

Mental Health Foundation's call to action:

Implement He Ara Oranga

Position statement

July 2020



Executive summary

Aotearoa has begun its journey to make significant improvements in its approach to mental health and wellbeing. We now have clear recommendations for change from the Government's inquiry into mental health and addiction, *He Ara Oranga* – meaning pathways to wellness – which sets a new direction for the sector. The long-term impacts of COVID-19 we face make this work even more important.

What needs to happen next? The Government must publish an implementation plan for *He Ara Oranga* that prioritises actions that best set us up to support those experiencing mental distress during the COVID-19 pandemic and recovery, and beyond.

This position statement outlines ten priority areas that should be front and centre in a *He Ara Oranga* implementation plan. While the programme to expand mental health and addiction services continues to be important, we must place more emphasis on addressing the up-stream factors that lead to inequity and poor mental health and wellbeing outcomes.

The ten 'do now' priority areas the sector wants to see put into action are to:

1. apply a te Tiriti o Waitangi and equity lens to all decisions about how to deliver on the recommendations in *He Ara Oranga*
2. prioritise social determinants of mental health across government and take the mental health and wellbeing effects of all policies into account through decision-making
3. produce a clear strategy for positive mental health and wellbeing and mental health promotion
4. start the review of the Mental Health Act and begin national conversations about mental health and risk
5. identify and prioritise specific actions and funding to prevent suicide
6. continue the program to increase service access and choice, particularly for Māori and Pacific peoples
7. continue to plan for, and build upon recent learnings to inform, the national system transformation co-design process
8. step up workforce development and supported employment initiatives to help lower unemployment during the COVID-19 recovery phase
9. improve commissioning of kaupapa Māori health services, including for mental health and addiction; and
10. respond to the immediate gaps in support for whānau helping people with mental health and addiction needs.

Introduction

The policy landscape for mental health and wellbeing has shifted significantly over the past year with the release of [He Ara Oranga](#), the Government's Inquiry into mental health and addiction. This report is supported by the [WAI 2575](#) Hauora Report on stage one of the health services and outcomes kaupapa Inquiry, and now the recommendations of the [Health Disability System Review](#).

COVID-19 has brought significant challenges to our modern way of life. The continuing threat of the pandemic, the recent noho rāhui (the Alert level 4 lockdown), ongoing uncertainty and financial recession pose serious additional challenges to New Zealand's mental health and wellbeing on a population level. The government's COVID-19 psychosocial and mental wellbeing recovery plan [Kia Kaha, Kia Māia, Kia Ora Aotearoa](#) appropriately contributes to the policy landscape.

Policy decisions can determine the outcomes of many challenges COVID-19 has and will present. **Just as Aotearoa has been able to prevent the worst physical health effects of COVID-19, we can also prevent much potential mental distress and hardship.** The best way to deal with the additional challenges of the current COVID-19 crisis and the recovery phase is to press forward with implementing *He Ara Oranga* as a matter of urgency and to take advantage of the sense of motivation in the sector and communities, as well as other opportunities that have arisen through recent reviews and health strategies to harness change.

The next step is for the Government to publish a plan about how to bring *He Ara Oranga* to life.

A clear and long-term implementation plan is needed to specify ongoing investment in mental health and wellbeing, timelines, measures, targets (including equity resourcing and actions) and evaluation plans. **The plan needs to show how 21 of the 38 accepted recommendations either agreed in principle by the government (or as requiring further consideration), will move from principles to action.** An implementation plan will also need to be transparent and show how the sector and communities can all contribute to the success of the plan.

Some progress has been made in delivering recommendations in *He Ara Oranga* such as the establishment of the Suicide Prevention Office and the Initial Mental Health and Wellbeing Commission.¹ We support the Government's prioritisation of four key areas for 2019/2020 but we now need a plan to progress other *He Ara Oranga* recommendations and **the most pressing recommendations identified in this position statement should be a high priority going forward** so we are best placed to respond to the challenges of COVID-19.

Ten priority areas for the *He Ara Oranga* implementation plan

The Mental Health Foundation (MHF) considers the following priority areas to be the central focus of the delivery of *He Ara Oranga*.

1. Apply a Te Tiriti and equity lens to all decisions and plans to deliver on *He Ara Oranga*
(see *He Ara Oranga* principles)

It is vital a Te Tiriti and equity lens is used to determine how the recommendations of *He Ara Oranga* are translated into real change. This means demonstrating how the Te Tiriti principles of tino rangatiratanga, equitable outcomes, active protection, options and partnership are understood and upheld in the delivery of *He Ara Oranga's* recommendations; and careful consideration about how actions, resources and the facilitation of inclusive decision-making will support the implementation plan to achieve equitable outcomes for population groups such as Māori, Pacific, people with disabilities, LGBTQI+, children and youth, rural populations and those that experience overlapping and interdependent systems of discrimination or disadvantage (intersectionality).

2. Implement a whole of government approach to wellbeing, prevention and addressing social determinants (*He Ara Oranga* rec. 16)

Decades of reports on the state and future direction of the health sector argue some of the most powerful determinants of health lie outside the health system. There has been recent progress with the government developing a shared cross-agency work program that demonstrates what each agency is doing for mental health and wellbeingⁱⁱ and *Kia Kaha, Kia Māia, Kia Ora Aotearoa* (the COVID-19 psychosocial and mental wellbeing recovery plan) has been developed with the expectation of cross-agency coordination and input. The next step is for the government to indicate how longer-term planning will seek to best measure and incentivise cross-government efforts and investment in prevention, wellbeing, and social determinants. For example, several recent reviews suggest a 'Health in All Policies' approach should be considered to ensure health and wellbeing outcomes are systematically considered in all policy and planning decisions.ⁱⁱⁱ The Social Wellbeing Agency also appears well placed to provide data and insights to inform cross-government decision-making and innovation as long as data governance and oversight reflects Māori authority, and is able to accurately ensure their insights are inclusive of attending to the inequities and disparities faced by marginalised groups.

3. Positive mental health and wellbeing and mental health promotion (see *He Ara Oranga* recs. 18 & 19)

The Health and Disability System Review found a more proactive approach to promoting and protecting health is required, with an explicit focus on equity. This supports the need for a clear strategy for the development of mental health promotion as proposed in *He Ara Oranga*. One of the first tasks of the Mental Health and Wellbeing Commission or another appropriate agency, to be undertaken in consultation with the sector and communities as soon as practical, should be to develop the high-level principles, investment and quality assurance strategy for mental health promotion and prevention. This strategy should be incorporated into the wider *He Ara Oranga* implementation plan.

4. Repeal and reform the Mental Health Act and start the national conversation about mental health and risk (*He Ara Oranga* recs. 34 & 35)

Communities are eager to see the full legislative review of the Mental Health (Compulsory Assessment and Treatment) Act gain momentum, and public discussion about beliefs, evidence and attitudes about mental health and risk is a vital part of this work. Lived experience groups/tangata whaiora, in particular, want to know how they can participate in this review and inform the outcomes of legislative change. The timeframe for this important work should not be delayed given the continued unacceptably high variation and disparities in rates of compulsory treatment and seclusion and restraint experienced particularly by Māori under the Act.^{iv}

5. Publish an implementation plan, including a separate Māori implementation plan, for the national suicide prevention action plan (related to *He Ara Oranga* rec. 30)

The Government's national suicide prevention strategy and action plan was published in September 2019 and, the release of Māori and Pacific Suicide Prevention Community funds has been widely welcomed. The challenges resulting from COVID-19 have made suicide prevention all the more urgent and it is time to clarify how actions in the Government's plan will be prioritised and implemented. This means identifying timeframes, outcome measures, pathways and resourcing for specific actions, and the role communities will play. The sector has long supported the *Turamarama Declaration* as the basis for delivering many of the actions in the Government's national Suicide prevention strategy and action plan – for Māori and all New Zealanders and support a separate Māori-specific implementation plan to sit alongside an overarching plan.

6. Continue to increase access and choice in mental health and addiction services at pace (*He Ara Oranga* recs. 1-6, 10 &12)

The Government's [announcement](#) that 1.5 million New Zealanders will have access to free mental health services in over 120 sites in total by mid-2021, and wider coverage being planned beyond that, is a great start. Progress has been made on expanding primary mental health and addiction support, and the new Pacific and kaupapa Māori primary mental health and addiction services announced for early 2020 have now been given renewed priority. Providers selected to deliver these new services should be given ongoing support and should not be overburdened with compliance requirements. There should be an option of longer-term contracts to allow for momentum to build to deal with persistent and long-lasting inequities in communities. In addition, we must ensure the increasing availability of e-mental health support and treatments are safe, effective and accessible to all, particularly for Māori and Pacific peoples.

7. Keep momentum on the mental health and addiction system transformation co-design process (*He Ara Oranga* recs. 7-9)

Co-design takes time and the voice of people with lived experience/tangata whaiora and Māori must be at the heart of any co-design process. The Government needs to be clear about the timeframe and phases of work for the co-design process, including how lessons learned from COVID-19 will be used. Many groups have called for the sector not to lose sight of the gains and insights made throughout the COVID-19 lockdown period, especially the success of localised approaches. For example, iwi, hapū, and Māori health providers implemented extensive pandemic responses, including provision of influenza vaccinations and testing, distribution of care and food packages, and support visits to kaumātua and others at high risk.^v We also saw non-government organisations reporting deeper levels of listening and mutual respect with government and top-down control relaxed.^{vi}

8. Step-up workforce development and supported employment initiatives to help lower unemployment (*He Ara Oranga* rec. 10)

The Government commitment to workforce development is clear, but it remains a big challenge. Boosting the Māori and Pacific mental health and addictions workforce should be a priority to meet demand in these communities. Delivering a culturally safe workforce should also be a priority, and one that is achieved not only through cultural competency training of staff but through ongoing monitoring of organisational systems to ensure cultural bias is removed in decision-making to create a culture of equity. It will also be important during the COVID-19 recovery phase to support people who experience mental distress to gain and maintain employment through supported employment initiatives. Supported employment should be provided to everyone with experience of distress who is out of work. It should not be based on medical models that define eligibility. Access to long-term support during employment should be increased to help people sustain employment and reach long-term employment goals.^{vii}

9. Improve commissioning of kaupapa Māori services (*He Ara Oranga* rec. 15)

The need to respond quickly to any long-term increase in the demand for services in response to COVID-19 provides an opportunity in which to trial a new model of commissioning for kaupapa Māori services, including mental health and addiction services. The first step is extensive national discussion regarding what powers the proposed independent Māori Health Authority will have (see Health and Disability Sector review). The MHF notes the majority of panel members and all of the Māori expert advisory committee recommend the Authority have commissioning powers, and the establishment of an independent Māori Health Authority with a variety of functions, including commissioning for outcomes, as is supported by the first report of the WAI 2575 Inquiry.

10. Support for whānau and families (*He Ara Oranga* rec. 25)

While we support this recommendation being undertaken in full, a cross-agency review will likely take time to get off the ground and potentially years to yield useful findings and real changes for whānau supporting people with mental health and addiction needs. This reality is heightened with changes in government work programs and priorities due to COVID-19. We see benefit in commissioning a rapid review to identify the most significant gaps in support provided to families and whānau – learning from services and groups that already experience them and who have the immediate answers to the most pressing areas of concern.

Summary

He Ara Oranga gives us a roadmap for making significant improvement in the mental health and wellbeing of all people in Aotearoa. It gives us permission to look beyond individualised healthcare focused on curing disease or mental illness to promoting health and wellbeing through the organised and combined efforts of society. This means focussing on issues like poverty, trauma and abuse, racism, and the impacts of criminal justice, housing and employment, that not only determine outcomes for everyone but underlie and perpetuate inequitable outcomes for Māori and other groups. Doing so will mean Aotearoa is well-placed to manage any COVID-19 resurgence and the likely long-term impacts of the pandemic. COVID-19 has brought many challenges, but it has also brought us a renewed impetus to travel the path *He Ara Oranga* sets out for us, and to intensify this journey now.

Appendix: Recent reports calling for the implementation of *He Ara Oranga*

Health and Disability Commissioner. (June 2020). *Aotearoa New Zealand's mental health services and addiction services: The monitoring and advocacy report of the Mental Health Commissioner.*

<https://www.hdc.org.nz/media/5517/hdc-aotearoa-new-zealands-mental-health-services-and-addiction-services-2020.pdf>

Health and Disability System Review. (2020). Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR. <https://systemreview.health.govt.nz/final-report/download-the-final-report/>

He kupu whakataua nā Te Kōmihana tōmua mō te Hauora Hinengaro, Toiora Hoki. A check-in from the Initial Mental Health and Wellbeing Commission. (June 2020). <https://www.mhwc.govt.nz/interim-report>

Ministry of Health. (May 2020). *Kia Kaha, Kia Māia, Kia Ora Aotearoa*: COVID-19 psychosocial and mental wellbeing recovery plan. Wellington: Ministry of Health.

<https://www.health.govt.nz/publication/covid-19-psychosocial-and-mental-wellbeing-recovery-plan>

Poulton, Gluckman, & Menzies et al. (June 2020). Protecting and promoting mental wellbeing: Beyond COVID-19. Koi Tū: The centre for informed futures. Auckland: The University of Auckland.

<https://informedfutures.org/wp-content/uploads/Protecting-and-Promoting-Mental-Wellbeing.pdf>

References

ⁱ Ministry of Health. 2020. *Mental health and wellbeing year in review*. Wellington: Ministry of Health.

ⁱⁱ Mental Health & Addiction update 19 June 2020

ⁱⁱⁱ See the Health and Disability System Review (2020) and *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. (2018) Wellington: New Zealand Government.

^{iv} Health and Disability Commissioner. (June 2020). *Aotearoa New Zealand's mental health services and addiction services: The monitoring and advocacy report of the Mental Health Commissioner*.

^v Cited in Poulton et al (2020); and Scoop (11 May 2020) *Whānau ora navigators critical for whānau during COVID-19*, Te Putahitanga o Te Waipounamu press release.

<https://www.scoop.co.nz/stories/AK2005/S00222/whanau-ora-navigators-critical-for-whanau-during-covid-19.htm>

^{vi} See Poulton et al (2020) and Wise Group (2020) *Change for good*

www.wisegroup.co.nz/creating-change/change-for-good/

^{vii} See MHF submission on the Disability Employment Action Plan at

www.mentalhealth.org.nz/assets/Our-Work/policy-advocacy/LMLM-MHF-submission-Disability-Employment-Action-Plan-final.pdf