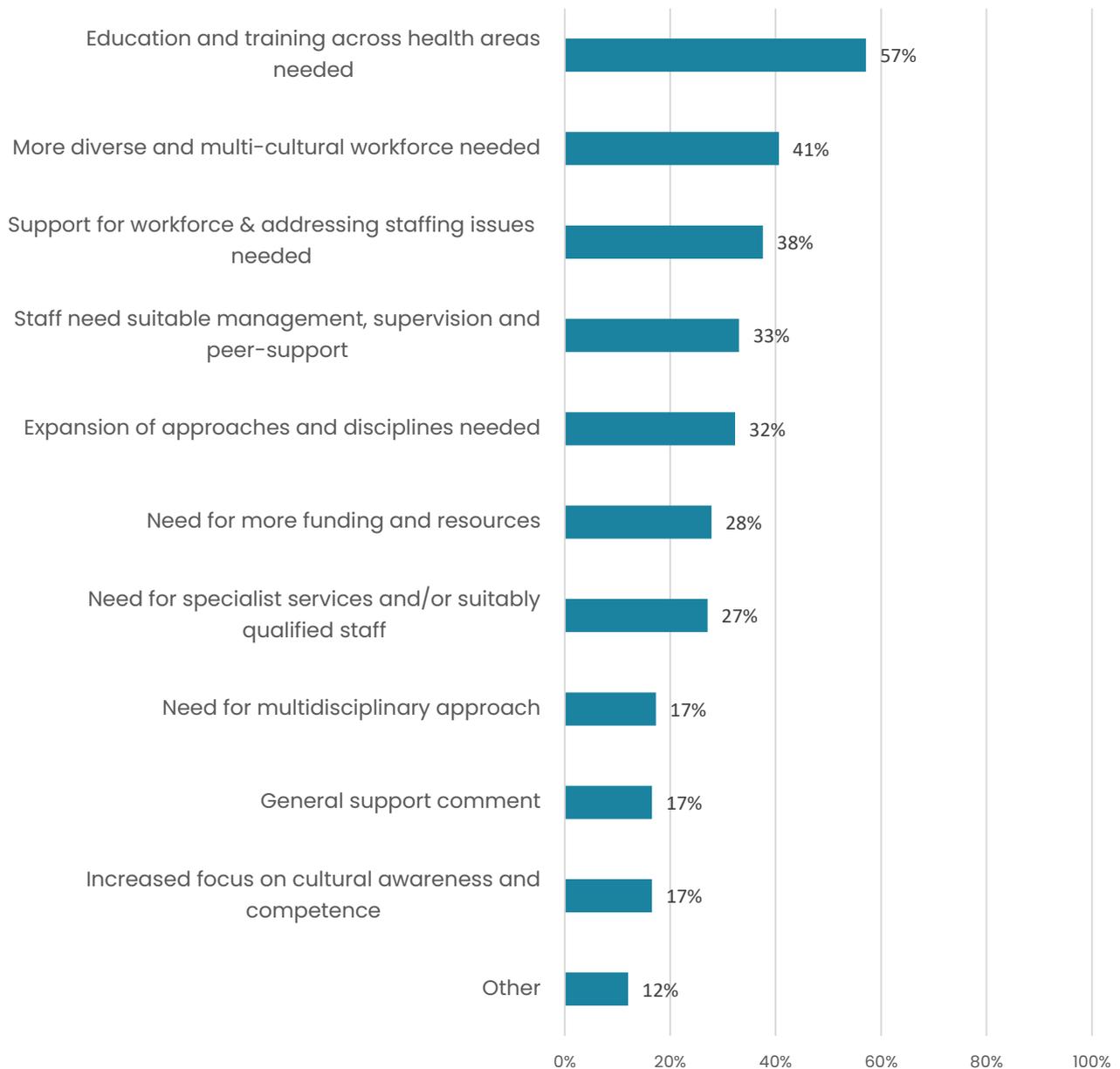
"Support and treatment services need to be designed through genuine partnership with communities and with a workforce that believes in people and whānau." DHB

FEEDBACK ON ENABLERS

Enablers are the key areas which, if investment is directed, can best support transformation. Respondents were asked to provide feedback on each of these enablers.

Workforce

All respondents were asked to share their thoughts on: *"Workforce – growing and supporting a sustainable, diverse, competent and confident mental health and addiction workforce"*.



n=133 provided comments

- Stakeholders who took part in this engagement generally agreed with growing and supporting a sustainable, diverse, competent, and confident mental health and addiction workforce.

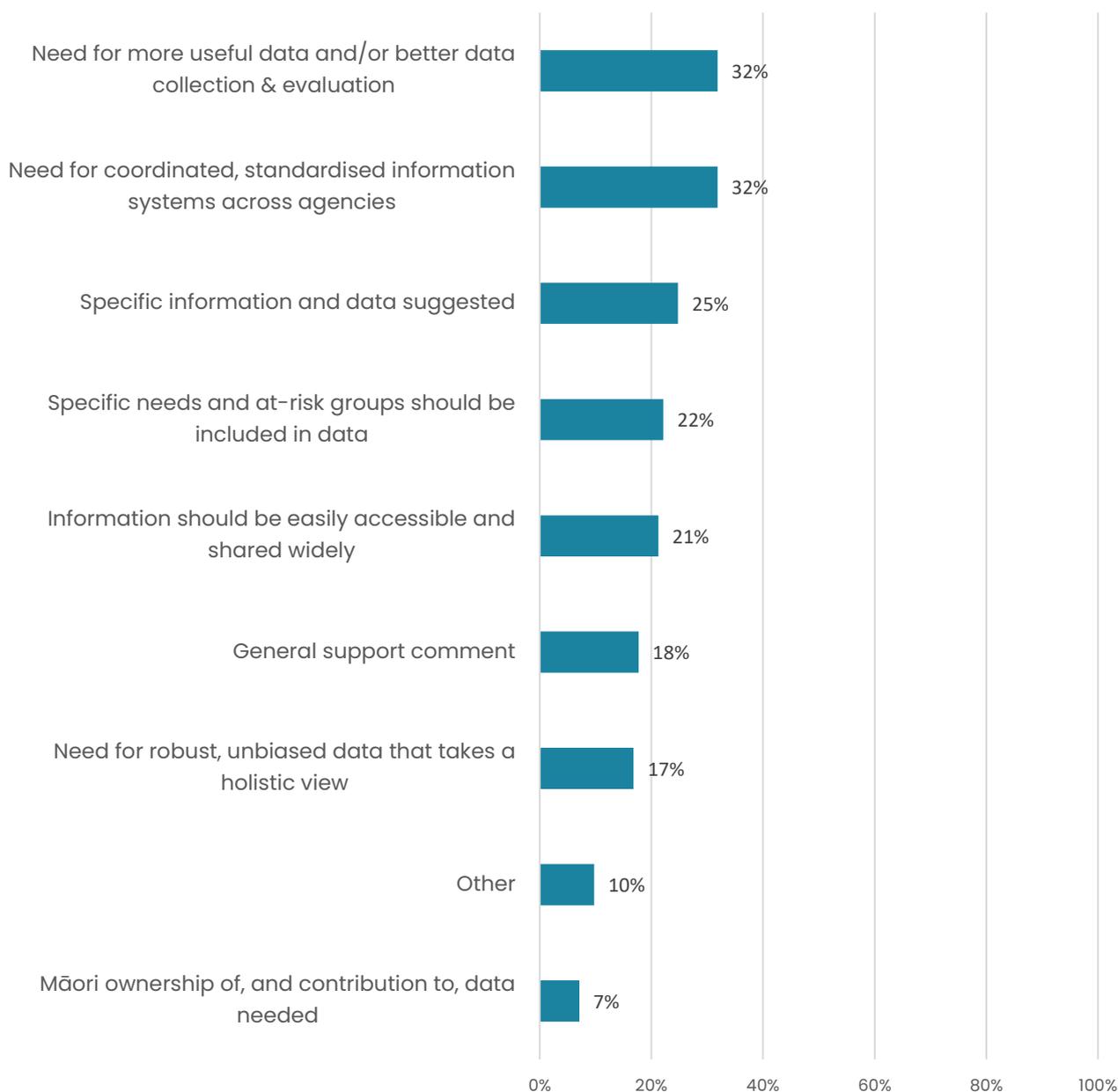
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- In this context, over half of submitted comments (57%) emphasised the need for further *education and training* in specific areas.
 - 41% of respondents believed a more *diverse and multi-cultural workforce* is needed, including *specific populations* (e.g. lived experience) reflecting the communities they work in.
 - An important concern was to address staffing levels, retention and provide wellbeing support for health care workers (*support for workforce & addressing staffing issues needed*), at 38%.
 - *Staff need suitable management, supervision and peer-support, expansion of approaches and disciplines, and specialist services and/or suitably qualified staff* were also raised as contributing factors to an enhanced workforce.
-

"This is vital and needs to reflect the population - planning and great education for the workforce with supportive elements embedded." Health NGOs and networks

"Have a multicultural workforce that has compassion and understanding of community." DHB

Information and data

All respondents were asked to share their thoughts on: "*Information and data – timely, accurate and comprehensive information and data will be crucial for longer-term success*".



n=113 provided comments

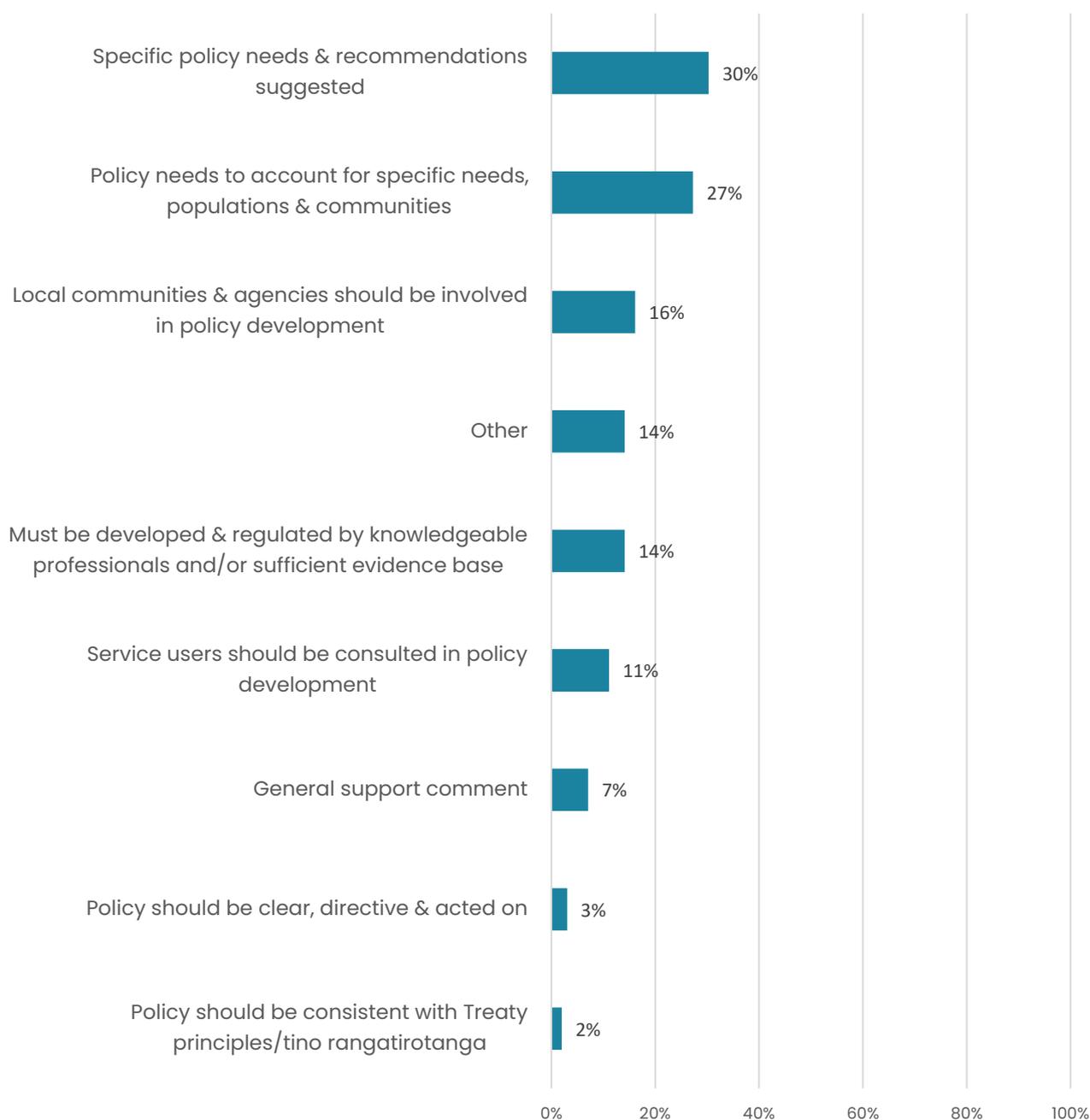
- Information and data quality are crucial to assess the effects of COVID-19 and other health issues on the population, and 72% of respondents commented on this area of action.
- Overall, gathering and facilitating on-the-ground information on community needs and at-risk groups was considered important. However, 32% of respondents emphasised their concerns about current or future *need for more useful data and/or better data collection & evaluation*, including infrastructure capacity and meaningful use of data.

-
- 32% of respondents believed that timely, accurate and comprehensive information and data should be achieved through *coordinated, standardised information systems across agencies* shared across the sector.
 - Around one-quarter of submissions pointed to existing gaps in information collection and/or reporting, or made related suggestions recommending that a range of specific information and data needs are met.
 - *Easily accessible and shared widely* information (21%) across service providers was also a vital factor.
-

"Investment in data analysis is key. We need to understand information in both qualitative and quantitative terms. We are well placed through our national network to gather information but need to build our ability to better use it. Then to channel resourcing more appropriately to achieve outcomes." Social services/other NGOs

Policy and regulation

All respondents were asked to share their thoughts on: “Policy and regulation – policy decisions and legislative changes set the framework within which on-the-ground services operate”.



n=99 provided comments

- One of the priorities identified in the Government’s response to *He Ara Oranga* was the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act). Work has begun on legislative reform to support human rights, place people and whānau at the centre, and improve equity. 63% of respondents expressed their thoughts on these areas of action.

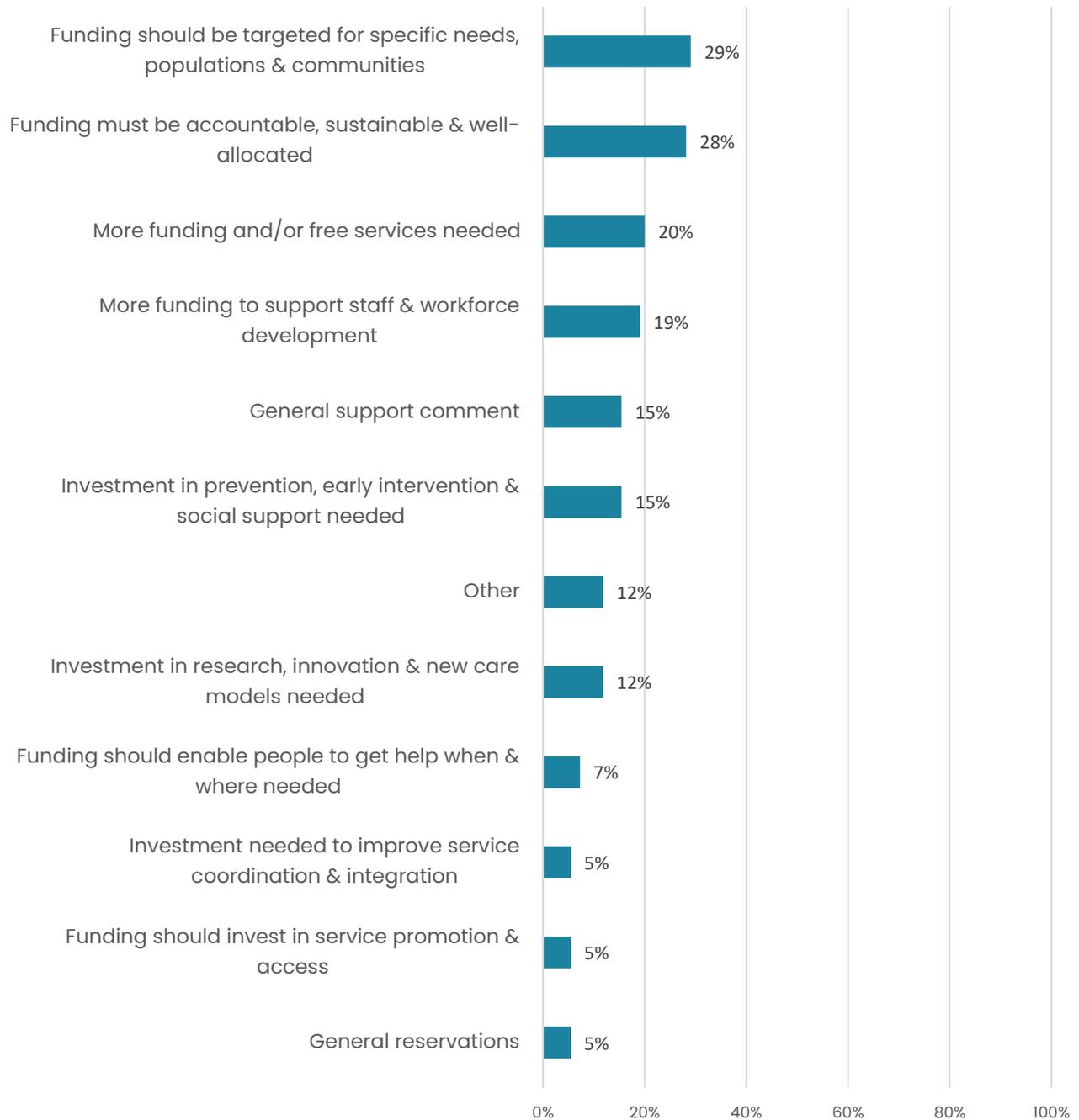
-
- 30% of feedback emphasised specific *policy needs & recommendations*, and a further 27% suggested that *policy needs to account for specific needs, populations & communities*.
 - Local involvement (*local communities & agencies should be involved in policy development*), collaboration (*service users should be consulted in policy development*), and sufficient knowledge base (*must be developed & regulated by knowledgeable professionals and/or sufficient evidence base*) were also important factors mentioned by respondents.
-

"There should be stronger expectations set regarding integrated ways of working across services and agencies to support mental wellbeing, moving towards shared responsibility for community wellbeing – across communities, services, agencies. This could include shared requirements across health and other agencies for one plan for a community's health and wellbeing and data sets that sit across agencies with outcomes developed and agreed with people and whānau." DHB

"Support industry standard across the board, with basic principles. Accountability and capacity for providers to deliver on. Link with aspiration of project." Health NGOs and networks

Investment

All respondents were asked to share their thoughts on: *"Investment – ongoing investments and enhancements to existing funding arrangements will be critical for ensuring people in Aotearoa New Zealand have free and easy access to a range of mental wellbeing support"*.



n=110 provided comments

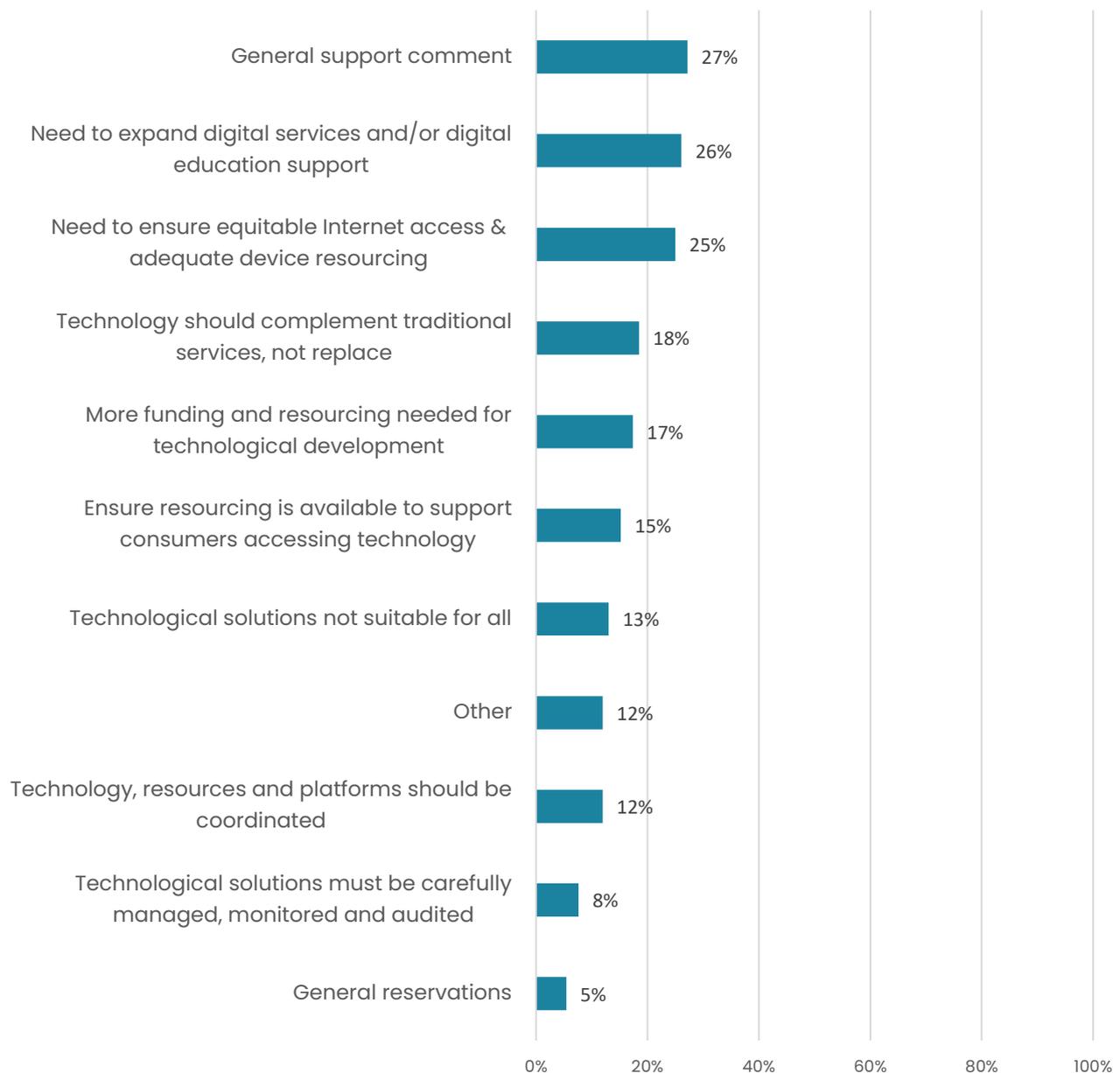
- Consistent with the common theme of funding and resourcing throughout the engagement, 71% of respondents commented on ongoing investments and enhancements to existing funding arrangements for ensuring that people in Aotearoa New Zealand have free and easy access to a range of mental wellbeing support.

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- *Accountable, sustainable & well-allocated* funding was perceived as an essential part of mental wellbeing support (28%), to ensure that funding is going to the right people and places.
 - Targeted funding for *specific needs, populations & communities* (29%), including wellbeing support where it is most needed, was considered of high importance.
 - Several respondents also raised the need for adequate funding to meet staffing and training needs (19%).
 - While a general need for more funding and/or fully-funded services was acknowledged (20%), some respondents felt investment should go further - into wider societal and preventative needs, in order to more comprehensively address mental wellbeing.
-

"Make sure there is robust accountability, with simple reporting measures. Do this from the outset, so you can measure the effectiveness of a given model." Health NGOs and networks

Technology

All respondents were asked to share their thoughts on: "*Technology – ensuring resources reach people with limited access to digital technology is a priority*".



n=92 provided comments

- 59% of stakeholders participating in the engagement provided their comments in relation to technology. While no specific issues stood out, a range of concerns was addressed.
- As many people in Aotearoa New Zealand have embraced digital platforms during COVID-19, the respondents generally supported the priority to ensure resources reach everyone (including people with limited access to digital technology).
- In this context, 26% of comments mentioned the need to *expand digital services and/or digital education support*.
- At the same time, 25% of respondents expressed their concern about adequate technology access (*need to ensure equitable Internet access & adequate device resourcing*), and a

further 18% mentioned the use of technology still needs to *complement traditional services, not replace*.

- To enable changes, 17% of respondents believed more *funding and resourcing needed for technological development*, and 15% specifically mentioned more resourcing at the consumer end (*support consumers accessing technology*).
 - 13% of respondents emphasised that technology/device usage is still *not suitable for all* and 5% expressed general reservations.
-

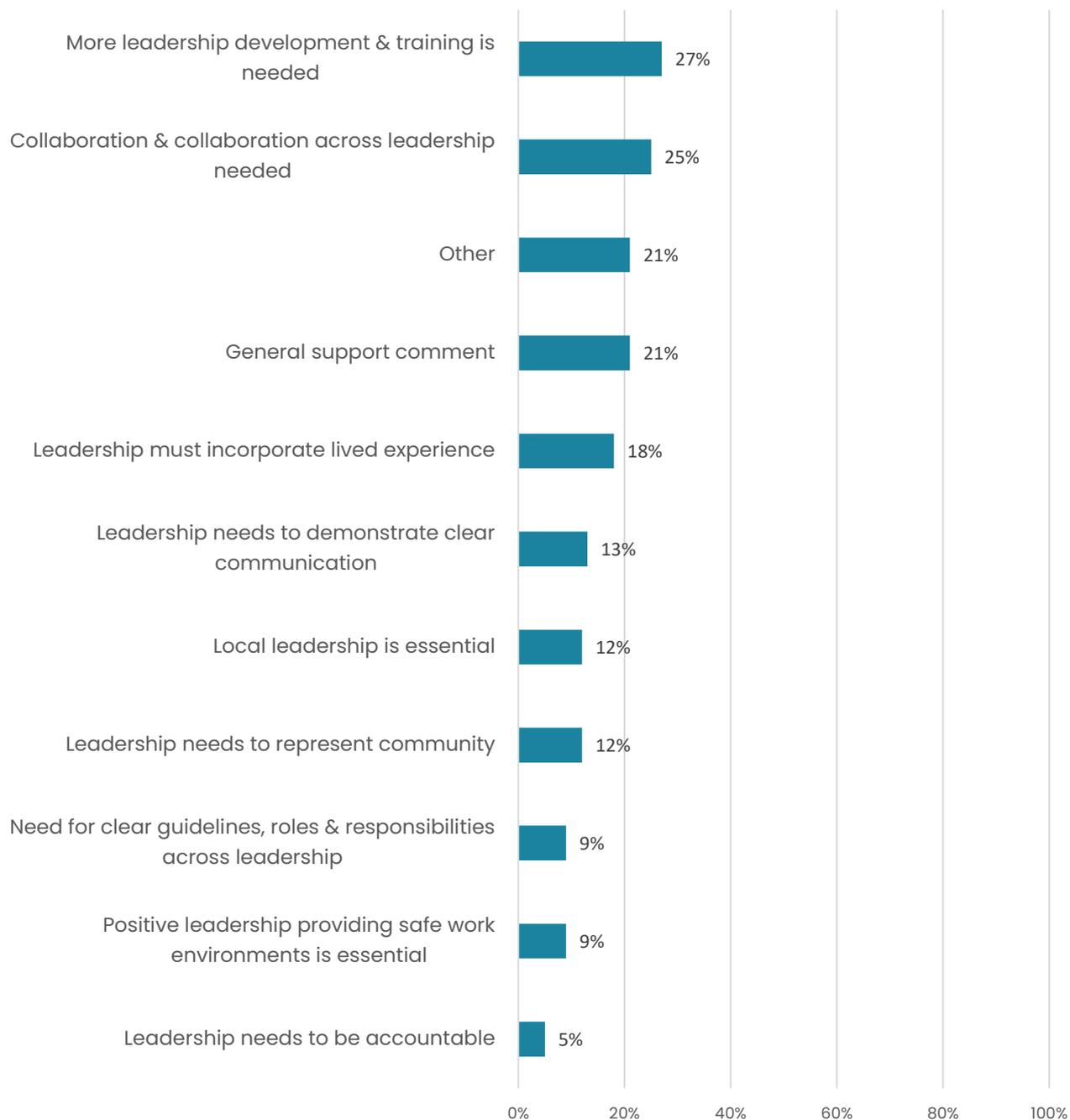
"Access to Technology to those that cannot afford need to be considered, as people can be digitally literate but financially unable to access help. With the change COVID has brought on board, more people are comfortable having digital help." PHO and general practices

"Yes, but not to lose sight of the human touch, and for those communities for whom technology is not accessible." Local authorities

"Figuring out the balance in technology investment. Ensuring that technological interventions also have components that could bring people together, face-to-face." Social services/other NGOs

Leadership

All respondents were asked to share their thoughts on: *"Leadership – effective communication, collaboration and guidance from leaders will help ensure responses are coordinated, mental wellbeing needs are met, and individuals and whānau feel supported"*.



n=100 provided comments

- Almost two-thirds (64%) of stakeholders participating in the engagement commented on Leadership support required to ensure successful implementation of actions across the focus areas.
- Most comments supported the idea that strong leadership at all levels is essential, employing effective communication, collaboration and guidance.

-
- 27% of respondents identified that further *leadership development & training* opportunities are needed to transform mental wellbeing support.
 - In addition, *collaboration & collaboration across leadership* (25%) were cited as important elements of leadership across the sector to ensure mental wellbeing needs are met.
 - 18% of respondents also mentioned that *lived experience* perspectives need to be incorporated into leadership development to ensure individuals and whānau feel supported in a manner that is relevant to their personal circumstances.
-

"The Government has committed to continue to seek advice from Maori leaders & stakeholders when it comes to mental health, addiction and related areas. This must continue to shape the reform at a national level. We have to acknowledge the many audiences and ensure all are connected: e.g. local, regional and national groups; whānau, hapu, Iwi; key agencies that cover mental health, addiction, suicide prevention, justice, education, health, employment, community etc." Workforce centres

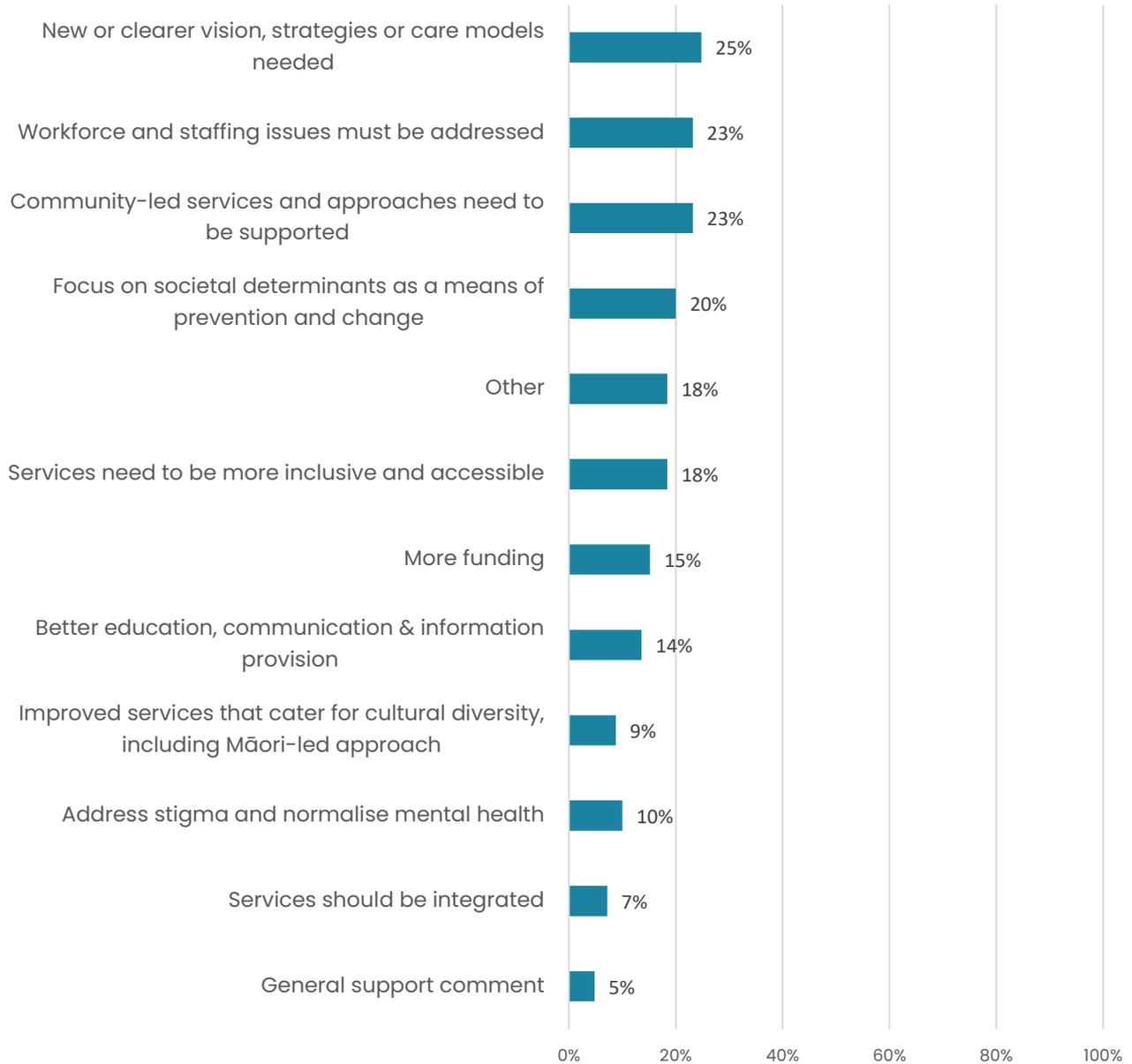
"Inclusive leadership and open collaboration will be vital - listening to all points of view and giving time for respectful responses." Health NGOs and networks

"Training for our leaders is essential. Leaders need to be versed in all the above to be effective." Health NGOs and networks

NEXT STEPS

Long-term shifts

All respondents were asked to share their thoughts on: “What are the key longer-term shifts (ie, in the next 6-10 years) you think are needed to support system transformation?”.



n=125 provided comments

- 80% of stakeholders who took part in this engagement provided suggestions on what long-term shifts are required to support sustainable system transformation.
- Multiple suggestions were provided, reflecting the range of needs identified throughout the engagement:
 - In order to support outlined changes, *new or clearer vision, strategies or care models* (25%) need to be adopted.

-
- *Workforce and staffing issues must be addressed* (23%) to support the changes, providing sufficient pathway opportunities (attracting, upskilling, retaining workforce) to maintain required service levels.
 - New services and approaches need to be *community-led* (23%) to manage community needs, while providing better integration.
 - Respondents again noted that societal-level *preventative changes* (20%), with *more inclusive and accessible* services (18%) are also important, and *funding* (15%) is an essential component of this.
-

"Mental health promotion at the fore in public health and in the mental health/addictions sectors alongside adequately resourced services across primary community and secondary settings. [Support] increased community-based options for people to access directly (eg peer-led crisis café, respite, day activity). Integration across providers of services and the communication required to enable this remain key to future success." DHB

"There needs to be a clear 10-year vision for mental health that is well communicated to all." Social services/other NGOs

"Education, upskilling of current clinicians, attraction to workforce to maintain a steady workforce. Value the current staff that are willing to upskill." PHO and general practices

ADDITIONAL FEEDBACK

Independent written submissions and interview/focus group feedback

During the course of this engagement, 25 organisations (see table below) presented their independent written submissions and/or participated in the Ministry’s in-depth interviews/focus groups.

Table 2 List of organisations and stakeholders

Organisation/stakeholder
Office of the Children’s Commissioner
Health and Disability Commission
Kāinga Ora
Platform Trust
The Royal New Zealand College of General Practitioners
Mental Health Foundation
Nelson Marlborough Health
The New Zealand Nurses Organisation
Te Piki Oranga
Te Ao Māramatanga New Zealand College of Mental Health Nursing
Mental Health and Wellbeing Commission
Te Pou
Salvation Army
Mental Health Foundation
Rural Support Trust
Mentemia
Platform Trust
Mind and Body
PwC
Health Quality and Safety Commission
Changing Minds
Le Va
Health Promotion Agency
Youthline
Homecare Medical

Submissions made to the Ministry of Health considered the mental health and wellbeing framework that was initially published in *Kia Kaha, Kia Maia, Kia Ora Aotearoa*, and specifically the principles, key focus areas and enablers contained within the framework. Overall, submitters expressed demonstrable support for all the principles

outlined in the mental wellbeing framework, initially published in *Kia Kaha*, with recommendations made to enhance these further.

Foremost, concerns were raised about the pathway needing to take a broader, future-focused view. That included ensuring the mental wellbeing framework initially published in *Kia Kaha, Kia Maia, Kia Ora Aotearoa* was flexible to underpin transformation into the future.

However, respondents felt the 38 recommendations either accepted, or accepted in principle as part of the Government’s response to *He Ara Oranga*, should be clearly embedded within the pathway. *Kia Kaha*, and the encompassed mental wellbeing framework, were not considered detailed enough to be classed as an action plan. This view was echoed by a few organisations, suggesting clarity is needed around its vision if it is to be taken forward and developed into the long-term pathway – what is to be done, by who and how? Targeted actions that reduce social inequalities need to be included.

“Prioritises tamariki and rangatahi Māori and children and young people facing the biggest mental health and wellbeing inequities (Māori, Pacific, disabled, LGBTQIA+, and those living in state care or in high deprivation), with an intentional focus on intersectionality.”

These actions should address discrimination. Further, actions should address colonial effects on Māori, and prioritise the most vulnerable groups facing the biggest inequities. Additionally, respondents advocated for the clear inclusion of children and young people throughout the pathway.

Consensus was clear among all submissions and focus groups that these distinct populations should be heard, considered and supported to co-design and deliver mental wellbeing and addiction outcomes, with the power balance equal across government, NGOs, sector, community, whānau and individuals. Underpinning the pathway with Te Tiriti o Waitangi was believed to require a Māori-led approach throughout the process to honour it in full. Kaupapa Māori services were believed to have not been prioritised and the pathway needs to clearly state how it will benefit Māori. Numerous comments referred to the need for the pathway to be much more explicit in its wording.

“[Particular matters of interest and concern for the Mental Health and Addictions (MH&A) services include] the need to better meet demand in our community as well as the need to intervene early, and work to minimise or prevent MH&A issues from arising later in life. We are committed to addressing the inequity that exists and this includes the need to take a more person and whānau centred approach to providing services and support, as well as paying attention to adopting a social determinants approach to mental wellbeing; with more targeted approaches for vulnerable communities for issues such as suicide prevention; alcohol and other drugs harm reduction strategies and recognising past and

A variety of solutions were offered. Some of these focused on robust engagement strategies, careful use of language, working

with communities, and placing emphasis on safety rather than risks.

There were suggestions that the mental wellbeing framework still leans towards a deficit model. It was argued that a population wellbeing approach should instead be the focus, and invested in accordingly.

Respondents noted that mental health concerns are often symptoms of other factors affecting wellbeing. The focus groups identified how the wellbeing model will best be achieved: transfer of responsibility to NGOs and communities; power-sharing (not a top-down hierarchy); transferring the bulk of funding to communities instead of specialist services; holistic care and community-led initiatives; all-of-government and cross-agency collaboration.

Complementing the wellbeing model, which focuses on social determinants of health, is the mental health and addiction workforce.

To further enable the workforce, however, more attention is needed to: define roles clearly, particularly for peer support workers; and improve pay-parity and the power balance. The pathway should emphasise removing barriers for Māori to study nursing, and overall wellbeing of the workforce. Positive wellbeing should be integrated into the curriculum, and specialised mental health education/training better supported and resourced.

In addition to services, relationships should be promoted to ensure perceptions of mental health, and talking about this, are mana enhancing.

The submissions discussed each of the above factors as intertwined aspects of an integrated mental health model.

The challenges of implementing the pathway, in the context of existing needs, were acknowledged.

It was stressed that GPs are facing unsustainable demand, there is inequity of care for patients, and insufficient follow-through with specialist care.

“Without access to psychologists, the burden of providing the necessary care falls back on the general practitioner. The care that such patients require is not easy to provide within the current model of care with 15-minute timeslots and patient co-payments.”

For the pathway to be a success, many submissions made clear that goals and

targets need to be monitored and measured regularly to ensure government accountability. Innovative solutions are thought to require community-led development, a review of traditional procurement and protocols, and bold action that does not get caught up in bureaucracy. Technology was named as a great tool for promoting and accessing resources, but personal interactions were still vital. Ultimately, respondents believed that upending the status quo and enabling whānau, community and the system to engage flexibly and appropriately will lead to improved wellbeing outcomes for all.

ADDITIONAL INFORMATION

ABOUT SIL RESEARCH

SIL Research is a full-service research company, located in Napier, Hawke's Bay. We offer both quantitative and qualitative research throughout New Zealand.

Our primary focus is the delivery of intelligent business research to assist organisations in making informed strategic, tactical and day-to-day decisions.

Our research areas include the following:

- Local Government, LTCCP and LOS Research (Transport, Infrastructure, Ratepayer surveys, Environment, Civil defence, Core Recreational Facilities Research)
- General and Specific Customer Satisfaction and Opinion Research
- Secondary and Tertiary Education Sector Research
- Electricity Industry Sector Research
- Primary Industries Sector Research
- Banking, Building Society Sector Research
- Media and Marketing Communications Research
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Operating a 'dynamic' field force we are able to create specialised teams of researchers to undertake data collection using a wide variety of methodologies (telephone, in-depth interviews, surveys, online, focus groups etc.) to meet the specific research needs of our clients.

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