



# Mental Health and Wellbeing

Quarter two update (October–December 2020)  
Year two of delivering the Government's  
response to *He Ara Oranga*



MANATŪ HAUORA

# Delivering on *He Ara Oranga*

In this update:

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## Kia ora

We want to continue to keep you updated on the work that is progressing in terms of implementing the changes called for through *He Ara Oranga*, the Report of the Government's Inquiry into Mental Health and Addiction. This update is to share with you the progress that has been made in the second quarter of 2020/21, and a summary of our progress over the past 18 months.

The progress that is being made is a reflection of the hard work, commitment and dedication of people within the mental health and addiction sector, our communities and across government. Together, we've taken significant steps to improve mental health and wellbeing in New Zealand, supported by investment through Budget 2019, Budget 2020 and the COVID-19 response fund.

We have expanded access and choice of primary mental health and addiction supports, built community supports, boosted crisis services, developed initiatives to prevent suicide and support people bereaved by suicide, strengthened specialist alcohol and other drug services, and expanded and enhanced school based health services. These expanded and strengthened services are already making a difference to thousands of people each month.

We are hearing everyday from services, service users and people in communities about the differences new supports and services are making.

We are also continuing to monitor the impacts of COVID-19 on people's mental health. What's encouraging is that research shows us that most people are doing well. Mental wellbeing levels are largely back to pre-COVID-19 levels. We also know that there are some people who are really struggling. This is an area we are continuously monitoring.

It's going to take all of us working together to make a difference. The wider health and social systems need to be integrated and to work closely with individuals, whānau and communities to better support people with their wellbeing.

This sort of change will be iterative and will take time – we're building missing parts of the system and developing new workforces to deliver services.

There are certainly high pressures on the capacity of existing services, particularly specialist services. We're working with the sector to address these, including through capital investment and workforce development. And we expect the focus on wellbeing and early intervention will eventually help to ease pressure.

That said, we are hearing first-hand the huge difference this work is making to people and whānau. The new services mean that people can get help that they were struggling to before.

We've come a long way already from where the system was just a few years ago, and we're keeping focused on the long-term vision set out in *He Ara Oranga*. We look forward to continuing to work together as we continue to make progress and help make a difference to people's mental wellbeing.

Nga mihi nui,

**Toni Gutschlag**

Deputy Director-General

Mental Health and Addiction Directorate

## Recent highlights

We have taken significant steps to improve mental health and wellbeing in New Zealand, supported by investment through Budget 2019.

The Government prioritised a number of areas for early delivery in its response to the recommendations in *He Ara Oranga*.

- We have established a Mental Health and Wellbeing Commission, which will help keep us on track by providing independent, system-level oversight of mental health and wellbeing in New Zealand. An initial Commission was established in 2019, and the permanent Commission is now in place.
- We are committed to repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1992. This is a critical change necessary to improve the mental health system and support people's human rights. As a first step, Cabinet has agreed to a number of initial amendments, which will eliminate indefinite treatment orders and enable more effective application of the Mental Health Act. We will be engaging widely to understand what fit-for-purpose mental health legislation looks like for Aotearoa.
- We are focusing on wellbeing and early intervention by expanding access and choice of primary mental health and addiction support. Thousands of people every month are being supported by the rollout of this programme, which will continue to build over the next three years.
- We are tackling New Zealand's persistently high suicide rate. This is a long-term focus, but we took urgent action to develop a national suicide prevention strategy and action plan and have established a Suicide Prevention Office to provide strong leadership for this important mahi.

As we reached the end of 2020, we continued to see good progress across all our work programmes.

Key highlights between September and December included:

- Mental health and addiction services are now available in 147 general practice sites with an enrolled population of over 950,000 people, across 15 District Health Boards (DHBs). Over 73,400 sessions have been delivered to the end of December 2020.

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

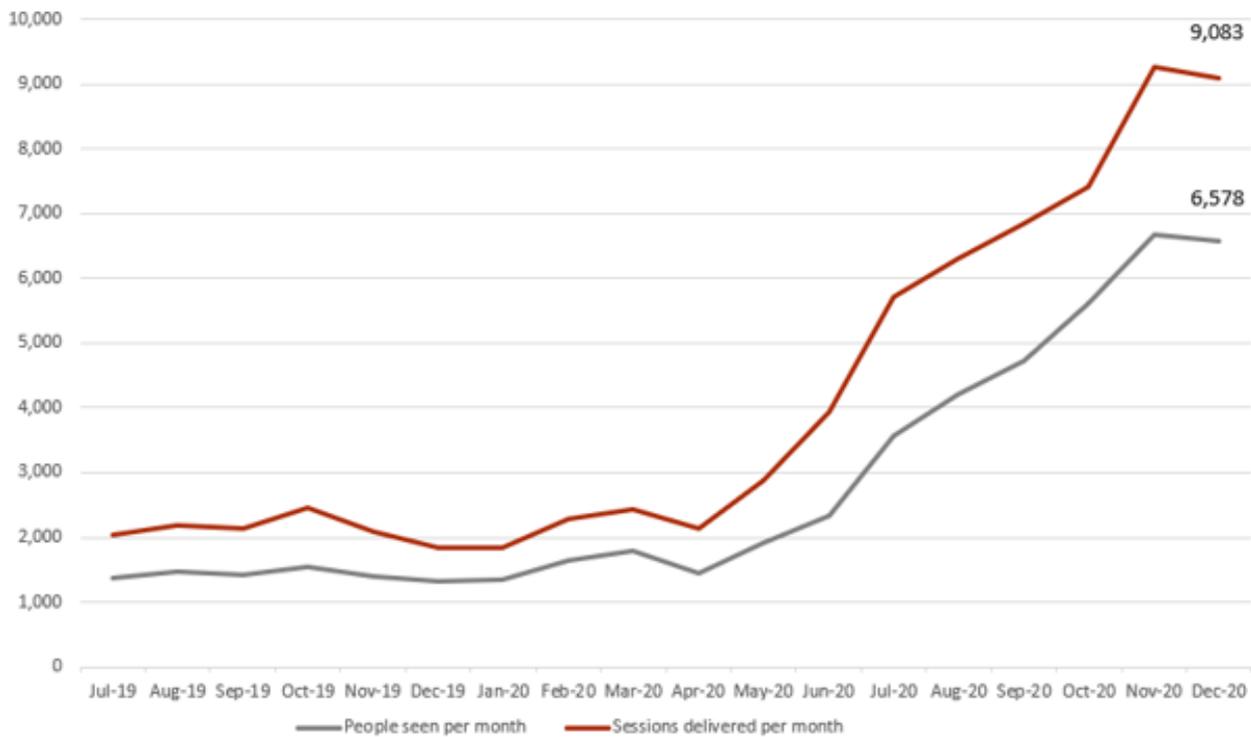


Figure 1 Note: the slight drop in service numbers during December 2020 is to be expected due to the number of statutory holidays over this period.

- Contracts for youth-specific primary mental health and addiction services have been announced in Wairarapa, Lakes, South Canterbury and Southern DHBs.
- Investment has continued into a range of wellbeing initiatives and digital tools.
- The Ministry provided funding of \$2.5 million to 92 Māori and Pacific organisations through the Māori and Pacific Community Suicide Prevention Funds.
- 2,351 people and whānau have been supported by Te Ara Oranga, the methamphetamine harm-reduction programme in Northland, since it started in 2017. An increase of 217 people since last quarter.
- There have been 784 referrals to health services since the new pathway was implemented following the 2019 amendments to the Misuse of Drugs Act 1975, up from 689 last quarter.
- We released an updated version of [Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan](#) in December 2020. This version reflects feedback from almost 150 stakeholders and over 20 government agencies.

- Over 2,000 people have attended Mental Health 101 and Addiction 101 seminars over the past 12 months.
- Over 2,750 people have attended the Life Keeper suicide prevention training for the period of 1 July 2019 to 31 December 2020.
- Melon, a health journal app with wellbeing resources and self-awareness tools, had 150 people sign up during December 2020, bringing the total number of people signed up to 3,504 since April 2020.
- Mentemia, an app that provides practical tips and techniques to help people manage and enhance their mental wellbeing, had 2,607 new users access support during December 2020, bringing the total number of registrations to 85,876 since April 2020.

## New Zealand's mental wellbeing

In December 2020, the Ministry analysed surveys that were conducted over several months, with a substantial survey response rate<sup>1</sup>, to get a better sense of people's mental wellbeing.

While we know that some people are struggling, the results showed that most Kiwis have shown remarkable resilience and are displaying levels of wellbeing (and of psychological distress) consistent with levels prior to COVID-19.

Mental wellbeing dipped slightly during Alert Level 4 lockdown, as we would expect, but quickly recovered as alert levels decreased. Of those surveyed, 88% rated their health as good, very good or excellent, and 85% of people surveyed in the NZ Household Labour Force Survey rated their satisfaction with life as high, which was consistent with the Health Pulse survey finding of over 80%.

From previous experience of responding to crises, we know that it is not inevitable that as a country we will experience worsening mental wellbeing. However, there are vulnerable groups that will continue to need extra support.

It's really important that we continue to focus on psychosocial responses to ensure people are aware of how to continue to look after themselves and others and that help is available if they need it.

The updated version of [\*Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan\*](#) sets out the actions we're taking to support the wellbeing of New Zealanders over the next 12-18 months, while responding to COVID-19. The framework in *Kia Kaha* is intended to support alignment across all organisations nationally and locally that contribute to mental wellbeing. It is the first step in our longer-term pathway to implement the [\*Government's response to He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction\*](#) and to transform New Zealand's approach to mental wellbeing.

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<sup>1</sup> NZ Health Pulse Survey (N = 29,000), the NZ Household Labour Force Survey (HLFS, N = 10,300) and the NZ Health Survey (N = 19,000 annually).

## Delivering on *He Ara Oranga*

### A national mental wellbeing system that is available to all

*He Ara Oranga* called for a strong focus on supporting people to stay well, rather than waiting until they are in crisis.

Particularly with the on-set of a global pandemic, greater emphasis was put on ensuring that people had knowledge, tools and support available to help look after their mental wellbeing.

This has included supporting a new national mental wellbeing promotion campaign to help people understand how to look after their own mental wellbeing (*Getting Through Together*), a range of digital tools and e-therapies. We have also invested in increased capacity for mental health and addiction helplines, particularly 1737, which can be accessed via phone, web, text or email. Investment has enabled an ongoing 58,000 additional contacts per annum, plus surge capacity of almost 35,000 contacts in response to COVID-19.

Investing in mental health and addiction competency and community wellbeing and suicide prevention literacy is critical in strengthening the first line of support for family, friends and whānau. Moving training online as a result of COVID-19 has enabled people in harder to reach communities to attend.

There is a strong focus through Budget 2019 investment on enhancing efforts to support people early by building primary-level mental health and addiction services – this has previously been a gap in the system highlighted in *He Ara Oranga*.

We are eighteen months into a five-year investment programme, and we have already boosted mental health and addiction services across every DHB area.

We are also making progress on achieving equity of access through investment in tailored supports for Pacific peoples, some of which are already operating in Christchurch, Hamilton and West Auckland.

We have made great progress establishing services that meet the needs of Māori. Our flexible procurement process run through 2020 enabled Māori organisations to play to their strengths and has resulted in two procurement streams: one focused on expanding existing services and one focused on establishing new services. There are announcements expected over the next few weeks of services rolling out around the country as a result of this procurement process.

Over quarter two, we also announced contracts for youth-specific primary mental health and addiction services in Wairarapa, Lakes, South Canterbury and Southern DHBs. Already this year we have also announced services in Canterbury, Eastern Bay of Plenty, MidCentral, Capital and Coast, Hutt Valley, Western Bay of Plenty and the Greater Hamilton region of the Waikato DHB area. And there are still more to come.

The supports we are rolling out represent an important shift in the way we deliver mental health and addiction services. Everyone has different needs when it comes to looking after their mental wellbeing, and this will change over time.

The approach we are taking is to ensure access for all and to make sure there are a range of options available so that people can make the choice that is right for them – whether that is

through online support and digital tools, telehealth services, talking to their GP or specialist support.



## BUILDING A STRONGER NETWORK OF ON-THE-GROUND SUPPORT SERVICES

New or expanded services have been rolled out in **all DHB areas**



**80,000** people have used digital wellbeing tools and e-therapies since April 2020

New or expanded **youth** services in place

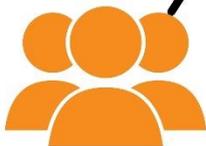


## DELIVERING AN INTEGRATED PRIMARY SERVICE

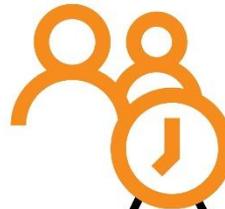


**147** GP practices have a mental health professional in their team

An increase of **91 sites** from last quarter



**950,000 people** are enrolled in these 147 general practices



**73,400 sessions** delivered by Health Improvement Practitioners and Health Coaches/Support Workers end Dec 2020



An increase of **26,400 sessions** from last quarter



Delivering more than **9,000 sessions** every month



Some areas, like **Taupō and Turangi**, have **full coverage** with all GP sites in the region offering the service





### Case study

*"I was referred to see a Health Improvement Practitioner (HIP) by the practice nurse but I had already heard about this service from a friend. The session was really helpful; they recommended that I see a counsellor or psychologist for ongoing work.*

*The HIP phoned me back about a week or so later to see how I was going and asked if I wanted to be referred. There was no pressure, it felt like they were genuinely interested. The discussion was good. I felt like they homed in on my depression and gave me some ideas about what I could do.*

*It's good to know that they are there if I need them again, no need for a referral and its free which is what we need up here".*

- Person using the integrated primary service in Northland

### These services are already making a difference

We hear stories every day of the difference these services are making to people's lives.

- We have heard of young people who have in the past tried on numerous occasions to get help and been turned away, who have now been able to get the services and supports they need thanks to our new youth primary mental health and addiction services – we have established these in 10 areas around the country so far with more to come.
- We have heard stories from general practice teams about how having mental health professionals embedded in their teams is enabling them to respond to peoples distress then and there, resulting in a much better outcome for the person and their whānau and in some instances reducing demand on our crisis teams and specialist services – this is because we are responding early and with what people need.
- We have heard that GPs and practice nurses feel more confident to ask people about other things that are going on in their lives – knowing that support is on hand to address any wider issues associated with mental health and addiction that are impacting on their health and wellbeing.
- We have heard the benefits of responding to people in a culturally appropriate way – with a kaupapa Māori or Pacific world view – and we expect to hear and see more of this in the coming weeks and months as we roll out both kaupapa Māori and Pacific serves in order to address the inequities that we know are experienced by these population groups.

## Specialist services

As well as the increases DHBs received to the mental health and addiction ringfenced funding through Budget 2019 and Budget 2020, we have also boosted resources for specialist services.

Crisis services at every DHB have received funding to strengthen these services - the Ministry has invested \$1.4 million to introduce a new Mental Health and Addiction Crisis Support FTE across all 20 DHB sites. These roles are intended to support the implementation of the crisis plans and enhance service provision. It is anticipated that these roles will help to enhance crisis responses where people may present in crisis.

We know that there has been pressure on specialist mental health and addiction services for some time – and that dedicated professionals are working hard to meet the needs of their communities.

Capital investment through Budget 2019 will help to address the capacity constraints and quality of facilities for mental health and addiction services and will enable different types of services to be provided.

We are also investing in workforce initiatives that will increase the number of trained staff in the system. The new primary mental health and addiction services that are rolling out around the country will make a difference and alleviate pressure, but that will take time.

## Minimising addiction harm

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

By the end of December 2020, 2,351 people and whānau have been supported by Te Ara Oranga, the methamphetamine harm reduction programme in Northland, since it began in October 2017 (an increase of 217 people since September 2020). A new contract has been signed to extend the service from 1 January 2021.

There have also been 784 referrals to health services since the new pathway was implemented following the 2019 amendments to the Misuse of Drugs Act 1975 (up from 689 referrals as at the end of October 2020). And, Addiction 101 courses continue to be well attended with 355 participants and 127 e-learning modules completed this quarter.

### Specialist alcohol and other drug services

Updates this quarter include:

- The contract for a new AOD support for homeless whānau seeking housing or emergency accommodation in Bay of Plenty has been signed following a co-design service process. The service is expected to be active from mid-March 2021.
- In Taranaki, the Ministry 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 commenced on 1 November 2020, with a Peer Recovery Coach who is actively connecting to those in the community that wish to join the Programme.
- 100 people per year have been supported through the two existing Alcohol and Other Drug Treatment (AODT) Courts in Auckland and the Ministry expect to support an additional 50 people per year through the new AODT Court in Waikato, which will be operational from June 2021.

## Suicide prevention

One death by suicide is one death too many, and this has a devastating impact on whānau, families and communities. We are committed to tackling New Zealand's persistently high suicide rate.

The Suicide Prevention Office has made strong progress against the suicide prevention action plan.

- A national bereaved by suicide response service, Aoake te Rā, began online services in March 2020. This is being complemented by the rollout of face-to-face services in four DHB areas. National coverage is expected by mid-2021. Between March 2020 and December 2020, 112 referrals were connected with support from Aoake te Rā providers.
- All DHBs have been funded to provide specific suicide postvention workers to support whānau, families and communities.
- A Māori suicide prevention community fund opened in July 2020. The 74 successful recipients comprised 39 whānau/hapū initiatives, 19 community, 13 iwi providers, and three regional initiatives. These received a total of around \$1.6 million.
- A Pacific suicide prevention community fund opened in June 2020. The 18 successful recipients received a total of around \$0.9 million for initiatives across sports, church, creative arts, schools, digital and events.
- A review of the regional and community suicide prevention landscape is informing decisions about how the suicide prevention sector and community-based workforce can best be structured.
- A review of the Coronial Suspected Suicide Data Sharing Service has also been completed and the recommendations are being implemented.
- To encourage responsible reporting on and depiction of suicide, media guidelines for reporting on suicide are being reviewed to ensure that they are current.

Achieving our aspiration of a future where there is no suicide is a longer-term vision that requires a whole-of-society, whole-of-government approach and working collectively with individuals, families and whānau, hapū, iwi, communities and wider society to support meaningful change.

## Building a resilient, diverse and skilled workforce

A resilient, diverse and skilled workforce is crucial to supporting mental wellbeing. Building the workforce involves growing and upskilling the current workforce, while also developing new workforces.

Activity to grow existing workforces includes establishing:

- an additional 102 New Entry to Specialist Practice places each year for nurses, social workers and occupational therapists to practice in mental health and addiction
- an additional eight clinical psychology internships each year, bringing our total supported internships to 20
- a new programme to support Nurse Practitioners and Enrolled Nurses with a substantive mental health and addiction role into employment with health providers.

Activity to upskill existing workforces includes:

- funding 72 new training places for post-graduate study in specialist practice areas, including in leadership, cognitive behavioural therapy, and infant, child and adolescent mental health and addiction
- adding 200 new places in 2021 for primary care nurses to achieve credentialing in mental health and addiction
- developing resources to assist support workers and clinicians transitioning into primary care settings.

We are also developing new workforces including health coaches and health improvement practitioners (HIPS) for the integrated primary mental health and addiction services being rolled out through Budget 2019 investment.

- Health coaches are an unregistered workforce from a variety of backgrounds. They use their own experiences and health coach training to support people to build their own skills, knowledge and confidence to manage their health and wellbeing.
- HIPs are health professionals who work as members of the general practice team. They have training in evidence based talking therapies and come from a variety of backgrounds including, nursing, social work, occupational therapy, psychology, psychotherapy and medicine.

Growing Māori and Pacific workforces is a priority for the Ministry. Investment has supported new bursaries for Māori students (46 in 2021) and scholarships for Pacific students (30 in 2021) pursuing a career in mental health and addiction. Alongside this, approximately 800 new places per annum have been funded for Māori and Pacific cultural competence training.

## Coming up

There's good momentum building in terms of rolling out new services, and there's more that can be expected throughout this year and over coming years as the programme of investment builds.

We'll be making sure we continue to build on the mental wellbeing promotion work that has set us up well through the COVID-19 response. As well as ensuring there are long-term options for free digital health and wellbeing tools.

We also need people to know how to reach out and connect with others. While services are important, and we absolutely want to make sure they are available, the first line of defence for most people is their family, whānau and community.

## Continuing to expand services

We'll continue the roll out of the integrated primary mental health and addiction services, including expanding the programme to the five remaining DHB areas as well as making more sites available in all other regions.

In terms of our young people:

- Over the coming months there will be more services announced for youth. The plan is to have dedicated youth services in every DHB area. We've already announced services in 10 areas, so we are about halfway there.
- To add to this, we'll be rolling out services at tertiary institutions starting with Te Pūkenga and wānanga where there are the highest proportion of Māori and Pacific learners.
- We'll also be making sure there are digital and telehealth supports so young people have a choice of what's right for them.

For Māori and Pacific communities:

- We'll be rolling out dedicated kaupapa Māori primary mental health and addiction services in every DHB area. There are a number that are ready to get started soon.
- While we are rolling out services with existing providers, we'll also be working to help build capability and capacity in the system by helping to develop a number of new kaupapa Māori providers.
- And we'll be announcing more primary mental health and addiction services for Pacific peoples.

## Addiction

Building on the additional funding for specialist addiction services, we're also committed to ensuring that there are more primary and community-based addiction services.

This will involve peer support, brief interventions and counselling delivered in the community, taking an outreach approach to engage earlier with people experiencing alcohol and other drug harm.

The Waikato Alcohol and other Drug (AOD) Treatment Court will begin operating in June.

## Mental Health Act

We will continue to progress work to repeal and replace the Mental Health Act. This will involve engagement with key stakeholders on the complex issues around ethics and patient safety and rights.

A Bill to make initial amendments to the Mental Health Act will be progressed this year and is expected to pass into legislation including elimination of indefinite treatment orders which was a specific action from *He Ara Oranga*.

There will be opportunities to share your thoughts on the amendments to the Act. We'll share more about that in the coming months.

## Long-term pathway for transformation

We are also continuing to work closely with stakeholders to gather insights and monitor the impacts of COVID-19 on the mental wellbeing of whānau and communities.

In 2020, the Ministry published *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan* (Kia Kaha) which was developed with feedback from almost 150 people and organisations. This is our plan which provides a framework for collective actions to support whānau and communities to adapt and thrive over the next 12 to 18 months.

Kia Kaha provides a framework within which government agencies, service providers and communities can see themselves as contributors to mental wellbeing. The plan is grounded in the direction set by He Ara Oranga and helps give effect to key recommendations. The direction we had been heading in prior to the pandemic enabled the sector to respond quickly and meant we already had services in place that would help.

The next step is to develop a long-term pathway that will outline New Zealand's approach to transforming mental wellbeing through the next ten years. Our intention is to engage widely and seek input on the core components of the pathway, including priorities for action.

The pathway will build on the vision, focus areas and principles outlined in Kia Kaha which represents the first phase of the long-term pathway. The longer-term pathway will signpost the direction of travel for the medium to long-term, including the response to *He Ara Oranga*.

Engagement for the long-term pathway is open until 24 March and the engagement survey is available via the Ministry of Health website.