

Submission to the Ministry of Health
Response to He Ara Oranga
April 2019

**Developing a Response to the Mental Health
and Addiction Inquiry's He Ara Oranga**

**Mā te āhuatanga o mua
E Arataki te huarahi
Hei haere whakamua**

By the lessons of the past
We are guided into the future

The Royal Australian and New Zealand College of Psychiatrists New Zealand National Committee - Tu Te Akaaka Roa Submission to the Ministry of Health Response to He Ara Oranga

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry and addiction, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care.

The RANZCP has more than 6500 members, including around 4900 fully qualified psychiatrists and over 1500 doctors training in the field of psychiatry. Of those, there are over 800 New Zealand members including 180 doctors training in the field of psychiatry.

Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support people in their recovery from mental disorders– including pharmacotherapy psychotherapy and life style adjustments.

Background

In New Zealand, the New Zealand National Committee, Tu Te Akaaka Roa, represents the RANZCP by advocating and working to improve the mental health of our community, collaborating with stakeholders - Governmental agencies, NGOs, consumers and other health organisations – to support the delivery of high quality psychiatric care in New Zealand. The RANZCP values the consumer perspective¹, including psychiatrists who have experienced mental illness, when developing relevant policies and position statements, and ensures the lived experience is incorporated in our documents. We view our role as a partnership with tangata whaiora, guiding them through their journey to recovery. Psychiatry is a diverse discipline addressing the needs of people and their families from childhood and adolescence into adulthood and old age. The RANZCP is in a unique and trusted position to adopt a role as a strategic and practical partner in moving forward.

Introduction

We offer our high level summary of priorities and actions for the Ministry's consideration.

The RANZCP understands the challenge the Ministry of Health (the Ministry) faces in identifying key priorities for investment in the Wellbeing Budget (2019). We have prepared this paper reflecting our strong desire to participate in advising Government in those areas that will significantly progress the goals outlined in He Ara Oranga (the report), and improve the current and future mental health landscape in New Zealand.

We strongly support the principles outlined in the Wellbeing Budget 2019 and the work undertaken by the Mental Health and Addiction Inquiry (The Inquiry). The RANZCP made eight substantive submissions to the Inquiry and recently made a submission to the Finance and Expenditure Committee (RANZCP, 2018; RANZCP, 2019). These documents articulate the RANZCP's view that improving the mental health and wellbeing of all New Zealanders is central to the country's ongoing prosperity and

¹ The RANZCP has established the Community Collaboration Committee which provides guidance and input on policies and submissions to ensure a consumer voice is embedded throughout our work.

**The Royal Australian and New Zealand College of Psychiatrists
New Zealand National Committee - Tu Te Akaaka Roa**
Submission to the Ministry of Health
Response to He Ara Oranga

reiterates our view that there is no health without mental health. We have included the links to these seminal documents in the reference section, should the Ministry require this level of detail.

This paper acknowledges the wisdom of adopting strong solutions and an evidence-based approach, with people squarely at the centre. It recognises the importance of prevention and early intervention, and of empowering and upskilling family, whānau, and community organisations to recognise and signal the need for early intervention. The RANZCP cannot reiterate more strongly the value we see in upskilling and increasing the mental health workforce and developing interconnected services and multidisciplinary approaches. We support the emphasis given to: improving equity and access - particularly for Māori and Pacific populations; addressing the social determinants of health; providing for a skilled and interconnected workforce across the continuum of care from promotion to acute intervention; actively promoting adequate services regardless of geographic location.

RANZCP wishes to particularly highlight specific actions to address the needs of the tangata whaiora and reiterate that any future investment in mental health should be grounded in Te Ao Māori principles to ensure appropriate and effective service delivery to actively contribute to reducing inequities. The Whānau Ora Review report², recently released, demonstrates success of Māori-led approaches in providing wrap-around care for whānau. RANZCP advocate that this model of care needs to be considered within any future developments regarding mental health support or services. Whānau must be at the centre of the system for any new initiatives. Current data and findings of the report identify the currently system has failed to provide Māori with the support they require to live well and has resulted in continued health inequities.

There is also an urgent need to train all mental health workers and professionals across the spectrum to be confident in working with Māori and understand Te Ao Māori perspectives on mental health and wellbeing. This action will contribute to ameliorating many of the disadvantages Māori experience, e.g. poor access to relevant services and care, or early intervention, has resulted in the need for more acute care. Early access to assistance and services when care is first needed will reduce the need for more acute care and improve outcomes for Māori.

In the attached table (pages 4 - 6) we present our strategy and recommendations to address current challenges in the mental health and addiction system. We contend that work needs to progress in four key areas to implement the recommendations of He Ara Oranga:

- 1. Don't Forget the Five Percent**
- 2. Let's Work Together**
- 3. Look at the Evidence**
- 4. Get the Right People in the Right Places.**

We trust that these high-level solutions will inform the Ministry's deliberations.

² The Whānau Ora Review <https://www.tpk.govt.nz/docs/tpk-wo-review-2019.pdf>

References

RANZCP (2019) Submission to the Finance and Expenditure Committee, Budget Policy Statement 2019
<https://www.ranzcp.org/files/resources/submissions/2019-01-28-final-budget-2019-submission.aspx>

RANZCP (2018) Submission to the Department of Internal Affairs, Inquiry into Mental Health and
Addiction <https://www.ranzcp.org/files/resources/submissions/ranzcp-nz-sub-inquiry-into-mental-health-and-addic.aspx>

**The Royal Australian and New Zealand College of Psychiatrists
New Zealand National Committee - Tu Te Akaaka Roa
Submission to the Ministry of Health
Response to He Ara Oranga**

Recommendation	1) Don't Forget the Five Percent	
	The issues	The solutions
<ul style="list-style-type: none"> • Source and fund effective vocational rehabilitation programmes • Expand prevention and early intervention programmes • Implement evidence-based programmes that reduce addiction and substance use • Empower whānau and skilled workers who can provide early interventions before people's health worsens • Increase efforts around inequity and access - particularly for Māori and Pacific populations • Increase focus on improving the physical health of people living with mental illness 	<p>When increasing service provision to 20% of the population, the focus on the <u>5% most at risk of adverse outcomes and the most vulnerable</u> must not be lost. Those 5% need integrated, wrap-around care the most.</p> <p>There is little consistency of service availability or delivery nationally across population demographics and within the DHBs</p> <p>The current workforce meets only 3.6% of demand for mental health services</p> <p>Symptom reduction is prioritised when the focus should be on reducing functional impairment</p>	<p>Place greater value on psychological therapies</p> <p>Expand workforce capability and capacity for those working with people who have complex or chronic needs</p> <p>Continue to reduce the inequity that exists for Māori, those living with a serious mental illness and other co-morbidities e.g. addiction, poor physical health</p> <p>Actively invest in Kaupapa Māori Service provision including planned respite, unplanned respite and Kaupapa Māori Assertive Home Based Treatment options, co-designed with whanāu</p> <p>Include vocational rehabilitation to support people with mental health and addiction problems to transition to work</p> <p>Build on workforce capacity and capability to utilise all available expertise in the sector. The Te Pou, Skills Matter programme is an example of a programme that works</p> <p>Invest in additional front line clinicians and resources to meet the increased demand for mental health services throughout the country</p> <p>Fund DHB mental health services so they are 'fit for purpose', e.g. adequate numbers of staff with access to training</p>
Recommendation	2) Let's Work Together	
	The issues	The solutions
<ul style="list-style-type: none"> • Fund integrated systems of care that support clinical pathways • Services are whanau centred in design, function and performance • Expand outcome-focused approaches to commissioning 	<p>The definition of primary care is too narrow. The range of community-based services must be broadened by increasing support to meet communities' needs (important for rural, isolated, communities at risk).</p> <p>Opportunities are lost through disconnected (siloed) care, by</p>	<p>Focus on the 'system' that includes specialists as part of the mix</p> <p>Psychiatrists contribute by facilitating collaboration, knowledge sharing, supporting interconnectedness of service and leading multidisciplinary approaches/alliances</p> <p>Clinical care pathways that allow access to 'the right care, at the right time, in the right</p>

The Royal Australian and New Zealand College of Psychiatrists
New Zealand National Committee - Tu Te Akaaka Roa
 Submission to the Ministry of Health
 Response to He Ara Oranga

<ul style="list-style-type: none"> • Encourage alliances across all “tiers” of the sector and with other agencies outside health (specify employment, training, housing, income) • Integrate consumer and whānau participation into co-designed services • Invest in systems design expertise when developing services across jurisdictions • Work with the sector to understand/improve integration and pathways • Support and engage in co-design to lead transformational change 	<p>not using the expertise of potential strategic partners – including consumers and their families/whānau</p> <p>Current funding models limit innovation and collaboration resulted in fragmented care</p> <p>Poor understanding within workforce and among consumers regarding the role of navigators and how to access them</p>	<p>place’ at all levels and every ‘entry point’ into the system</p> <p>Whānau Ora as a foundation framework for community co-design, service functioning and philosophy of care</p> <p>Empower consumers of mental health services and their whānau by recognising their skills and supporting them to provide early interventions</p> <p>Shift service focus towards prevention and early intervention</p> <p>Actively invest in Kaupapa Māori Service provision and community responses</p> <p>Encourage and facilitate development of alliances across the sector e.g. Equally Well</p> <p>Fund and reinforce the use of navigators to assist people with mental health and addiction problems</p> <p>Strengthen the NGO sector and primary care as service-delivery partners; maintain secondary care</p>
Recommendation	3) Look at the Evidence	
	The issues	The solutions
<ul style="list-style-type: none"> • Institute a NZ mental health model that addresses equity, access, consistency, relevant services • Fund monitoring and evaluation of services to inform outcomes and improvement • Support trusted organisations (e.g. HQSC) to capture and share data. Feedback information to the sector <u>and</u> to communities • Ring fence funding for: extensive mental health 	<p>Lack of sufficient monitoring and evaluation to inform effectiveness and relevance of regarding new, existing or adapted programmes or models of care. We need to understand impact and ensure there is a return on investment.</p> <p>People living with mental illness must be assured that the interventions offered are right for them and are effective</p> <p>Without greater sharing of knowledge across the sector,</p>	<p>Increase the use of evidence-based approaches</p> <p>Identify and promote New Zealand evidence, develop a New Zealand evidence-base, and encourage New Zealand research through specific mental health research grants</p> <p>Establish and invest in a research arm within the new Mental Health Commission to oversee this work and develop knowledge systems</p> <p>Build capacity to evaluate and monitor at the design stage. Set KPIs to measure outcomes and to assess efficiency</p> <p>Establish a national priority setting process and build partnerships for research involving the Ministry of Health, HRC, Te Pou, Society</p>

**The Royal Australian and New Zealand College of Psychiatrists
New Zealand National Committee - Tu Te Akaaka Roa**
Submission to the Ministry of Health
Response to He Ara Oranga

research and undertake regular evaluation (Note: last MOH survey 2006)	the risk of “reinventing the wheel” remains	of Mental Health Research, tertiary institutes, service user researchers, the sector and the RANZCP Don't reinvent the wheel. Build on the base by identifying, utilising or upgrading existing guidelines
Recommendation	4) Get the Right People in the Right Places	
	The issues	The solutions
<ul style="list-style-type: none"> • Fund a National Sector-wide Workforce Strategy based on meeting need (both depth and breadth) • The proposed Mental Health and Wellbeing Commission has active Māori leadership • Support a significant increase in mental health workforce (regulated and non-regulated) • Fund ongoing development of the mental health workforce and support development of coherent career pathways • Ensure the workforce is commensurate with the burden of disease 	<p>Without a strong ‘fit for purpose’ workforce, the report’s vision cannot be operationalised</p> <p>Poor data is available to inform workforce planning</p> <p>Viewing GPs as the solution for primary care clinical hubs is problematic</p> <p>The workforce is poorly supported particularly in rural, isolated, and at-risk communities</p> <p>Expertise within the sector is not being recognised and/or utilised effectively</p>	<p>Build on the base of the current workforce to identify funding needed for additional expertise and new skills</p> <p>The proposed Mental Health and Wellbeing Commission has a dedicated Treaty of Waitangi Partnership with Māori to ensure advocacy for Māori wellbeing, and leadership at the highest level</p> <p>Include specialist services in the mental health system redesign</p> <p>Improve equity by providing additional funding to access or refer to services that deliver care for those with more complex and persisting needs, e.g. supported accommodation</p> <p>Prioritise building workforce capacity and capacity across the entire sector, to include: additional psychiatrists, clinical psychologists, peer workers, mental health nurses, and people versed in kaupapa Māori services</p> <p>Actively invest in community leadership, champions and communities to support natural responses for whanāu, building on campaigns such as Like Minds, Like Mine to support success across regions and advance consumers, tangata whaiora and their communities</p> <p>Develop a mental health system that maintains and invests in critical kaupapa Māori services</p> <p>Increase knowledge and skills by ensuring medical and nursing training incorporates a strong understanding of psychological</p>

The Royal Australian and New Zealand College of Psychiatrists
New Zealand National Committee - Tu Te Akaaka Roa
Submission to the Ministry of Health
Response to He Ara Oranga

		<p>medicine, psychological therapies and wellness therapies, e.g. CBT training</p> <p>Support NGOs to grow workforce capacity and capability</p>
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