



Mental Health and Wellbeing

Quarter one update (July–September 2020)

Year two of delivering the Government's
response to *He Ara Oranga*

New Zealand Government



Contents

Quarter one update	3
Establishing the Mental Health and Wellbeing Commission	4
Initial amendments to the Mental Health Act	4
Revised guidelines to the Mental Health Act	4
Focusing on wellbeing and early intervention	5
Services for priority populations	6
Suicide prevention	7
Enhancing specialist, crisis and forensic services	7
Minimising addiction harm	8
Wellbeing response to COVID-19	9
Regional spread of new services from Budget 19 and other priority initiatives	10

All figures in this document are rounded.

Quarter one update

Kia ora

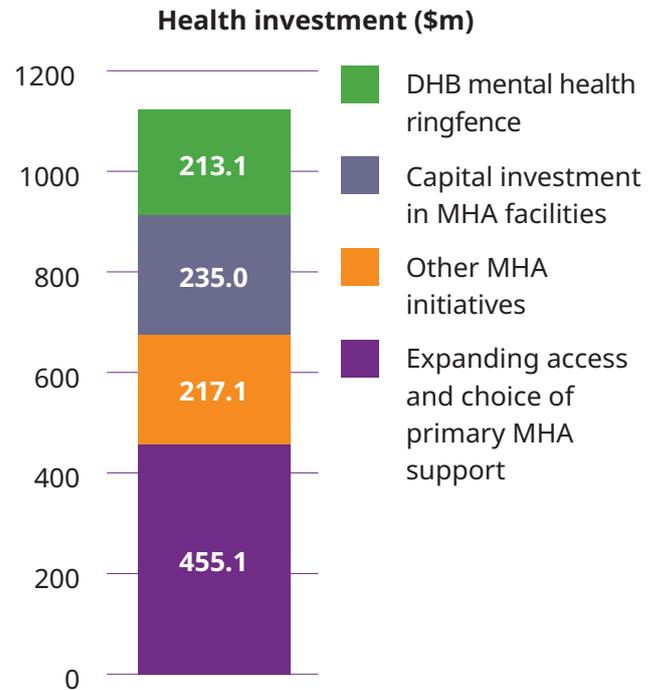
We are now through the first quarter of the 2020/21 financial year and there is significant momentum in the Mental Health and Addiction Directorate's programme.

The foundations that were developed during the first year of delivery have enabled several new services to be announced and to begin rolling out in the first quarter of the year. We're expecting to see that continue through the second quarter of the year. The challenge continues to be ensuring that the pace of standing up new services is supported by workforce development and expansion, and allows for ongoing collaboration.

There continues to be significant interest in where the \$1.9 billion of mental wellbeing funding invested through Budget 19 is going. This investment is more critical now than ever to support our ongoing recovery from COVID-19 and to ensure people have access to the range of services needed to support mental wellbeing.

Health initiatives are just a subset of the wider \$1.9 billion mental wellbeing package, which is being delivered across a range of Votes and government agencies including Health, Social Development, Education, Housing and Urban Development, Corrections, Police and Justice. This package of initiatives seeks to address social determinants of mental health and wellbeing and reflects a whole-of-government approach to supporting New Zealanders' mental wellbeing.

Of the \$1.9 billion over four years, approximately \$1.1 billion was provided for health facilities and initiatives. Of that, approximately \$235 million was allocated for capital investment in mental health and addiction facilities and approximately \$883 million for mental health and addiction initiatives. Of the \$883 million, \$213 million over four years



was allocated as an uplift to district health boards' ringfenced funding resulting from cost pressures. This leaves approximately \$670 million over four years allocated across a range of new initiatives, including \$455 million over four years dedicated to expanding access and choice of primary mental health and addiction services. The funding profile of this investment increases each year over the four year period.

This report is an update on the highlights of the quarter in relation to the significant health funding areas from Budget 19 as well as other priority areas of work.

Ngā mihi nui

Toni Gutschlag
 Acting Deputy Director-General
 Mental Health and Addiction Directorate

Establishing the Mental Health and Wellbeing Commission

The Mental Health and Wellbeing Commission is expected to be operating by February 2021 with work to establish the new independent Crown entity continuing this past quarter.

In the meantime, the Initial Mental Health and Wellbeing Commission is in full swing and is preparing its report on the Government's progress in implementing its response to *He Ara Oranga*. The Initial Commission is also preparing draft outcomes and monitoring frameworks for the permanent Commission to consider adopting.

The Initial Commission is consulting widely on both pieces of work, and we continue to provide them with regular updates to support their monitoring role.

Initial amendments to the Mental Health Act

In August 2020, the Cabinet Social Wellbeing Committee agreed to make amendments to the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act) as an initial step to fully repealing and replacing the Act.

One of the initial amendments is the elimination of indefinite treatment orders, which will be a significant first step towards improving the protection of people's rights. This was one of the policy recommendations discussed in *He Ara Oranga*, and one that we realised could be progressed in advance of the new legislation. There will be an opportunity for public input into the Bill to enable these initial amendments as it moves through the legislative process.

We are continuing to progress work on fully repealing and replacing the Mental Health Act with new legislation aligned to the Convention on Rights of Persons with Disabilities. In the coming year, we will begin engagement on key issues that need to be considered to inform the policy development process.

Revised guidelines to the Mental Health Act

On 8 September 2020, we published revised guidelines to the Mental Health Act as a set of two documents – the *Guidelines to the Mental Health Act*, and *Human Rights and the Mental Health Act* (collectively referred to as the Guidelines). Both are available on the [Ministry website](#).

The Guidelines aim to improve the application of the current Mental Health Act while the legislative reform progresses.

The *Human Rights and the Mental Health Act* publication offers guidance for applying a human rights approach and supported decision-making when implementing the Mental Health Act. This document is to be read alongside the *Guidelines to the Mental Health Act*.

We will be supporting the mental health and addiction sector to incorporate these revisions within their everyday practice and tasks, for example through workforce training and development.

Focusing on wellbeing and early intervention

Access and Choice programme

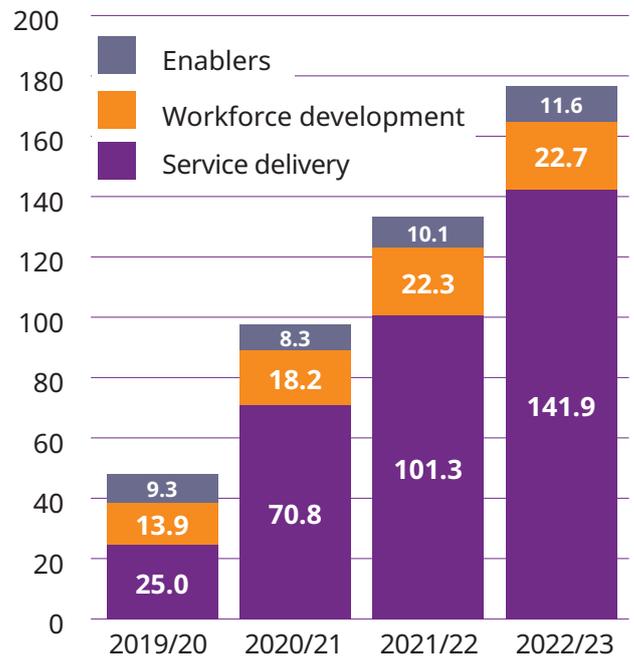
The \$455 million Access and Choice programme includes funding streams for service delivery, workforce development and system enablers such as collaborative design, implementation support and evaluation. This is a programme that will grow over time as available funding increases.

Integrated primary services

The rollout of the service delivery stream ramped up this quarter. At the end of April 2020, \$40 million of new services were announced as part of the rollout of integrated primary mental health and addiction services accessed through general practice (GP), which reflects services that will be rolled out over 18 months.

Following pilots in 2019 of integrated services involving 22 general practices, services are now available in 91 GP sites across 15 DHBs (as at the end of September 2020). Health Improvement Practitioners (HIPs) and Health Coaches/Support Workers had delivered over 47,000 sessions to date.

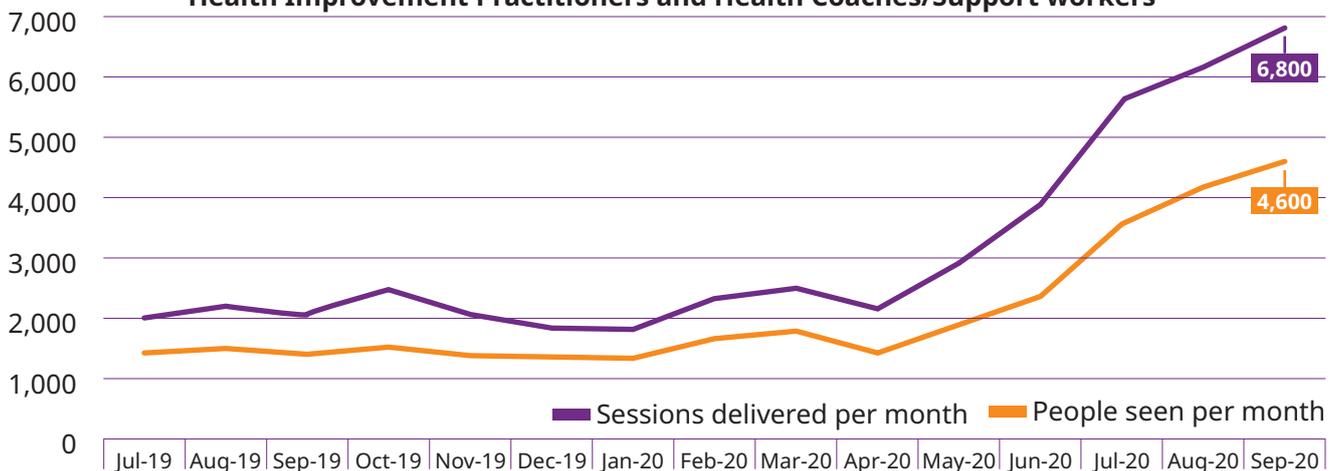
Year on year funding for Access and Choice Programme (\$m)



Integrated GP primary services

- 15** DHBs with contracted services
- 92** Number of GP sites active
- 47,000** Total sessions delivered to date by HIPs and Health Coaches / Support Workers
- 74** Health Improvement Practitioners (Active FTE)
- 60** Health Coaches / Support Workers (Active FTE)

Number of people seen and sessions delivered per month by Health Improvement Practitioners and Health Coaches/Support workers



Services for priority populations

A major focus of the Access and Choice programme is to provide better access to tailored supports for both Māori and Pacific peoples. We want to make it easier for Māori and Pacific people to have access to and choice of culturally-appropriate and safe primary mental health and addiction support, when and where it is needed, from skilled kaupapa Māori and Pacific providers.

Kaupapa Māori services

The procurement process that kicked off earlier this year to expand kaupapa Māori services has continued and is in the contract negotiation phase. We also called for registrations of interest for new kaupapa Māori primary mental health and addiction services.

Following feedback that government procurement processes can often result in low levels of success for Māori providers, we made the process more user-friendly and culturally-aligned for Māori organisations of all sizes, while maintaining a robust and compliant procurement process. This includes accepting registrations of interest in video format, including in te reo Māori, followed by oral presentations from short-listed providers. Announcements regarding successful proposals are expected within the next couple of months.

As well as working with established providers who are ready to deliver services immediately – the Tuākana stream – we are also running the Tēina stream that is more like an incubator for new or smaller Māori providers. We will work with these organisations to provide support to develop their services over time.

Pacific services

This quarter has seen the announcement of the expansion of two Pacific services, one each in Christchurch (Pasifika Futures, which will also expand to provide services in West Auckland) and K'Aute Pasifika Trust in Hamilton, as well as the release of a request for proposals (RFP) for new Pacific primary mental health and addiction services. Announcements regarding new Pacific services are expected within the next couple of months.

Services for young people

The ages 12 to 24 are a time of rapid change and development and that's when people are at the highest risk for the onset of mental health problems and psychological distress. We know these problems have been increasing among our young people for some years. An RFP for youth-specific primary mental health and addiction services is currently in the contract negotiation phase with some new services already announced in Rotorua and Taupō, Wairarapa, South Canterbury, Dunedin and Southland. Further announcements regarding services in other parts of the country are imminent. This will see the expansion, replication or introduction of new primary mental health and addiction services for young people being rolled out in the coming months.

The services announced were:

- Pūtake Nui Rangatahi Potential in Lakes DHB
- Te Hauora Runanga o Wairarapa in Wairarapa DHB
- Adventure Development in South Canterbury and Southern DHBs

Services will be offered in a range of youth-friendly locations including sports clubs, youth health services and schools.

These four contracts to provide services are worth \$3.2 million over two years and mark the beginning of a \$16 million rollout of youth-specific services. Funding for this RFP has been allocated on a population basis, to ensure that at the end of five years the available funding is distributed equitably across the country.

CASE STUDY

"Gavin", a 14-year-old, presented to his GP with COVID-19 related anxiety symptoms which were preventing him from returning to school. Gavin worked with a Health Improvement Practitioner (HIP) to develop a range of strategies to manage his anxiety and was able to return to school one day a week. With ongoing support sessions from the HIP, Gavin was able to fully return to school within 5 weeks.

Suicide prevention

Following a sustained period of speculation about the number of suicides during the lockdown period, the Chief Coroner released provisional suicide numbers in August 2020. The data showed 654 suspected suicides over the twelve months to 30 June 2020, which was lower than the previous two years. However, while this was positive, no conclusion can be drawn from this. We need to see a decrease every year for at least five years before we can begin to speak of there being a downward trend.

A Suicide Bereaved Response Service was launched during the lockdown period and is still available to access via online channels (including video conferencing). Planning is underway to roll out the service to regions via DHBs in the coming months.

Māori and Pacific Suicide Prevention Community Funds were also launched. The Māori Suicide Prevention Community Fund closed for applications at the end of July 2020. There were 74 successful applicants, funded for a total of \$1.6 million. The Pacific Suicide Prevention Community Fund closed for applications at the end of June 2020. Successful applicants will be announced in due course.

World Suicide Prevention Day was on 10 September.

The Suicide Prevention Office marked the day with a webinar and a call to action for all New Zealanders to focus on being part of the solution. Director of the Suicide Prevention Office, Carla na Nagara acknowledged that suicide is complex – but there are solutions we can all contribute to reducing suicides in New Zealand.

‘There absolutely needs to be a range of mental health and support services for people to access – but before people need services, the people around them and communities they live in provide the first line of support to help keep people well. Each one of us can play a part by looking after ourselves, our family, friends, colleagues, sports team mates and others we are connected to in our communities in a variety of ways.’

Enhancing specialist, crisis and forensic services

We continue to work with DHBs to improve crisis responses, supported by Budget 2019 investment. We have invested \$1.4 million over three years to support capability planning and service development in crisis services across all 20 DHBs. This initiative has an emphasis on improving responses within Emergency Departments, however many DHBs are expanding their focus to include other places where people present in crisis.

In line with some of the key shifts called for in *He Ara Oranga*, we are also progressing work to develop a pilot of a community-based, peer-led, crisis centre in Hawke’s Bay DHB. We continue to work closely with the Department of Corrections, Police and DHBs on responding to demand for forensic mental health services, supported by increased investment through Budget 2019. It is clear that new ways of working are required, and it has been encouraging to note the increased use of audio visual links to support people in prison during 2020.

This quarter, funding has been provided to Capital and Coast DHB to increase the number of staff working in adult forensic services to support a new four-bed kaupapa Māori community-based intensive service.

There has also been funding provided to support the relocation of an existing four-bed community-based intensive service from Palmerston North, where there has been consistently low occupancy, to Whanganui where there is more demand. The relocation will also allow the service to work closely with staff at Stanford House, a 15-bed long term rehabilitation service based in Whanganui.

Minimising addiction harm

The range of alcohol and other drug (AOD) services available through recent legislative change and investment are continuing to support people struggling with AOD issues and their whānau.

In September 2020, 92 people and whānau were supported by Te Ara Oranga, the methamphetamine harm reduction programme in Northland. This is the most in a single month this calendar year. 2,134 people and their whānau have been supported by Te Ara Oranga since it began in October 2017, and wastewater analysis is showing a steady reduction in the amount of methamphetamine being used in Whangārei and Kerikeri.

The 2019 amendments to the Misuse of Drugs Act 1975, which made drug possession a health issue, were supported by the introduction of a national health connection service for drug users. In the July – September quarter, there were 128 referrals with 38 individuals engaged in support.

There was a focus of AOD investment through Budget 2019 on enhancing specialist addiction services. We continue to support DHBs to enhance and expand the services available to New Zealanders. For example:

- We have invested \$800,000 over four years in Lakes DHB, and \$1.28 million over four years in Tairāwhiti in:
 - » a new mobile managed withdrawal service that will be provided right across the two districts
 - » a new support for continuing care before and after residential care, based in Gisborne, Taupō and Rotorua. This will be delivered by peer workers.
- We have invested \$2.34 million over four years in new managed withdrawal support across all five DHBs in the South Island (Nelson Marlborough, Canterbury, West Coast, South Canterbury and Southern DHBs). The services will be part of a network coordinated by Canterbury DHB, who can also provide increased clinical expertise if needed.
- We have invested approximately \$550,000 over four years in new AOD support for homeless whānau seeking housing or emergency accommodation in Bay of Plenty. The service will take a whānau ora approach, working with people within the context of their whānau, regardless of age, and will be part of a comprehensive health and social service.
- We are investing a further approximately \$550,000 over four years in clinical AOD support in Waikato. This will strengthen the existing AOD service ahead of further investment locally in the AOD Treatment Court.
- In Taranaki, we have invested around \$550,000 over four years for continuing care pre- and post- residential support, provided by peer workers, and a step-up / step-down bed. This service will be provided by The Salvation Army locally and began delivery from September 2020. This will reduce barriers to access for people and increase the flexibility of options for people pre- and post- residential care. This funding is already making a positive difference, as seen through the following story from Taranaki DHB's step-up / step-down bed.

CASE STUDY

“The service had a gentleman join its programme in July who had a long history of drug use. He had been living in his car for the last year and prior to starting the programme had found himself in hospital. During the programme he indicated that he really wanted to make positive changes in his life. He was not only motivated by his health issues but also his six children ranging in age from 6 to 12. His desire was to find work and a home upon graduation from the programme.

Due to the introduction of the step-up / step-down bed, he was able to stay in this location for three weeks instead of in his car. During those three weeks he started study at WITT (local Polytech), found temporary accommodation and reconnected with his ex-partner and his children.

He continues to work with Linkpeople (a community provider linking people to housing support) to find a home where his children can come and visit and has remained committed to his study and his wellbeing.”

Mental Health Awareness Week

Mental Health Awareness Week was from 21 – 27 September with the theme for the week being to **Reimagine Wellbeing Together**. This year, the week was about acknowledging the impact that COVID-19 has had on all of our lives and focusing on what we can all do to look after our mental wellbeing – even if this means practicing wellbeing in different ways than we have in the past. More workplaces and schools than ever before were involved this year – including an impressive number of young people who were taking action to make sure that wellbeing was front and centre (and not just for the week).

Wellbeing response to COVID-19

There was another incredible response from the mental health and addiction sector through the community outbreak of COVID-19 in Auckland during this quarter. Psychosocial or wellbeing investment continued to support a range of online and digital initiatives, and to support service delivery through wellbeing funds including specific supports for Māori, Pacific peoples, Asian communities, older adults and rainbow populations. These initiatives will remain in place to provide wellbeing support over the coming months.

We are also continuing to work closely with the sector to gather intelligence and monitor impacts on the mental wellbeing of whānau and communities.

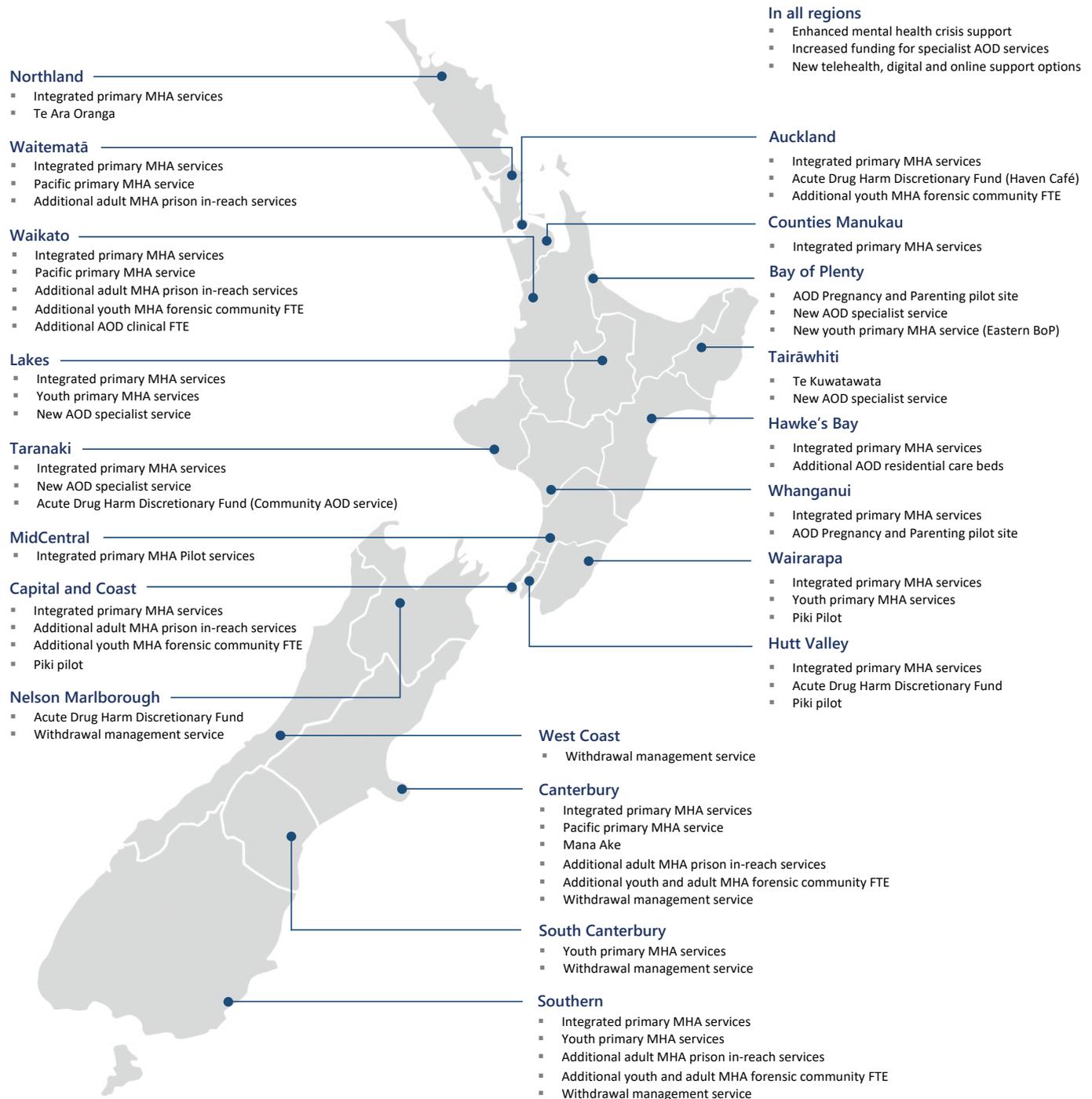
In May this year we published *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan* and invited feedback from stakeholders to help inform a further version.

We were pleased to receive almost 150 responses and we thank all those organisations and individuals who took the time to think carefully about the plan and offer suggestions. A summary of the themes that came through in the feedback is now available on our [website](#).

We were pleased that the feedback strongly supported the main elements in the plan, particularly the principles and focus areas, while also providing valuable suggestions for where the plan could be strengthened.

The plan provides a framework for collective actions to support whānau and communities to adapt and thrive over the next 12 to 18 months. As part of this work, we are working with other government agencies to identify key initiatives that will contribute to the ongoing psychosocial response and recovery. We'll be publishing the next version of the plan shortly and will continue to keep you updated on progress.

Regional spread of new services from Budget 19 and other priority initiatives







MANATŪ HAUORA