

Kia Manawanui Aotearoa

Long-term pathway to mental wellbeing

Companion Document

Implementing the
Government's response
to recommendations in
He Ara Oranga

Citation: Ministry of Health. 2021. Companion Document to
Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing:
Implementing the Government's response to recommendations in
He Ara Oranga. Wellington: Ministry of Health.

Published in August 2021 by the Ministry of Health

PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-99-100737-7 (online)

HP 7783



MINISTRY OF HEALTH

This document is available at health.govt.nz

Companion document: Implementing the Government's response to recommendations in *He Ara Oranga*

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga) was presented to the then Minister of Health in late 2018 and made 40 recommendations to support a transformed approach to mental wellbeing in Aotearoa.

The Government responded to *He Ara Oranga* in late May 2019 and:

- › accepted 23 recommendations or components of recommendations. An 'accept' response indicates that the Government agreed to the intent of the recommendation and the mechanism for delivery
- › accepted in principle 18 recommendations or components of recommendations. An 'accept in principle' response indicates that the Government accepted the intent of the recommendation but not the mechanism proposed
- › agreed to further consideration of four recommendations or components of recommendations
- › did not accept two of the recommendations.

The recommendations in *He Ara Oranga* span nine overarching themes discussed in more depth in the body of the report. The recommendations vary in their level of specificity. Some are broad, such as expanding access and choice of supports available for people across the continuum of need, while

others are specific, such as directing report-backs or incorporating consideration of mental health and addiction into the Health and Disability System Review.

For this reason, some of the recommendations in *He Ara Oranga* could already be considered as 'complete'. However, the full intent of *He Ara Oranga* will not be realised for many years. For many recommendations, even those that have been completed, work to deliver on the intent of the recommendation will be ongoing.

He Ara Oranga calls for a broad transformation, as well as for specific changes. To respect the mana and mauri of the Inquiry process, we need to take account of not only the recommendations contained in *He Ara Oranga*, but also of its aspirational intent. *Kia Manawanui* therefore sets out an approach to implementing the Government's response to *He Ara Oranga* that is much broader than a recommendation-by-recommendation plan.

The pages that follow presents the *He Ara Oranga* recommendations, and identifies the Government's approach to each. Progress made to date by the Ministry of Health is outlined, recognising that this sits within a wider landscape of activity by other government agencies and community organisations. The table also outlines how each recommendation will be implemented through the actions in *Kia Manawanui*.

Implementing the Government's response to He Ara Oranga through Kia Manawanui

KEY Government Response:  Accept  Accept in principle  Further consideration needed  Do not accept

EXPAND ACCESS AND CHOICE

Expand access

1



Agree to significantly increase access to publicly-funded mental health and addiction services for people with mild to moderate and moderate to severe mental health and addiction needs.

RATIONALE FOR RESPONSE

The Government's response accepted the need to expand access to and choice of mental health and addiction responses that are appropriate across the spectrum of need and the life course. This requires increasing access and options for people with mild to moderate mental health and addiction needs, as well as reorienting services towards promotion, prevention and early intervention.

The Government's response also acknowledged that we need significant and sustained effort and investment to expand access to and choice across the full continuum of care of mental health and addiction supports and services. Actions to deliver on the intent of this recommendation will be ongoing.

PROGRESS MADE TO DATE

Good progress has been made to increase access to publicly-funded mental health and addiction services in New Zealand, particularly through the Budget 2019 \$1.9 billion cross-government mental wellbeing package. This package comprises a wide range of initiatives, including investment in mental health and addiction facilities and initiatives to address the social determinants of wellbeing.

The package had a strong focus on supporting people with mild to moderate mental wellbeing needs in line with this recommendation. It included investment of \$455 million over four years to expand access and

choice of primary mental health and addiction services (Access and Choice).

The Access and Choice programme involves the national rollout of integrated primary mental health and addiction services accessed via general practice, as well as kaupapa Māori, Pacific and youth-specific services. These services are already supporting over 10,000 people per month who may not have otherwise had access to support that meets their needs. By the end of the five-year national rollout in 2023/24, the programme is expected to provide access to services for an additional 325,000 people per annum.

Progress has also been made with other initiatives focused on increasing access to support for people with mild to moderate needs including:

- › expanding School Based Health Services to all decile 5 schools
- › increasing capacity for telehealth contacts by 58,000 contacts per annum
- › investing in additional primary addiction services.

Budget 2020 invested a further \$25 million to build on and accelerate the rollout of youth-specific primary mental health and wellbeing support to tertiary settings. Access will expand as funding increases from \$2 million in 2020/21 to \$10 million per annum in 2023/24 and outyears.

IMPLEMENTATION THROUGH KIA MANAWANUI

POLICY: Develop frameworks and guidance to steer contemporary approaches to mental wellbeing

- › Collaboratively develop a Mental Health and Addiction System and Service Framework to set guidance and expectations for the spectrum of mental health and addiction services to be available at national, regional and local levels (including service types and integration with other mental wellbeing supports) (short-term)
- › Collaboratively design and monitor new services identified through the Mental Health and Addiction System and Service Framework and ensure effective pathways and transitions between supports across sectors (medium-term)
- › Evaluate and adjust the suite of mental health, addiction and

mental wellbeing services and supports (including service design, funding and monitoring) and ensure seamless pathways and transitions between supports (long-term)

INVESTMENT: Expand access and choice of mental health and addiction supports and provide recovery-based care, prioritising kaupapa Māori and whānau-centred approaches and addressing equity

- › Expand and evaluate primary and community mental health and addiction services, including peer support, digital tools, suicide prevention initiatives and tailored supports for Māori, Pacific peoples, young people and Rainbow communities (short-term)
- › Support tailored and collaboratively designed responses for a wider range

of populations with specific cultures and needs, led by those populations (medium-term)

- › Continue to review the balance of investment and ensure an appropriate mix of services and supports in diverse settings (long-term)

TECHNOLOGY: Build a digital ecosystem of support across sectors

- › Support providers to embrace new virtual delivery mechanisms (short-term)
- › Provide digital pathways and information to support service users and providers in choosing between physical face-to-face, telehealth and other digital mental wellbeing supports (medium-term)
- › Continuously develop and adapt digital mental wellbeing solutions in partnership with the communities they serve (long-term)

2



Set a new target for access to mental health and addiction services that covers the full spectrum of need.

3



Direct the Ministry of Health, with input from the new Mental Health and Wellbeing Commission, to report back on a new target for mental health and addiction services.

RATIONALE FOR RESPONSE

The Government's response acknowledged that measuring increases in access would be important to track progress but did not accept the mechanism of an overarching access target.

All New Zealanders who need support should be able to access it; this requires a more nuanced measurement approach than a single target.

A better understanding of mental wellbeing prevalence, need and equity is needed to understand expected levels of access to services and supports.

A single metric, whatever its nature, risks missing important components of transformation and distorting the system's responses. The transformation of New Zealand's approach to mental wellbeing needs to be measured by a suite of well-considered outcomes, indicators and measures.

PROGRESS MADE TO DATE

- The Ministry of Health is undertaking a range of work to improve the data and information landscape, including consideration of appropriate measures and targets
- › The initial focus has been on tracking access to the new primary mental health and addiction services being rolled out against the target of 325,000 people per annum by the end of 2023/24. While there is good data available about access to specialist mental health and addiction services, we are building the information technology (IT) systems needed to capture National Health Index (NHI)-based information required to track access to primary mental health and addiction services (see recommendation 10B).
 - › The system will be operationalised to deliver reporting information on integrated primary mental health and addiction services accessed via general practice in mid-2021
 - › This work is supporting the proposed introduction of a Health System Indicator related to primary mental health and addiction service access, which will be the first time the health system has had a high-level measure relating to primary mental wellbeing
 - › Further work on approaches to access targets is linked to recommendation 11, which is focused on building a better understanding of prevalence and need.
- The Mental Health and Wellbeing Commission is responsible for assessing, monitoring and reporting on mental health and addiction services and approaches to mental wellbeing. To support this function, the Commission is developing the He Ara Āwhina Service-Level Monitoring Framework. This will describe what good looks like at a service level and is expected to consider access, develop measures and identify data requirements.

IMPLEMENTATION THROUGH KIA MANAWANUI

INFORMATION: Build our understanding of mental wellbeing prevalence, needs and equity

- › Bring together data and evidence from across sectors about the population prevalence of mental wellbeing, illness and addiction; need; service access; and equity, and identify gaps and overlaps (short-term)
- › Work collaboratively, including with the Mental Health and Wellbeing Commission, to consolidate key cross-government and sector metrics for measuring mental wellbeing (short-term)
- › Ensure that a robust and evolving understanding of prevalence, and accurate forecasting and modelling of needs and equity, informs cross-sector planning, policy and investment decisions (long-term)

INFORMATION: Create and embed feedback loops so the experiences of Māori, people with lived experience, whānau and populations with specific cultures and needs inform continuous improvement

- › Support the Mental Health and Wellbeing Commission's development of a service monitoring framework for mental health and addiction services and approaches to mental wellbeing (short-term)
- › Support the implementation of the Mental Health and Wellbeing Commission's service monitoring framework for mental health and addiction services and approaches to mental wellbeing (medium-term)

4A



Agree that access to mental health and addiction services should be based on need so access to all services is broad-based and prioritised according to need, as occurs with other core health services, and:

4B



people with the highest needs continue to be the priority.

RATIONALE FOR RESPONSE

The Government's response supported broad access to mental health and addiction services based on people's levels of needs.

PROGRESS MADE TO DATE

The Budget 2019 cross-government mental wellbeing package is supporting increased access and early intervention for those who need it. The new primary mental health and addiction services are open to anyone whose thoughts, feelings or actions are impacting on their mental health and wellbeing.

These services will enable people to be seen immediately, without barriers such as formal referral processes or cost.

Budget 2019 also included some investment to enhance specialist services, with a focus on addiction, crisis and forensic services.

While Budget 2019 focused strongly on supporting people with mild to moderate needs, supporting people with the highest needs continues to be prioritised. Existing funding arrangements, including district health boards' (DHB) mental health and addiction ringfence, continue to ensure that specialist services are provided to New Zealanders with the highest need.

IMPLEMENTATION THROUGH KIA MANAWANUI

POLICY: Develop frameworks and guidance to steer contemporary approaches to mental wellbeing

- › Collaboratively develop a Mental Health and Addiction System and Service Framework to set guidance and expectations for the spectrum of mental health and addiction services that should be available at national, regional and local levels (including service types and integration with other mental wellbeing supports) (short-term)
- › Collaboratively design and monitor new services identified through the Mental

Health and Addiction System and Service Framework and ensure effective pathways and transitions between supports across sectors (medium-term)

- › Evaluate and adjust the suite of mental health, addiction and mental wellbeing services and supports (including service design, funding and monitoring) and ensure seamless pathways and transitions between supports (long-term)

INVESTMENT: Expand access and choice of mental health and addiction supports and provide recovery-based care, prioritising kaupapa Māori and whānau-centred approaches and addressing equity

- › Continue to review the balance of investment and ensure an appropriate mix of services and supports in diverse settings (long-term)

INFORMATION: Build our understanding of mental wellbeing prevalence, needs and equity

- › Ensure that a robust and evolving understanding of prevalence, and accurate forecasting and modelling of needs and equity, informs cross-sector planning, policy and investment decisions (long-term)

Increase choice of services

5



Commit to increased choice by broadening the types of mental health and addiction services available.

6



Direct the Ministry of Health to urgently develop a proposal for Budget 2019 to make talk therapies, alcohol and other drug services and culturally aligned therapies much more widely available, informed by workforce modelling, the New Zealand context and approaches in other countries.

RATIONALE FOR RESPONSE

The Government's response acknowledged that current services do not work well for all New Zealanders and supported the need to expand access and choice of mental health and addiction responses that are appropriate across the spectrum of need and the life course.

The Government's response also acknowledged that significant and sustained effort and investment is needed to expand access and choice across the full continuum of care of mental health and addiction supports and services.

PROGRESS MADE TO DATE

Budget 2019's substantial investment in expanding and enhancing Vote Health mental health and addiction services is contributing to the delivery of these recommendations. This package includes 15 Vote Health mental health and addiction initiatives across digital and telehealth services, school-based supports, parenting support, suicide prevention initiatives and support for people bereaved by suicide, primary-level supports and specialist services including forensic and crisis services.

Within the Access and Choice programme there will be options

for support through general practice, as well as kaupapa Māori, Pacific, youth and Rainbow services.

Budget 2019 included funding of \$69 million over four years for the following four addiction-related initiatives: enhancing primary addiction responses (\$14 million); enhancing specialist alcohol and other drug services (\$44 million across Votes Health and Corrections); expanding the Pregnancy and Parenting Service to two further areas (\$7 million) and continuing Te Ara Oranga, a methamphetamine harm reduction programme in Northland (\$4 million).

Choice of mental health and addiction services has been further increased through investment subsequent to Budget 2019, including through the psychosocial response package, which included mental wellbeing campaigns and digital tools, and Budget 2020 funding (see recommendation 1).

New services are already in place and are supporting tens of thousands of people each month. Delivery of this funding will be ongoing and will see additional services being established in the coming months and years.

Also see recommendation 10A.

IMPLEMENTATION THROUGH KIA MANAWANUI

See actions to implement recommendation 1.

Facilitate co-design and implementation

7A



Direct the Ministry of Health, in partnership with the new Mental Health and Wellbeing Commission (or an interim establishment body) to facilitate a national co-designed service transformation process with people with lived experience of mental health and addiction challenges, DHBs, primary care, NGOs, Kaupapa Māori services, Pacific health services, Whānau Ora services, other providers, advocacy and representative organisations, professional bodies, families and whānau, employers and key government agencies

RATIONALE FOR RESPONSE

The Government's response acknowledged that co-design can be an effective approach for incorporating the voices of stakeholders into transformation.

However, the Government did not accept the mechanism of a one-off co-design process, noting that would be insufficient to deliver the change envisioned.

A variety of approaches to co-design and co-production will be needed along the transformation journey. Engagement and collaborative design will be incorporated across all work on an ongoing basis, rather than undertaking a single national process.

The element of the recommendation for the Mental Health and Wellbeing Commission to provide implementation support was not accepted. The Commission's functions are outlined in the Mental Health and Wellbeing Commission Act 2020.

PROGRESS MADE TO DATE

The Ministry of Health is undertaking engagement and collaborative design across its work programme on an ongoing basis, rather than undertaking a single national process

- › As a first step, the Ministry of Health undertook a national roadshow in 2019, with regional hui and presentations to discuss the direction set by *He Ara Oranga* and the Budget 2019 investment and the changes needed in the sector to support change
- › Initial activities in relation to this recommendation focused on the collaborative design of Access and Choice services, including through Māori hui attended by over 700 whānau, Pacific fono and focus groups, and engagement with youth through hui and online surveys led by the Ministry of Health for Youth Development
- › The Ministry of Health is also strengthening networks with people with lived experience of mental health and addiction (see recommendation 21).

Development of Kia Manawanui has involved a national stakeholder engagement process including online forums, submissions and focus groups.

National collaborative design and engagement being planned includes the development of a national Mental Health and Addiction System and Service Framework, the repeal and replacement of the Mental Health and Addiction (Compulsory Assessment and Treatment) Act 1992 and the development of the Strategy to Prevent and Minimise Gambling Harm 2022/23–2024/25.

IMPLEMENTATION THROUGH KIA MANAWANUI

LEADERSHIP: Strengthen national, regional and local leadership and collaboration for mental wellbeing

- › Develop and invest in capacity and capability for regional/local collaborative design processes for integrated mental wellbeing supports (short-term)
- › Develop and promote agreed understanding of best practice in collaborative design for mental wellbeing services and supports across government and sectors (medium-term)

LEADERSHIP: Amplify the voices and strengthen the leadership of Māori, people with lived experience, whānau, and populations with specific cultures and needs

- › Set expectations that funders, commissioners and providers of mental wellbeing services and supports will proactively seek out the voices of these groups and establish mechanisms to obtain their input (eg, elevating consumer and whānau advisory roles and feedback loops) (short-term)
- › Develop guidance, build capability and embed mechanisms for partnering and participation in governance, planning, policy and service development (medium-term)
- › Build collaborative ways of working into business as usual and accountability mechanisms at national, regional and local levels (long-term)

POLICY: Develop frameworks and guidance to steer contemporary approaches to mental wellbeing

- › Collaboratively develop a Mental Health and Addiction System and Service Framework to set guidance and expectations for the spectrum of mental health and addiction services to be available at national, regional and local levels (including service types and integration with other mental wellbeing supports) (short-term)
- › Collaboratively design and monitor new services identified through the Mental Health and Addiction System and Service Framework and ensure effective pathways and transitions between supports across sectors (medium-term)

7B



Direct the Ministry of Health, in partnership with the new Mental Health and Wellbeing Commission (or an interim establishment body) to produce a cross-government investment strategy for mental health and addiction services.

RATIONALE FOR RESPONSE

The Government's response acknowledged the need for a cross-government investment strategy to provide a cohesive whole-of-government response and support a coordinated approach to mental health and addiction services.

PROGRESS MADE TO DATE

The development and composition of the Budget 2019 \$1.9 billion cross-government mental wellbeing package has formed the basis of the investment strategy for the coming five years.

IMPLEMENTATION THROUGH KIA MANAWANUI

The strategic framework articulated by *Kia Manawanui* sets the direction of travel and sequencing of actions. This will guide ongoing cross-government investment.

Facilitate co-design and implementation

8



Commit to adequately fund the national co-design and ongoing change process, including funding for the new Mental Health and Wellbeing Commission to provide backbone support for national, regional and local implementation.

RATIONALE FOR RESPONSE

The Government accepted this recommendation in principle, reflecting the Government's position that a one-off co-design process would be insufficient to deliver the change envisioned.

The Government's response acknowledged that co-design must be supported by sufficient funding, communication and engagement planning, and strong leadership.

PROGRESS MADE TO DATE

Budget 2019 investment of \$455 million over four years in the Access and Choice programme included dedicated 'enablers' funding for implementation support and collaborative design of new services. This funding continues throughout the five-year implementation of the national rollout and will support

local areas to co-design an integrated continuum of mental health and addiction services.

The legislative functions of the new Mental Health and Wellbeing Commission do not include provision of backbone support for implementation. The Ministry of Health is resourcing DHBs to carry out collaborative design work

that will identify changes needed to deliver a local mental health and addiction system that is more readily available and responsive to people's needs and preferences. This will strengthen collaboration, foster a shared understanding and ownership of the changes needed, prioritise action and lay the groundwork for transformation of the existing continuum of services.

IMPLEMENTATION THROUGH KIA MANAWANUI

See actions to implement recommendation 7A

9



Direct the State Services Commission to work with the Ministry of Health to establish the most appropriate mechanisms for cross-government involvement and leadership to support the national co-design process for mental health and addiction services.

RATIONALE FOR RESPONSE

The Government noted that existing mechanisms and infrastructure can be used to facilitate improved cross-agency working arrangements and Ministerial collaboration, as an alternative to establishing new mechanisms.

As noted above, the Government did not fully accept the recommended approach for a single national co-design process. Work to enhance cross-government involvement and leadership will not focus specifically on a co-design process.

PROGRESS MADE TO DATE

The Ministry of Health is leading the implementation of the Government's response to *He Ara Oranga*, in partnership with other agencies as appropriate.

The Social Wellbeing Board, comprising government agency chief executives, oversees work to achieve social wellbeing outcomes that go beyond the remit of any one agency.

Reporting to the Cabinet Priorities Committee and the Cabinet Social Wellbeing Committee, with representatives from across portfolios, also maintains cross-government oversight of priority mental health and addiction initiatives and work.

See also recommendation 16.

IMPLEMENTATION THROUGH KIA MANAWANUI

LEADERSHIP: Strengthen national, regional and local leadership and collaboration for mental wellbeing

- › Strengthen national and local cross-government coordination of strategies and activities that contribute to mental wellbeing and raise awareness and understanding (eg, via the Regional Public Service Leads and web information about respective roles and responsibilities) (short-term)
- › Strengthen government collaboration with national mental wellbeing bodies and networks (short-term)
- › Move from cross-government coordination of strategies and activities to integrated cross-government development of strategies and activities that support mental wellbeing (medium-term)
- › Continue to strengthen mental wellbeing-focussed coordination and integration mechanisms at the national, regional and local levels (long-term)

Enablers to support expanded access and choice

10A



Agree that the work to support expanded access and choice will include reviewing and establishing workforce development and worker wellbeing priorities.

RATIONALE FOR RESPONSE

The Government's response acknowledged that workforce development is critical to enabling expanded access and choice of services. It also acknowledged the pressures the workforce is under and noted that strategic investment is needed to grow and support a resilient and diverse workforce.

PROGRESS MADE TO DATE

The Budget 2019 Access and Choice programme includes investment of \$77 million over four years to support workforce development initiatives to grow and upskill existing workforces and build new and emerging workforces. To date this has supported a range of activities including:

- › growing a range of professional groups that will be critical to delivering both new and existing services (eg, an additional 102 New Entry to Specialist Practice places each year, an additional eight clinical psychology internships each year and the rollout of a new national programme to support Nurse Practitioners with a substantive mental health and addiction role into employment with health providers)
- › increasing support for the existing workforce to upskill (eg, funding 72 new training places for post-graduate study in specialist practice areas, introducing 200 new places in 2021 for primary care nurses to achieve credentialing in mental health and addiction and developing resources and

tools to support workforces transitioning into primary care settings)

- › growing Māori and Pacific workforces with investment for new bursaries for Māori students (46 in 2021) and scholarships for Pacific students (30 in 2021) and funding approximately 800 new places per annum for Māori and Pacific cultural competence training.

The Ministry of Health has also increased mental health and addiction literacy training for cross-sector workforces and communities.

Work to develop new and emerging workforces has also progressed. Health Coaches and Health Improvement Practitioners are a core feature of the new integrated primary mental health and addiction services accessed via general practice. The Ministry of Health is investing in training for each of these groups as well as the development of additional trainers to expand training capacity to keep pace with planned service expansion.

Worker wellbeing has also been a focus, particularly in the context of COVID-19. As part of the psychosocial response, the Ministry of Health funded Health Care New Zealand to provide a free counselling service for frontline health care professionals and care workers who need mental health and wellbeing support during the COVID-19 response.

The Ministry of Health is working closely with a number of organisations, such as the workforce development centres – Te Pou, Te Rau Ora, Werry Workforce Whāraurau and Le Va – on these workforce development activities. Ongoing work is also occurring to better understand future demand, workforce requirements and trends, and to inform ongoing investment and activities.

Initial work has commenced on defining roles and scopes for the mental health and addiction kaiāwhina (non-clinical) and peer workforces across primary and community settings. Work is also being progressed on structured supports to enable new and existing workforces to upskill quickly and implement new approaches in the workplace.

IMPLEMENTATION THROUGH KIA MANAWANUI

WORKFORCE: Expand the mental health, addiction and mental wellbeing workforce across sectors

- › Define future workforce requirements across sectors and across levels of need (short-term)
- › Create cross-sector frameworks for mental health, addiction and wellbeing workforce development (short-term)
- › Grow the clinical, kaiāwhina and cultural workforces to meet demand across sectors and across levels of need (medium-term)

- › Monitor and evaluate workforce trends over time and target responsive strategies (long-term)

WORKFORCE: Transform the mental health, addiction and mental wellbeing workforce to enable it to respond to people's mental wellbeing needs and to intervene early

- › Define the skills and competencies we need across clinical and kaiāwhina workforces to support transformation, including a focus on promotion, prevention and early intervention across the continuum of need, as well as cultural competency, cultural safety and responsiveness to

the needs of specific populations (eg, Rainbow communities) (short-term)

- › Promote access to training in core skills, including talking therapies, trauma-informed responses and group interventions (medium-term)

WORKFORCE: Value, retain and support strong leadership across the mental health, addiction and mental wellbeing workforce

- › Promote and recognise the mental health, addiction, and wellbeing workforces (short-term)
- › Support workforce wellbeing initiatives (medium-term)

10B



Agree that the work to support expanded access and choice will include reviewing and establishing information, evaluation and monitoring priorities (including monitoring outcomes).

RATIONALE FOR RESPONSE

The Government's response acknowledged that information collection, evaluation and monitoring is essential to supporting expanded access and choice.

PROGRESS MADE TO DATE

Information collection, evaluation and monitoring is a key part of implementation of the Budget 2019 Access and Choice programme.

Work is underway to operationalise an IT solution that will enable access to NHI-based data from Access and Choice services. The reporting system will enable us to understand how

many unique individuals have been seen by the new services over time and to understand their experience accessing services. It will provide information about the demography of people accessing the new services, the reasons they use services, the volume of service they receive, and whether they are seen on the same day that they request an appointment.

Integrated primary mental health and addiction services available via general practice are expected to be reporting through the new system by mid-2021. It is likely that smaller providers, such as those offering kaupapa Māori, Pacific and youth services will continue to report summary level data until capability is built.

The Ministry of Health has procured an external evaluation of the integrated primary mental health and addiction services being rolled out and plans to commission evaluations of all Access and Choice services. The Ministry of Health is also evaluating other priority initiatives, such as Mana Ake, Piki and Te Ara Oranga to improve delivery and inform future investment decisions.

The Ministry of Health has supported the development of Te Whāriki o te Ara Oranga (Whāriki), a network of mental health and addiction leaders who will share ideas, experience, evidence and resources, learn from each other and improve service delivery. Whāriki will provide a platform for members to collaborate. Whāriki will also provide ringa kohikohi (knowledge brokers) to help connect people in the network and to find, translate and facilitate sharing knowledge

about what works. Members of Whāriki are expected to include tangata whenua, people with lived experience, clinicians, planners and funders, and services members.

The Government has established an independent Mental Health and Wellbeing Commission, which has strong monitoring functions that span population-level mental wellbeing, the determinants of mental wellbeing and services and approaches to support mental wellbeing.

IMPLEMENTATION THROUGH KIA MANAWANUI

See actions to implement recommendations 2 and 3

TECHNOLOGY: Facilitate access to digitally-enabled support for individuals, whānau, communities and services

- › Transform processes and systems so that service providers and users can collect and use data on the new primary mental health and addiction services in a 'close to real-time' way (medium-term)

10C



Agree that the work to support expanded access and choice will include reviewing and establishing funding rules and expectations, including DHB and primary mental health service specifications and the mental health ring fence, to align them with and support the strategic direction of transforming mental health and addiction services.

RATIONALE FOR RESPONSE

The Government's response accepted the need to review and establish funding rules and expectations that enable more integrated planning and support more balanced funding across the spectrum of need.

The Government only accepted this recommendation in principle, however, as the Health and Disability System Review, which was still underway at the time, was considering current funding arrangements for the whole health system.

The direction set by the Government's response to the Health and Disability System Review will be factored into longer-term planning around mental health and addiction funding rules and expectations.

PROGRESS MADE TO DATE

The focus of Budget 2019 on expanding access and choice of primary mental health and addiction services has supported more balanced funding across the spectrum of needs.

The Ministry of Health also has work underway to review the mental health and addiction ringfence. A two-phased approach is being taken:

- › the Ministry of Health is working with the Office of the Auditor General to assess a sample of DHBs' compliance with the existing ringfence requirements

- › the second phase will take into account the outcome of the audit and will involve review of and any required changes that need to be applied.

The health and disability system reforms will also consider funding rules and expectations.

IMPLEMENTATION THROUGH KIA MANAWANUI

INVESTMENT: Develop commissioning, funding and contracting approaches that enable joined-up investment in a broad range of supports and services

- › Pilot innovative ways of commissioning and funding supports and services to improve equity, accessibility, participation and collaboration; for example, commissioning that supports kaupapa Māori (short-term)

- › In collaboration with the sector, review commissioning, procurement, funding, contracting and monitoring mechanisms for mental wellbeing supports and services, and implement changes (medium-term)
- › Ensure that commissioning, funding and contracting supports all mental wellbeing service types (long-term)

POLICY: Develop frameworks and guidance to steer contemporary approaches to mental wellbeing

- › Collaboratively develop a Mental Health and Addiction System and Service Framework to set guidance and expectations for the spectrum of mental health and addiction services to be available at national, regional and local levels (including service types and integration with other mental wellbeing supports) (short-term)

11



Agree to undertake and regularly update a comprehensive mental health and addiction survey.

RATIONALE FOR RESPONSE

In its response, the Government accepted the intent of this recommendation and acknowledged the need for accurate, comprehensive, up-to-date data on the prevalence, population need and impact of mental health and addiction issues.

However, the Government considered that a single, comprehensive mental health and addiction survey was only one way to achieve the intent of this recommendation, noting the significant investment and time a comprehensive survey would require.

The Government is using a range of information sources and data to build a better understanding of mental wellbeing prevalence, population need and equity.

PROGRESS MADE TO DATE

There is ongoing work underway to improve our understanding of the full spectrum of needs, prevalence and services in New Zealand. This includes:

- › consideration of the 2016/17 New Zealand Health Survey findings, which included a specific mental health and substance use module
- › analysis of the Health and Wellbeing Survey the Ministry of Health undertook throughout the COVID-19 response period in 2020, to understand levels of distress across New Zealand
- › ongoing monitoring of need and service demand in the context of the COVID-19 response and recovery
- › the inclusion of additional mental health questions in the New Zealand Health Survey, with a fuller mental health and substance use module in the field in 2021/22

IMPLEMENTATION THROUGH KIA MANAWANUI

INFORMATION: Build our understanding of mental wellbeing prevalence, needs and equity

- › Bring together data and evidence from across sectors about the population prevalence of mental wellbeing, illness and addiction; need; service access; and equity, and identify gaps and overlaps (short-term)
- › Refresh the mental health and addiction content in the Ministry of Health's New Zealand Health Survey (short-term)
- › Address gaps in data and evidence, including through existing sources, such as enhancing primary mental health and addiction data collection (medium-term)
- › Consider opportunities for additional data collection, such as scoping a comprehensive mental health and addiction survey (medium-term)
- › Ensure that a robust and evolving understanding of prevalence, and accurate forecasting and modelling of needs and equity, informs cross-sector planning, policy and investment decisions (long-term)

Enable innovation that allows us to easily share whānau-centred and community-led solutions, to encourage and enable change

- › Identify opportunities for and barriers to the appropriate sharing of information about population mental wellbeing and equity including across government and sectors (short-term)

12A



Commit to a staged funding path to give effect to the recommendations to improve access and choice, including:

expanding access to services for significantly more people with mild to moderate and moderate to severe mental health and addiction needs

12B



more options for talk therapies, alcohol and other drug services and culturally aligned services

12C



designing and implementing improvements to create more people-centred and integrated services, with significantly increased access and choice.

RATIONALE FOR RESPONSE

The Government accepted this recommendation and acknowledged that a staged funding path would be needed for transformation, with investment phased over multiple years.

This needs to take into account system constraints such as workforce capacity and capability and the system's capacity for change. It also needs to balance investment in mental health and addiction with investment in other key areas that influence people's wellbeing, such as housing, income support and education.

PROGRESS MADE TO DATE

The funding profile of the Budget 2019 mental wellbeing package continues to increase annually to 2023/24, with new services already in place across the country and further expansion planned in the coming months and years.

The Budget 2019 mental wellbeing investment provides funding to improve access and choice, particularly for people with mild to moderate mental health and addiction needs. This includes rollout of talk therapies and kaupapa Māori and Pacific primary mental health and addiction services through the Access and Choice initiative, as well as investment in alcohol and other drug services.

Budget 2019 also included funding to support local collaborative design of services.

IMPLEMENTATION THROUGH KIA MANAWANUI

See actions to implement recommendations 1 and 7B

TRANSFORM PRIMARY HEALTH CARE

13



Note that this Inquiry fully supports the focus on primary care in the Health and Disability Sector Review, seeing it as a critical foundation for the development of mental health and addiction responses and for more accessible and affordable health services.

RATIONALE FOR RESPONSE

In its response, the Government reiterated its commitment to expanding and enhancing mental health and addiction responses in primary and community settings and acknowledged work undertaken would need to be flexible enough to accommodate any changes resulting from the Health and Disability System Review.

14



Agree that future strategies for the primary health care sector have an explicit focus on addressing mental health and addiction needs in primary and community settings, in alignment with the vision and direction set out in this Inquiry.

RATIONALE FOR RESPONSE

While the Government supports and is committed to expanding and enhancing mental health and addiction responses in primary and community settings, it considered that future primary health care strategies should be informed by the response to the Health and Disability System Review, which was underway at the time.

PROGRESS MADE TO DATE

The Health and Disability System Review's final report was publicly released in June 2020. It outlines recommendations for system-level changes to increase equity and improve outcomes for people in New Zealand.

In June 2020, Cabinet accepted the case for reform and the direction of travel outlined in the Review.

In April 2021, the Government announced the high-level operating model for a reformed health and disability system. The directions of Kia Manawanui are consistent with the reforms in emphasising equity; partnering with Māori; greater access to care in the community and early intervention services; person and whānau-centred care; and consistent, high-quality care everywhere.

The Ministry of Health is working with the Transition Unit in the Department of the Prime Minister and Cabinet to support implementation of the reforms.

STRENGTHEN THE NGO SECTOR

15



Identify a lead agency to:

- › provide a stewardship role in relation to the development and sustainability of the NGO sector, including those NGOs and Kaupapa Māori services working in mental health and addiction
- › take a lead role in improving commissioning of health and social services with NGOs.

RATIONALE FOR RESPONSE

The Government accepted its role in supporting stewardship of non-governmental organisation (NGO) development and sustainability and improving commissioning of health and social services with NGOs.

It was not accepted that this be the responsibility of one lead agency, as the Government considers that all social sector agencies have a role to play.

PROGRESS MADE TO DATE

Initial support for mental health and addiction NGO sustainability has been provided through Budget 2019 and other recent investment (eg, investment in specialist addiction services has supported NGO service provision and sustainability).

The Ministry of Health is working to support Māori, Pacific and alcohol and other drug providers, including through the continued rollout of services; is building partnerships with mental health and addiction NGOs, including working closely with Platform, an umbrella organisation for mental health and addiction NGOs; has supported NGO sustainability during COVID-19, including through targeted investment.

The Ministry of Health has successfully trialled innovative new procurement approaches tailored specifically for Māori and

Pacific providers of mental health and addiction services. This has required more time and resource than a traditional procurement process, but it has resulted in a more engaging process, a clear understanding of what is being delivered and by whom, and potentially overall better outcomes for consumers once services commence

- › For Māori providers, the Ministry of Health has reduced administrative burden with a greater focus on kōrero and direct engagement in place of written documents. Providers were able to submit proposals verbally via a short video and wānanga and in te reo. This verbal process, with the option of te reo, is a first for the Ministry of Health
- › For Pacific providers, the Ministry of Health has undertaken efforts to improve

the user-friendliness of processes, including by providing a 'hints and tips' document and a video to support providers who are not familiar or confident with the process.

Lessons from trialling the innovative new procurement approaches will be used by the Ministry of Health to inform future procurement approaches.

The Ministry of Business, Innovation and Employment continues to have lead responsibility for improvements in the government procurement system as a whole.

Cross-agency work on the Social Sector Commissioning programme will also contribute to NGO sustainability. The Ministry of Social Development and a cross-agency team is continuing the work programme, and collaborating with the NGO sector to produce best practice guidelines and funding principles.

IMPLEMENTATION THROUGH KIA MANAWANUI

INVESTMENT: Develop commissioning, funding and contracting approaches that enable joined-up investment into a broad range of supports and services

- › Pilot innovative ways of commissioning and funding supports and services to improve equity, accessibility,

participation and collaboration; for example, commissioning that supports kaupapa Māori (short-term)

- › In collaboration with the sector, review commissioning, procurement, funding, contracting and monitoring mechanisms for mental wellbeing supports and

services, and implement changes (medium-term)

- › Establish and use joint commissioning, funding and contracting mechanisms across sectors to streamline government engagements with community organisations (long-term)

ENHANCE WELLBEING, PROMOTION AND PREVENTION

Take a whole-of-government approach to wellbeing, prevention and social determinants

16



- Establish a clear locus of responsibility for social wellbeing within central government to provide strategic and policy advice and to oversee and coordinate cross-government responses to social wellbeing, including:
- › tackling social determinants that impact on multiple outcomes and that lead to inequities within society
 - › enhancing cross-government investment in prevention and resilience-building activities.

RATIONALE FOR RESPONSE

The Government's response stated that the government as a whole has a responsibility for social wellbeing.

The Government did not accept the establishment of a single locus of responsibility, as a wellbeing approach should underpin all government activities.

PROGRESS MADE TO DATE

Existing mechanisms and infrastructure, such as the Social Wellbeing Board and oversight of cross-government investment by the Cabinet Priorities Committee, are being used to facilitate improved agency and Ministerial collaboration on an ongoing basis.

Agencies such as the Treasury (when considering cross-government investment) and the Social Wellbeing Agency (for joined-up analysis about social wellbeing) help to address issues that cut across individual agencies.

The outcomes of this wellbeing approach are demonstrated through the Budget 2019 \$1.9 billion cross-government mental wellbeing package. This package included investment across a number of Votes to address the social determinants of mental wellbeing alongside expanding and enhancing mental health and addiction services.

IMPLEMENTATION THROUGH KIA MANAWANUI

POLICY: Strengthen the focus on mental wellbeing, suicide prevention and equity across government strategies, policies and accountabilities

- › Support consideration of mental wellbeing and equity in all policies across government through active promotion, resources and tools (including reference to *He Tapu te Oranga o ia Tangata*) (short-term)
- › Embed mental wellbeing, suicide prevention and equity as focuses of all government strategies and work programmes (medium-term)
- › Build joint monitoring and cross-sector accountability mechanisms into future policy development and system and service design (long-term)

INVESTMENT: Strengthen investment in the foundations of mental wellbeing

- › Implement cross-government initiatives that address the social, cultural, environmental

and economic determinants of mental wellbeing (including by addressing homelessness; financial hardship; employment needs; care and protection; and safe workplaces, schools and learning environments) (short-term)

- › Identify opportunities to expand and integrate initiatives to address the determinants of mental wellbeing and create sustainable solutions (eg, more permanent solutions for people experiencing homelessness; expansion of integrated employment and mental health and addiction supports) (medium-term)
- › Ensure a sustainable investment approach is in place to maintain the foundations of mental wellbeing, including pivoting actions as needed in response to emerging evidence, new events and changing circumstances (long-term)

INVESTMENT: Strengthen investment in promoting wellbeing

- › Expand work to ensure all schools, tertiary education institutes and workplaces promote mental wellbeing and take steps to prevent mental distress (eg, bullying prevention resources in schools; mental health education resources for teachers) (short-term)
- › Expand approaches to promoting mental wellbeing in diverse community settings including marae, schools, workplaces, sports clubs, places of worship, outdoor spaces and community centres (medium-term)
- › Embed the community settings-based approach to mental health promotion and prevention, including by empowering marae, schools, workplaces, sports clubs, places of worship and community centres to respond to local challenges and lead solutions (long-term)

17



Direct the State Services Commission to report back with options for a locus of responsibility for social wellbeing, including:

- › its form and location (a new social wellbeing agency, a unit within an existing agency or reconfiguring an existing agency)
- › its functions.

RATIONALE FOR RESPONSE

The Government did not support introduction of a new specific locus of responsibility for social wellbeing, as it considered that improving wellbeing should underpin all Government activities.

Facilitate mental health promotion and prevention

18



Agree that mental health promotion and prevention will be a key area of oversight of the new Mental Health and Wellbeing Commission, including working closely with key agencies and being responsive to community innovation.

19



Direct the new Mental Health and Wellbeing Commission to develop an investment and quality assurance strategy for mental health promotion and prevention, working closely with key agencies.

RATIONALE FOR RESPONSE

The Government's response endorsed the need for a greater focus on and a strategic approach to mental wellbeing promotion and prevention.

However, the Government's response did not accept the mechanism recommended of a single investment and quality assurance strategy. It acknowledged that there was a range of departments and Crown entities in which this function could sit.

At the time of the response, implementation of the recommendations was contingent on decisions around the establishment, timing, role and scope of a Mental Health and Wellbeing Commission.

PROGRESS MADE TO DATE

The Mental Health and Wellbeing Commission began operating on 9 February 2021 and will provide independent oversight and hold government and other decision makers to account for the mental health and wellbeing of people in New Zealand, including mental health promotion and prevention. The Commission can choose where to focus its efforts and attention.

Te Hīringa Hauora, the Health Promotion Agency, provides leadership for health promotion activities and leads the delivery of many mental wellbeing promotion initiatives.

The \$1.9 billion Budget 2019 cross-government mental wellbeing package supports a range of initiatives that will contribute directly or indirectly to enhanced mental wellbeing promotion and prevention. The initial focus in response to *He Ara Oranga* has been expanding access and choice of primary and community interventions for mental health and addiction. This is the first step towards a transformed system that considers the full spectrum of need

Specific mental wellbeing promotion and prevention initiatives were accelerated during 2020 as part of the response to COVID-19, including self-help apps, an e-therapy course, wellbeing promotion campaigns, and tools for parents to support discussions with their children about mental health and wellbeing.

IMPLEMENTATION THROUGH KIA MANAWANUI

LEADERSHIP: Strengthen national, regional and local leadership and collaboration for mental wellbeing

- › Strengthen national and local cross-government coordination of strategies and activities that contribute to mental wellbeing and raise awareness and understanding (eg, via the Regional Public Service Leads and web information about respective roles and responsibilities) (short-term)
- › Strengthen community organisations' capacity to lead mental wellbeing promotion and responses to mental distress, including

leadership development opportunities (medium-term)

- › Support mental wellbeing as an enduring priority, including through monitoring and review of Kia Manawanui (long-term)

INVESTMENT: Strengthen investment in promoting wellbeing

- › Expand work to ensure all schools, tertiary education institutes and workplaces promote mental wellbeing and take steps to prevent mental distress (eg, bullying prevention resources in schools; mental health education resources for teachers) (short-term)

- › Expand approaches to promoting mental wellbeing in diverse community settings including marae, schools, workplaces, sports clubs, places of worship, outdoor spaces and community centres (medium-term)
- › Embed the community settings-based approach to mental health promotion and prevention, including by empowering marae, schools, workplaces, sports clubs, places of worship and community centres to respond to local challenges and lead solutions (long-term)

PLACE PEOPLE AT THE CENTRE

Strengthen consumer voice and experience in mental health and addiction services

20



Direct DHBs to report to the Ministry of Health on how they are including people with lived experience and consumer advisory groups in mental health and addiction governance, planning, policy and service development decisions.

RATIONALE FOR RESPONSE

While the Government agreed with the intent of this recommendation and expressed its commitment to placing people at the centre of mental health and addiction services, it was noted that reporting is only one lever with which to strengthen the voices of consumers and people with lived experience. A more holistic approach is needed.

Implementation of this recommendation will need to be considered in the context of guidance and accountability arrangements for new structures arising from the health and disability system reforms.

PROGRESS MADE TO DATE

The Ministry of Health signalled the expectation through the 2019/20 and 2020/21 DHB Annual Plan Guidance that DHBs engage and work in partnership with Māori and people with lived

experience and demonstrate a commitment to supporting and employing lived experience and whānau roles.

This expectation was reinforced in the Minister of Health's 2020/21

Letter of Expectations to DHBs, which signals the need to strengthen service user councils and refers DHBs to the Health Quality and Safety Commission's guidance for engaging with consumers.

21



Direct the Ministry of Health to work with people with lived experience, the Health Quality and Safety Commission and DHBs on how the consumer voice and role can be strengthened in DHBs, primary care and NGOs, including through the development of national resources, guidance and support, and accountability requirements.

RATIONALE FOR RESPONSE

In its response, the Government stated its commitment to placing people at the centre of mental health and addiction services and acknowledged the need to strengthen the consumer voice and role.

PROGRESS MADE TO DATE

The Ministry of Health is strengthening the lived experience and whānau perspective by working with lived experience communities and organisations to inform the mental health and addiction work programme.

Since the Government responded to *He Ara Oranga*, the Ministry of Health has worked with people with lived experience in a number of ways including through:

- › strengthening its networks with people with lived experience of mental health and addiction, including Ngā Manaaki (an informal national lived experience network with people from a range of ethnic, cultural and population groups) and the Ministry-led Lived Experience Knowledge Network established during the initial COVID-19 outbreak in early 2020
- › establishing the Whai Ora, Whiti Ora community fund established in response to

COVID-19. This fund supported 16 community groups and networks who had not been involved with government previously

- › creating bespoke lived experience roles within the Ministry of Health, including appointment of a new Programme Director, Lived Experience.

The Ministry of Health is prioritising improving lived experience participation in key consultations, and is pursuing opportunities to support the consumer, lived experience and peer workforces.

22



Direct the Health and Disability Commissioner to undertake specific initiatives to promote respect for and observance of the Code of Health and Disability Services Consumers' Rights by providers, and awareness of their rights on the part of consumers, in relation to mental health and addiction services.

RATIONALE FOR RESPONSE

In its response, the Government recognised that a focus on consumers' rights was important. It accepted this recommendation in principle as the Health and Disability Commissioner, as an independent entity, sets its own work programme.

PROGRESS MADE TO DATE

The Health and Disability Commissioner provided messages during the COVID-19 response to reinforce that the Code of Health and Disability Services Consumers' Rights (the Code) continued to apply to health and disability services at all COVID-19 Alert Levels.

The Health and Disability Commissioner has been working to increase awareness among consumers living with disabilities about their rights under the Code, and is focused on making its resources and complaints processes more

accessible. As part of this work the Health and Disability Commissioner and the Nationwide Health and Disability Advocacy Service released a series of videos to help people with learning disabilities think about their own experiences with using disability services, and their risks under the Code.

IMPLEMENTATION THROUGH KIA MANAWANUI

LEADERSHIP: Amplify the voices and strengthen the leadership of Māori, people with lived experience, whānau, and populations with specific cultures and needs

- › Set expectations that funders, commissioners and providers of mental wellbeing services and supports will proactively seek out the voices of these groups and establish mechanisms to obtain their input (eg, elevating consumer and whānau advisory roles and feedback loops) (short-term)
- › Develop guidance, build capability and embed mechanisms for partnering and participation in governance, planning, policy and service development (medium-term)

- › Build collaborative ways of working into business as usual and accountability mechanisms at national, regional and local levels (long-term)

LEADERSHIP: Strengthen national, regional and local leadership and collaboration for mental wellbeing

- › Develop and invest in capacity and capability for regional/local collaborative design processes for integrated mental wellbeing supports (short-term)
- › Strengthen community organisations' capacity to lead mental wellbeing promotion and responses to mental distress, including leadership development opportunities (medium-term)

INFORMATION: Create and embed feedback loops so the experiences of Māori, people with lived experience, whānau and populations with specific cultures and needs inform continuous improvement

- › Work collaboratively to improve the collection of information from Māori, people with lived experience, whānau and population groups with specific cultures and needs, and use this to shape services and supports (short-term)
- › Improve the collection and use of data, including by embedding feedback loops to inform planning, policy, investment decisions and service design (medium-term)

Support families and whānau to be active participants in the care and treatment of their family member

23



Direct the Ministry of Health to lead the development and communication of consolidated and updated guidance on sharing information and partnering with families and whānau.

RATIONALE FOR RESPONSE

The Government's response recognised the important role family and whānau often play as a support network for people with mental health and addiction needs and acknowledged the importance of guidance on sharing information and partnering with family and whānau.

PROGRESS MADE TO DATE

The Ministry of Health's initial focus has been on incorporating guidance into work related to the Mental Health (Compulsory Assessment and Treatment) Act 1992 (Mental Health Act). Updated Mental Health Act Guidelines were released in September 2020 and include a focus on family and whānau involvement.

24



Direct the Ministry of Health to ensure the updated information-sharing and partnering guidance is integrated into:

- › training across the mental health and addiction workforce
- › all relevant contracts, standards, specifications, guidelines, quality improvement processes and accountability arrangements.

RATIONALE FOR RESPONSE

Same as 23.

PROGRESS MADE TO DATE

Updated Health and Disability Services Standards have been developed to inform existing and future service contracts and specifications. Māori, lived experience and disability communities have provided input. The Standards have a focus on person and whānau

centred approaches which includes involvement of whānau, information sharing and supported decision-making. The updated standards document, [Ngā Paerewa Health and Disability Services Standard](#) will come into effect on 28 February 2022.

The Ministry of Health is also undertaking work to understand mental health and addiction workforce requirements and trends (see recommendation 10A–C), and this will inform future decisions about what may need to be incorporated in training across the mental health and addiction workforce.

IMPLEMENTATION THROUGH KIA MANAWANUI

LEADERSHIP: Amplify the voices and strengthen the leadership of Māori, people with lived experience, whānau, and populations with specific cultures and needs

- › Set expectations that funders, commissioners and providers of mental wellbeing services and supports will proactively seek out the voices of these groups and establish mechanisms to obtain their input (eg, elevating consumer and whānau advisory roles and feedback loops) (short-term)
- › Develop guidance, build capability and embed mechanisms for partnering and participation in governance, planning, policy and service development (medium-term)

INFORMATION: Enable innovation that allows us to easily share whānau-centred and community-led solutions, to encourage and enable change

- › Improve the accessibility and usability of health information for consumers and providers (eg, via development of the National Health Information Platform) (short-term)
- › Work with whānau and communities to pilot technical solutions to enhance choice, timeliness and service quality through more effective information sharing (medium-term)
- › Ensure that appropriate information is contributed by and available to individuals, whānau and communities to enable people to look after their mental wellbeing and to inform community-led solutions (long-term)

WORKFORCE: Transform the mental health, addiction and mental wellbeing workforce to enable it to respond to people's mental wellbeing needs and to intervene early

- › Define the skills and competencies needed across clinical and kaiāwhina workforces to support transformation, including a focus on promotion, prevention and early intervention across the continuum of need, as well as cultural competency, cultural safety and responsiveness to the needs of specific populations (eg, Rainbow communities) (short-term)
- › Upskill workforces to work with whānau and carers as partners in care (medium-term)

Support the wellbeing of families and whānau

25



Direct the Ministry of Health, working with other agencies, including the Ministry of Education, Te Puni Kōkiri and the Ministry of Social Development, to:

- › lead a review of the support provided to families and whānau of people with mental health and addiction needs and identify where gaps exist
- › report to the Government with firm proposals to fill any gaps identified in the review with supports that enhance access, affordability and options for families and whānau.

RATIONALE FOR RESPONSE

The Government accepted the intent of this recommendation but indicated that there were other avenues for giving effect to it and supporting the wellbeing of families and whānau.

The Government's response also indicated that any further review and gaps analysis should leverage the breadth of information already gathered, including through the Inquiry itself, and suggested that engagement might be another way to better understand gaps and requirements.

PROGRESS MADE TO DATE

The Ministry of Health has contributed to and is responsible for several action areas in the cross-government *Carers' Strategy Action Plan 2019–2023*, including 'Enhance access to information, guidance and support of mental health and addictions, for carers and the services and organisations working with the families, whānau, and aiga of people who have a mental health and/or addiction issue'.

The Ministry of Health began investment to increase support for families and whānau as part of the \$15 million COVID-19 psychosocial response package, including funding for:

- › Supporting Families NZ (now known as Yellow Brick Road) to deliver tailored packages of existing and new family/whānau support services and expanded online and remote support groups, webinars and programmes
- › the Whai Ora, Whiti Ora Fund, a contestable Lived Experience Community Fund to support NGOs to adapt and support initiatives to help their members and communities stay informed, connected and supported. This Fund has successful recipients that work with families/whānau.

IMPLEMENTATION THROUGH KIA MANAWANUI

LEADERSHIP: Amplify the voices and strengthen the leadership of Māori, people with lived experience, whānau, and populations with specific cultures and needs

- › Review current practices, and the mental wellbeing services and supports currently available to Māori, whānau and key population groups, to identify gaps and opportunities for improvement (short-term)
- › Develop guidance, build capability and embed mechanisms for partnering and participation in governance, planning, policy and service development (medium-term)

TAKE STRONG ACTION ON ALCOHOL AND OTHER DRUGS

26

- ⊕ Take a stricter regulatory approach to the sale and supply of alcohol, informed by the recommendations from the 2010 Law Commission review, the 2014 Ministerial Forum on Alcohol Advertising and Sponsorship and the 2014 Ministry of Justice report on alcohol pricing.

RATIONALE FOR RESPONSE

The Government is committed to reducing harm from alcohol and other drugs, to taking a health-based approach to drug use and to expanding access and choice of alcohol and other drug services.

The Government accepted these recommendations in principle, noting that further consideration was needed as to how best to give effect to the intent of the recommendations, building on work already underway.

It was noted that due to the transitional provisions of the Sale and Supply of Alcohol Act 2012, some key elements have still been bedding in.

Agencies are also monitoring the impact of the 2019 amendment to the Misuse of Drugs Act 1975 and will provide a post-implementation review due by the end of 2021.

PROGRESS MADE TO DATE

Guidance has been disseminated to the Medical Officers of Health to support their regulatory role in alcohol licensing under the Sale and Supply of Alcohol Act 2012 when they take or oppose licensing appeals to the Alcohol and Regulatory Licensing Authority or the Courts.

The Ministry of Health contributed to revisions by the Advertising Standards Authority to the alcohol promotions code (a voluntary industry self-regulating code).

The Ministry of Health and Te Hīringa Hauora have been undertaking work on potential alcohol harm reduction interventions.

27

- ⊕ Replace criminal sanctions for the possession for personal use of controlled drugs with civil responses (for example, a fine, a referral to a drug awareness session run by a public health body or a referral to a drug treatment programme).

28



Support the replacement of criminal sanctions for the possession for personal use of controlled drugs with a full range of treatment and detox services.

RATIONALE FOR RESPONSE

Same as 26

PROGRESS MADE TO DATE

Progress has been made on drug law reform with a focus on minimising harm and promoting health, including 2019 amendments to the Misuse of Drugs Act 1975. One of these amendments affirmed the ability of New Zealand Police to use discretion when considering whether to prosecute people for personal possession and use of drugs. This includes requiring consideration of whether, in addition to other relevant matters, health-based alternatives would be more beneficial to the public interest. A review of the impact of the 2019 amendments to the Misuse of Drugs Act 1975 is underway.

Progress and activities for development and implementation of a full range of treatment and detox services is underway through delivery of investment initiatives

- › Budget 2019 funding for primary and community alcohol and other drug services increases through to the 2022/23 financial year. This has already funded the Haven peer-led drop-in recovery café in central Auckland and two peer support services in Taranaki (one for people experiencing alcohol and other drug harm themselves and one for family and affected others). The Ministry of Health is currently considering initiatives for further funding
- › Budget 2019 also invested \$42 million in Vote Health specialist alcohol and other drug services. This has enabled the establishment of new services and increased funding for existing NGO services, to increase sustainability and

improve service quality. New services include managed withdrawal services across the South Island; new residential care beds in Hawke's Bay; and services across the Midland region, including support for people before and after they access residential care in Tairāwhiti and Lakes DHBs

The Ministry of Health is scoping opportunities within current legislative settings and work programmes to define and implement a holistic health approach to drug harm across government. While this work is being conducted by the Ministry of Health, it incorporates cross-agency work such as to create a licensing regime for drug checking and the Drug Information and Alert Aotearoa NZ (drug early warning) network and its website, High Alert.

IMPLEMENTATION THROUGH KIA MANAWANUI

POLICY: Improve the legislative and regulatory environment to support healthy environments and a mental wellbeing approach

- › Strengthen a public health approach to regulation and enforcement in relation to alcohol and other drugs (eg, implementing the drug checking licensing scheme, reviewing the 2019 amendments to the Misuse of Drugs Act 1975, reviewing the Substance Addiction

(Compulsory Assessment and Treatment) Act 2017) (short-term)

- › Implement recommendations of review of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 and any other amendments required following consultation on the Mental Health Act (medium-term)

- › Implement recommendations of review of amendments to the Misuse of Drugs Act 1975 and consider any wider reform (medium-term)
- › Review the Sale and Supply of Alcohol Act 2012 (medium-term)
- › Support the implementation of new legislation with leadership for behaviour change, workforce training, monitoring and feedback loops and expanded service options (long-term)

29



Establish clear cross-sector leadership and coordination within central government for policy in relation to alcohol and other drugs.

RATIONALE FOR RESPONSE

The Government accepted this recommendation and noted that there are a range of existing forums and arrangements for cross-sector activity related to alcohol and other drugs.

PROGRESS MADE TO DATE

There is a range of existing forums and arrangements for cross-sector activity related to alcohol and other drugs. The Ministry of Health plays a leadership, coordination and participation role in these, alongside other agencies such as the Ministry of Justice and New Zealand Police. For example:

- › the Ministry of Health participates in cross-sector alcohol strategic leadership group meetings hosted by Te Hiringa Hauora. These

- meetings are also attended by representatives from the Ministry of Justice, Accident Compensation Corporation, and New Zealand Police
- › the Ministry of Justice administers the Sale and Supply of Alcohol Act 2012 and leads the regulatory regime for alcohol
 - › the Ministry of Health is a kaitiaki of the wider addiction (alcohol and other drug and gambling harm) sector and provides national leadership

- and direction, and designs, commissions and funds addiction services, including through DHBs and NGOs
- › Te Hiringa Hauora provides information, advice and resources to help prevent alcohol related harm

Officials will continue to monitor whether the existing forums and arrangement for cross-sector activity related to alcohol and other drugs are fit-for-purpose and will provide advice to relevant Ministers if it emerges that changes may be needed.

IMPLEMENTATION THROUGH KIA MANAWANUI

LEADERSHIP: Strengthen national, regional and local leadership and collaboration for mental wellbeing

- › Strengthen national and local cross-government coordination of strategies and activities that contribute to mental wellbeing and raise awareness and understanding (eg, via the Regional Public Service Lead and web information about respective roles and responsibilities) (short-term)
- › Move from cross-government coordination of strategies and activities to integrated cross-government development of strategies and activities that support mental wellbeing (medium-term)
- › Continue to strengthen mental wellbeing-focussed coordination and integration mechanisms at the national, regional and local levels (long-term)

PREVENT SUICIDE

30



Urgently complete the national suicide prevention strategy and implementation plan and ensure the strategy is supported by significantly increased resources for suicide prevention and postvention.

RATIONALE FOR RESPONSE

The Government acknowledged New Zealand's persistently high suicide rates, and accepted the need to complete the suicide prevention strategy and increase resources for suicide prevention and postvention.

PROGRESS MADE TO DATE

A new national suicide prevention strategy and action plan, *Every Life Matters – He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand (He Tapu te Oranga)*, was released in September 2019.

Budget 2019 included \$40 million over four years to expand and improve suicide prevention and postvention work, more than doubling the Vote Health targeted investment in suicide prevention and postvention services prior to 2019/20.

To date the Budget 2019 investment has support a range of services and activities including:

- › establishing Māori and Pacific Suicide Prevention Community Funds – the first funding round launched in mid-2020 and has seen a total of 74 successful recipients for the Māori fund and 18 successful recipients for the Pacific fund, receiving a combined total of \$2.5 million
 - › additional suicide postvention capacity in all 20 DHBs
 - › work in partnership with the Broadcasting Standards Authority to engage media and commence development of new media guidelines for suicide reporting to help support responsible discussion on and depiction of suicide across media and social media
 - › reviewing the Coronial Data Sharing Service. The findings are currently being considered and will be used to inform ongoing service delivery from 2021/22 onwards
- Implementation of *He Tapu te Oranga* and the Budget 2019 investment is ongoing.

IMPLEMENTATION THROUGH KIA MANAWANUI

INVESTMENT: Expand access and choice of mental health and addiction supports and provide recovery-based care, prioritising kaupapa Māori and whānau-centred approaches and addressing equity

- › Expand and evaluate primary and community mental health and addiction services, including peer support, digital

tools, suicide prevention initiatives and tailored supports for Māori, Pacific peoples, children and young people and Rainbow communities (short-term)

- › Support tailored and collaboratively designed responses for a wider range of populations with specific cultures and needs, led by those populations (medium-term)

- › Continue to review the balance of investment and ensure an appropriate mix of services and supports in diverse settings (long-term)

31



Set a target of 20% reduction in suicide rates by 2030.

RATIONALE FOR RESPONSE

The Government did not set a suicide reduction target because it considered that one death by suicide is one too many.

32



Establish a suicide prevention office to provide stronger and sustained leadership on action to prevent suicide.

RATIONALE FOR RESPONSE

The Government agreed there was a need to strengthen the governance and leadership of suicide prevention in Aotearoa, and that establishing a suicide prevention office would help enhance leadership of suicide prevention.

PROGRESS MADE TO DATE

The Suicide Prevention Office was officially opened in November 2019 to provide stronger and sustained leadership on action to prevent suicide.

Since established, the Suicide Prevention Office has focused on:

- › undertaking extensive engagement with stakeholders and communities around the country to build relationships to drive collective action to prevent suicide

- › establishing its Māori and lived experience advisory functions to shape the approach to suicide prevention

- › delivering a range of initiatives funded through the \$40 million Budget 2019 funding for suicide prevention and postvention (see recommendation 30)

- › improving the evidence base and understanding of suicide prevention in New Zealand through progressing a review of regional and community-level suicide prevention and postvention services. This will inform future suicide prevention approaches and investment.

IMPLEMENTATION THROUGH KIA MANAWANUI

POLICY: Strengthen the focus on mental wellbeing, suicide prevention and equity across government strategies, policies and accountabilities

Support consideration of mental wellbeing and equity in all policies across government through active promotion, resources and tools (including reference to *He Tapu te Oranga o ia Tangata*) (short-term)

- › Embed mental wellbeing, suicide prevention and equity as focuses of all government strategies and work programmes (medium-term)

33



Direct the Ministries of Justice and Health, with advice from the Health Quality and Safety Commission and in consultation with families and whānau, to review processes for investigating deaths by suicide, including the interface of the coronial process with DHB and Health and Disability Commissioner reviews.

RATIONALE FOR RESPONSE

The Government acknowledged that changing processes for investigating suspected self-inflicted deaths could help reduce the burden and re-traumatisation of families and whānau who have lost their loved ones.

PROGRESS MADE TO DATE

Reviewing the processes for investigating deaths by suicide was included and identified as a key action in *He Tapu te Oranga*. The Suicide Prevention Office is leading scoping work to develop terms of reference for the review, which will be undertaken collaboratively with the Ministry of Justice, Health Quality and Safety Commission, Health and Disability Commissioner, and

representatives of families and whānau of people who have died by suicide. It is expected to be completed in 2021/22.

The review will inform consideration of changes needed to improve the coronial process, and intersection of that process with other inquiries, particularly for families and whānau. Advice on what changes may be needed is

expected to be able to be provided to relevant Ministers (eg, the Ministers of Health and Justice and Minister for Courts) following the completion of the review. The timeline for implementing any changes will depend on what they are (eg, if legislative change is required, this could take a couple of years to be completed).

IMPLEMENTATION THROUGH KIA MANAWANUI

POLICY: Improve the legislative and regulatory environment to support healthy environments and a mental wellbeing approach

- › Review the processes for investigating death by suicide and provide guidance to relevant organisations as needed (short-term)

REFORM THE MENTAL HEALTH ACT

34



Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992 so that it reflects a human rights-based approach, promotes supported decision-making, aligns with the recovery and wellbeing model of mental health, and provides measures to minimise compulsory or coercive treatment.

35



Encourage mental health advocacy groups and sector leaders, people with lived experience, families and whānau, professional colleges, DHB chief executive officers, coroners, the Health and Disability Commissioner, New Zealand Police and the Health Quality and Safety Commission to engage in a national discussion to reconsider beliefs, evidence and attitudes about mental health and risk.

RATIONALE FOR RESPONSE

The Government acknowledged the pressing need to repeal and replace the Mental Health Act 1992 but acknowledged that this would take several years.

As a result, the Government prioritised work to repeal and replace the Mental Health Act.

PROGRESS MADE TO DATE

Work to repeal and replace the Mental Health Act is underway and is being led by the Ministry of Health. This work will take some time as it involves careful consideration of diverse perspectives and complex ethical, legal and policy issues to avoid unintended consequences.

A phased approach is being taken, focusing on improving current practice and making initial amendments to make the current Act more aligned with a human-rights based approach while longer-term legislative reform is progressed.

The Mental Health (Compulsory Assessment and Treatment) Amendment Bill, which includes the elimination of indefinite treatment orders, was referred to the Health Select Committee, and public submissions closed on 19 May 2021. The Committee is due to report back to the House in October 2021, and it is currently expected the Bill will be passed into legislation in the last quarter of 2021.

Principles for policy development as part of a longer-term legislative change programme were agreed by Cabinet in June

2019, and public consultation on full repeal and replacement of the Mental Health Act will commence in the second half of 2021.

Public consultation is expected to include discussion of beliefs, evidence and attitudes about mental health and risk and will enable a wide range of people and groups, including people with lived experience, families and whānau, and sector groups to participate in shaping the new legislation.

Recommendations on new legislation will be informed by the public consultation findings and discussions.

IMPLEMENTATION THROUGH KIA MANAWANUI

POLICY: Improve the legislative and regulatory environment to support healthy environments and a mental wellbeing approach

- › Review and reform current mental health and addiction legislation to better support human rights, mana-enhancing approaches and equity alongside efforts to improve regulatory and provider practice (short-term)
- › Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992 (medium-term)
- › Support the implementation of new legislation with leadership for behaviour change, workforce training, monitoring and feedback loops and expanded service options (long-term).

ESTABLISH A NEW MENTAL HEALTH AND WELLBEING COMMISSION

36A



Establish an independent commission to provide leadership and oversight of mental health and addiction in New Zealand.

36B



Establish the Mental Health and Wellbeing Commission with the functions and powers set out in Figure 4 in section 12.2.2 of *He Ara Oranga*.

37



Establish a ministerial advisory committee as an interim commission to undertake priority work in key areas (such as the national co-designed service transformation process).

38



Direct the Mental Health and Wellbeing Commission (or interim commission) to regularly report publicly on implementation of the Government's response to the Inquiry's recommendations, with the first report released one year after the Government's response.

RATIONALE FOR RESPONSE

The Government agreed there was a need to establish an independent Mental Health and Wellbeing Commission to enhance cross-government oversight, monitoring and accountability. However, it felt that further consideration was needed on the best mix of functions to ensure the Commission was able to remain independent.

The Government agreed in principle that interim arrangements would likely be required while an independent Commission was being established.

The Government agreed that regular reporting on the progress of the Government's response to the Inquiry was important, however given decisions about the Commission's functions had not yet been made, it only accepted this recommendation in principle.

PROGRESS MADE TO DATE

The Initial Mental Health and Wellbeing Commission was established as a Ministerial Advisory Committee and operated between November 2019 and February 2021. The Initial Mental Health and Wellbeing Commission delivered an interim progress report on implementation of the Government's response to *He Ara Oranga* in June 2020 and a final report in December 2020

The permanent Mental Health and Wellbeing Commission opened in February 2021. The Commission's objectives, functions and powers are set out in the Mental Health and Wellbeing Commission Act 2020, which establishes the Commission as an independent

Crown entity to contribute to better and equitable mental health and wellbeing for people in New Zealand

The permanent Commission's functions include:

- › assessing and reporting publicly on the mental health and wellbeing of people in New Zealand
- › making recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing
- › promoting alignment, collaboration, and communication between entities involved in mental health and wellbeing

- › monitoring mental health services and addiction services and advocating improvements to those services
- › advocating for the collective interests of people who experience mental distress or addiction, and the persons (including family and whānau) who support them

The permanent Mental Health and Wellbeing Commission has been tasked with publicly reporting on mental health and wellbeing on a regular ongoing basis.

IMPLEMENTATION THROUGH KIA MANAWANUI

INFORMATION: Create and embed feedback loops so the experiences of Māori, people with lived experience, whānau and populations with specific cultures and needs inform continuous improvement

- › Support the Mental Health and Wellbeing Commission's development of a service monitoring framework for

mental health and addiction services and approaches to mental wellbeing (short-term)

- › Support the implementation of the Mental Health and Wellbeing Commission's service monitoring framework for mental health and addiction services and approaches to mental wellbeing (medium-term)

- › Embed processes and mechanisms to ensure that feedback from diverse groups and insights from the Mental Health and Wellbeing Commission's service monitoring framework drive change (long-term).

WIDER ISSUES AND COLLECTIVE COMMITMENT

39



Ensure the Health and Disability Sector Review:

- › assesses how any of its proposed system, structural or service commissioning changes will improve both mental health and addiction services and mental health and wellbeing
- › considers the possible establishment of a Māori health ministry or commission.

RATIONALE FOR RESPONSE

The Government's acceptance of this recommendation reflected alignment between the recommendation and the intent of the Health and Disability System Review (as outlined in its terms of reference).

PROGRESS MADE TO DATE

The Health and Disability System Review's final report was publicly released in June 2020. It outlines recommendations for system-level changes to increase equity and improve outcomes for people in New Zealand, including through shifting the

balance from treatment of illness towards health and wellbeing and consideration of the establishment of a Māori Health Authority to advise on all aspects of Māori health policy and to monitor and report on the performance of the system with respect to Māori.

In June 2020, Cabinet accepted the case for reform and the direction of travel outlined in the Review. The Government agreed to the establishment of a Māori Health Authority.

IMPLEMENTATION THROUGH KIA MANAWANUI

Kia Manawanui aligns with the directions of the health and disability system reforms, including the emphasis on equity; partnering with Māori; greater access to care in the community and early intervention services; person and whānau-centred care; and consistent, high-quality care everywhere.

40



Establish a cross-party working group on mental health and wellbeing in the House of Representatives, supported by a secretariat, as a tangible demonstration of collective and enduring political commitment to improved mental health and wellbeing in New Zealand.

RATIONALE FOR RESPONSE

In its response, the Government acknowledged the need for cross-party collaboration and collective commitment to deliver on the vision of mental health and wellbeing for all. However, it felt that there were opportunities to enhance existing arrangements to achieve this and that cross-party groups tend to be more effective when they are established at arm's length from Government.

PROGRESS MADE TO DATE

In August 2019 the Cross-Party Mental Health and Addictions Wellbeing Group was launched. The Group's aim is to raise awareness of the issues and challenges surrounding mental health in New Zealand, such as suicide. It also intends to make recommendations and hold the Government to account over policies around mental health.

In September 2020, the Cross-Party Mental Health and Addictions Wellbeing Group released *Zero Suicide Aotearoa*, a report it commissioned to stimulate debate among politicians about suicide. This will be debated by Parliament in July 2021.

The Cross-Party Mental Health and Addictions Wellbeing Group sets its own work plan and meeting schedule.



MANATŪ
HAUORA

MINISTRY OF HEALTH