

10 December 2019

Ms Louisa Wall MP
Chair of Health Select Committee
Parliament Buildings
WELLINGTON

By email: he@parliament.govt.nz

Tēnā koe Ms Wall

Re: The Mental Health and Wellbeing Commission Bill

Thank you for the opportunity to provide feedback on the proposed Mental Health and Wellbeing Commission Bill.

Our Role

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 clinical practice, advocates for people affected by mental illness and addiction, and advises government on mental health care.

The New Zealand National Committee, Tu Te Akaaka Roa, represents the RANZCP in New Zealand by advocating and working to improve the mental health of our community and by collaborating with a range of stakeholders including NGOs, other health organisations and Government agencies. The RANZCP values the consumer perspective through consumer engagement on our Committees, listening to psychiatrists with lived experience, and consulting with our kaumātua. We work alongside consumers and their whānau guiding them through their journey to recovery.

Our Feedback on the Proposed Bill

Tu Te Akaaka Roa supports the Bill's key principles. We have analysed the Bill against our four policy platforms and conclude there are some additional factors to be considered regarding the Commission's role and function.

1. Don't forget the 5 %

Ensuring there is equity for all including people with complex mental health issues

We note the Bill's chief role is to improve equity for those who 'experience poorer mental health and wellbeing outcomes'. Neither the Bill nor He Ara Oranga¹ makes mention of the following groups:

- People living with severe, enduring mental health issues: e.g. chronic psychotic disorders. These individuals require assessment, support and care from a psychiatrist, often in an inpatient unit or they need an assertive community outreach team.
- Older people living with complex mental health conditions. The mental health of older people

is a growing issue as the population ages. Consequently, the numbers of people living with dementia-related conditions are increasing. Depression, addiction and suicide are factors contributing to poor health outcomes for older peopleⁱⁱ.

- People living under the care of Corrections. Evidence indicates that 90% of people imprisoned have mental health and/or addiction issuesⁱⁱⁱ. Many are not receiving adequate assessment, treatment or support.
- People with severe dependency issues requiring treatment under the Substance Addiction Compulsory Assessment Treatment Act 2018 (SACAT ACT 2018).
- People living with complex physical conditions coupled with mental health and addiction issues. Many people living with mental illness have other co-morbidities such as metabolic syndrome^{iv}. These people require careful medical oversight to manage their conditions e.g. the psychiatrist working with the physician.
- Women in the perinatal period experiencing higher rates of mental illness and, consequently, an elevated risk of suicide.

The RANZCP supports the Commission's and He Ara Oranga's kaupapa that people living with mild to moderate mental health and addiction issues require greater access and support to services, delivered in the community, by primary care providers. However, we strongly urge that the 5% with serious mental health conditions are not forgotten and that the Commission develop "*effective strategies...design and provide appropriate services and supports*" that take into consideration the specific and complex needs of the groups we have identified above.

2. Let's Work together

Including psychiatry within the Commission's work

The Commission's role is bringing the sector together so solutions can be developed resulting in an improved mental health service. We support this notion, as He Ara Oranga and the Health and Disability Systems Review Report^v provide clear evidence of a fragmented mental health system resulting in people not having access to, or choice of, service. Improving the system means it must be re-engineered collaboratively with the sector working together^{vi}.

Currently, the Commission's membership does not include a psychiatrist. We contend this means there is no-one representing people with very complex needs who may be unable to advocate for themselves. People requiring acute and intensive interventions need psychiatric care, often in inpatient units. Without psychiatry input, we are concerned as to how their services and needs will be assessed and monitored. Research and evidence to support the best outcomes for people with high-end needs is done by psychiatrists^{vii}. As a medical college we have undertaken and collated much evidence and research^{viii} that would support the Commission's work in this area.

We believe that in the spirit of working collaboratively, a psychiatrist should be included in the Commission's membership.

3. Look at the Evidence

Measuring outcomes to ensure improvement is happening in the system

We support assessing, reporting and researching the state of mental health and wellbeing in New Zealand, yet we see little reference to how these activities would be implemented and then measured against specific outcomes.

We suggest the function of the Commission includes reference to developing outcome measures and evaluating progress. This information is needed to support the Commission's ongoing work and survival as without this data, it may be alleged the Commission has made no demonstrable improvement to people's mental health and wellbeing.

4. Get the right people in the right places

Supporting the workforce to implement the Commission's vision

We support the Commission's goals and want it to be successful in achieving its vision. But, we contend the mental health workforce must be adequately funded and resourced to assist the Commission in developing 'effective strategies and policies' and to designing 'appropriate services and supports'. Workforce capacity and capability issues have continued to plague the sector; implementing new models of care has been difficult and this has resulted in a failure to meet current service demands and choices.^{ix}

We suggest an additional aim of the Commission, working with the Ministry of Health, Te Pou and other agencies, must be to understand current barriers around workforce development. We remain concerned if sufficient attention is not directed towards workforce then there is a risk that the Commission's work will not be fully realised.

RANZCP's Support for the Establishment of The Mental Health and Wellbeing Commission Bill

The RANZCP strongly supports the establishment of an independent agency to improve the lives of people living with mental health and addiction issues. The independence of the agency is critical in providing the Government with policy, evidence and advice that is underpinned by rigorous and unbiased research.

In our submission to the Ministry of Health in response to He Ara Oranga^x, the RANZCP articulated our vision for the Mental Health and Wellbeing Commission (the Commission) including the following functions:

- Establishing and investing in a research function to promote New Zealand evidence and encourage New Zealand research through specific mental health research grants
- Developing knowledge systems to support mental health and wellbeing initiatives
- Ensuring there is a dedicated Treaty of Waitangi partnership with Māori to enable advocacy for Māori wellbeing and leadership at the highest level.

We are pleased to see these principles included with the Commission's mandate. There is a wide body of research clearly articulating the health inequities experienced by Māori are due to a range of factors within the colonial systems and structures, including poor policies which have perpetuated ongoing disparities. This is now a time for positive change. We commend the Bill for placing responsibilities relating to the Treaty of Waitangi firmly within the Commission's remit.

As noted in the Bill, understanding the cultural and spiritual paradigms relating to Māori mental health are critical. In addition, we suggest accepting Te Ao Māori approaches to mental illness should also be included as part of the Commission's commitment to Māori. Research undertaken by Elder^{xi} and Bush^{xii} indicate that Māori perceptions of mental health differ from a western bio-medical model and by accepting this shift in perception Māori are improving their mental wellbeing.

The RANZCP's Comments on the Commission's Role

We tautoko the Commission's role as an agency dedicated to '*contributing to better and more equitable mental health and wellbeing*'.

A. Whole of system oversight of mental health and wellbeing

The RANZCP agrees that, as proposed within the Bill: a 'whole of system' approach is required that '*promotes mental health and wellbeing*', '*builds resilience*' in populations and '*identifies people experiencing poor mental health*'. A broad preventative focus should be closely aligned with public health strategies that seek to reduce the burden of mental health and addiction. Public health initiatives may include: strategies that promote wellbeing, reduce

stigma and address various harms in our society such as alcohol use and dependency on other substances.^{xiii}

The RANZCP recommends: That a whole-of-system oversight includes developing a strong leadership capability within the mental health and addiction sector and the Commission guides this work.

B. Designing and providing appropriate services and supports

We strongly support the notion of co-production involving clinicians, allied health professionals, consumers, carers, whānau and peer workers. It is only by involving all the key players that appropriate services and supports can be developed. The RANZCP has developed numerous position statements by involving the groups identified above and we believe these materials would support the Commission's work.

C. Research and evidence funders and providers to improve evidence base relating to mental health and wellbeing

Previous submissions made by the RANZCP have advocated for a greater investment in mental health research^{xiv}. Many of our members hold academic positions and have contributed substantially to building the evidence pertinent to the New Zealand context. We are able to support the Commission with this mahi.

The RANZCP recommends: The Commission not only advocates for increased New Zealand research but that it is also a repository of New Zealand research and evidence. Having such a repository available to providers would greatly assist with service development and innovation by reducing duplication and, in addition, identify what works within the New Zealand context.

The RANZCP's Comments on the Functions of The Commission

The RANZCP makes the following observations regarding the Commission's functions:

A. To assess and report publicly on the mental health and wellbeing of people in New Zealand

The RANZCP recommends: The Commission replicates the Te Rau Hinengaro survey^{xv} last completed in 2006. This survey, the only one of its kind, details the prevalence and onset of mental disorders, and the impact these disorders have on adult New Zealanders. It remains challenging to understand the prevalence of mental illness and addiction within our society without reference to data of this quality. Collecting this data would also serve as a benchmark for measuring the impact of the Commission's work in improving the mental wellbeing of the population. This is a long-term aspiration but one that needs to be carefully monitored over the next 10 years.

B. To assess and report publicly on factors that affect people's mental health and wellbeing

The RANZCP welcomes: The inclusion of social determinants as part of the broader picture in understanding the causes of mental illness. We anticipate that such an approach will identify where targeted interventions can be developed to reduce future mental health and addiction issues.

We are heartened to note the Commission will look at those factors contributing to poor mental health outcomes. The causes of poor mental health outcomes are multi-faceted.

Evidence indicates that a person's social circumstances such as 'money, employment and social engagement' are predictive factors regarding the individual developing disabling mental disorders^{xvi}. We commend the vision to involve other agencies such as education, welfare, and justice as cultural and social factors cannot be addressed by the health system alone. For example, research demonstrates that living in poverty and having poor educational outcomes can have a detrimental impact on people's mental health^{xvii}.

C. To assess and report publicly on the effectiveness, efficiency and adequacy of approaches to mental health and wellbeing (including mental health services and addiction services)

The RANZCP supports: The Commission's monitoring function (of effectiveness, efficiency and adequacy) and understand the previous Commission played an important role in ensuring appropriate legislation and processes were in place to support the best outcomes for people living with mental health and addiction issues^{xviii}. We see the Commission's monitoring role as paramount in ensuring ongoing quality improvement within the mental health and addiction system.

D. To promote alignment, collaboration and communication between entities involved in mental health and wellbeing.

We have previously commented that we support a 'whole-of-system-approach' to mental health.

E. To advocate for the collective interests of people who experience mental distress or addiction (or both) and the persons who support them.

The RANZCP supports: The Commission having a key role advocating for people living with mental health and addiction issues will reduce fragmentation and inconsistencies within the current system. It will also strengthen the voices of consumers, thereby assisting providers in understanding their needs and helping to identify specific services and supports they need to recover and live well.

Conclusion

Thank you for the opportunity to comment on the Bill. We warmly welcome this legislation as we contend that a Mental Health and Wellbeing Commission Bill has the potential to greatly improve the outcomes for people living with mental health and addiction issues. We support the Commission's role and functions as outlined in the Bill.

We have noted in our submission that consideration is given to the following:

1. **Don't forget the 5%:** those with mental illness whose severe and enduring conditions make them especially vulnerable. Make sure they are part of developing an equitable mental health and addiction system. Their needs are complex and they are often not able to advocate for themselves e.g. a person with dementia, or with severe treatment resistant psychosis.
2. **Let's work together:** working across the whole system and promoting collaboration and communication is a key role of the Commission. It appears the psychiatry perspective has not been included in the current Commission's membership. As noted, some people living with complex presentations require psychiatric care include compulsory treatments under the Mental Health (Compulsory Treatment) Act 1992 and under SACAT Act 2018. We

strongly urge the Health Select Committee to include a medical clinician, i.e. a psychiatrist, who works with these specific populations. Psychiatrists are uniquely qualified in assessing and treating mental illness and developing mental health resources. This expertise fits exactly with the Commission's role and should not be overlooked.

3. **Look at the Evidence.** Without robust outcome measures linked directly to the Commission's functions we believe it may be challenging to demonstrate where the Commission's work has contributed to lifting the mental health and wellbeing of New Zealanders.
4. **Get the right people in the right places.** The success of many of the objectives of the Commission will hinge on developing an adequate workforce that is able to improve effectiveness and efficiency within the sector and who are culturally safe and competent. The Commission cannot work in isolation therefore we suggest commitments to understanding workforce challenges are also included in the Commission's function.

We signal our wish to appear before the Health Select Committee to speak to our submission. Please contact Rosemary Matthews, National Manager, New Zealand, on 04 472 7265 or by email Rosemary.Matthews@ranzcp.org.

Nāku, na



Dr Mark Lawrence FRANZCP
Chair, New Zealand National Committee – Tu Te Akaaka Roa

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