22 June 2020

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Ministry of Health  
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Principal Advisor

Tēnā koe Ms Shearer

Re: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan

Introduction

Thank you for the opportunity to comment on the Ministry of Health’s COVID-19 Psychosocial and Mental Wellbeing Recovery Plan (The Plan).

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.

In New Zealand, Tu Te Akaaka Roa - the New Zealand National Committee represents the RANZCP by advocating and working to improve the mental health of our community through collaboration 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 senior Māori advisors (kaumātua).

General Observations and Recommendations Regarding The Plan

The RANZCP tautoko The Plan’s guiding principles and focus areas. Overall, we consider the document provides a fairly comprehensive, high-level view of the challenges facing the mental health and addiction sector in a post-COVID-19 era.

Principle 4: Achieve Equity, particularly resonates with the kaupapa of the RANZCP. We tautoko the critical need to acknowledge historic and institutional racism and to address the key drivers of health inequity in a meaningful, whānau-centred and inclusive way right across the sector.

We recognise The Plan is a living document, will evolve over time and, of necessity, was itself composed rapidly, during a time of great uncertainty. However, we submit: the chronic workforce capacity and capability issues within the mental health and addiction sector demand much greater attention than was provided so far. The RANZCP is concerned without sufficient funding and resourcing of the workforce, there is a real risk the outcomes of The
Plan will not be realised. We, therefore, recommend adding a second key aim: ‘to identify and reduce current barriers around workforce development.’

The RANZCP is guided by the recovery approach described within our Position Statement: ‘Recovery and the Psychiatrist’ [1] which focuses on personal recovery. We invite consideration of the merits of the recovery approach during future revision of The Plan.

Finally, we recommend reviewing The Plan to ensure aspirational content is balanced by concrete detail around what is expected of the sector and what in turn the sector should expect by way of support.

The following, more specific recommendations, are framed by the RANZCP’s four policy platforms; these platforms are detailed in our April 2019 response to He Ara Oranga. [2]

**Specific Recommendations**

**Don’t Forget the 5%**
- Ensure feedback given to He Ara Oranga reflects in The Plan’s design and delivery
- When increasing service provision, ensure safeguards retain a focus on the 5% of mental health consumers whose complex needs require ongoing, integrated care.
- In addition to the 5% most at risk, ensure vulnerable populations in The Plan include the elderly, migrants and those in the criminal justice system
- Clarify what support and assistance can be expected by both those with enduring mental health and addiction issues and those whose mental health was adversely affected by COVID-19.

**Let’s Work Together**
- Develop and communicate plans to assess and address the mental wellbeing of those working within the health and addiction services sector
- Ensure robust and timely consultation precedes all future drafts and state this intent
- Clarify how communities, agencies and private practice psychiatrists should implement this plan and how they’ll be supported to do so
- Add the RANZCP as a partner to The Plan to support its effective implementation; consider other key organisations as noted on page 3 below.

**Look at the Evidence**
- As an enabler of The Plan’s success, include mandated Health Impact Assessments for all related policy development and revision
- Articulate an intention to ensure all relevant strategies and workplans already in development or in place across the nation, align with and support The Plan’s aims
- Include more detail under ‘how we will do this’ to enable implementation and the measurement of outcomes
- Consider the complexities inherent in e-health and telehealth as detailed within the March 2019 RANZCP Position Statement [3]
- Consider the evidence around self-help tools for substance and gambling harm
- Increase the emphasis on public health measures, particularly around alcohol and other addictions.

**Get the Right People in the Right Place**
- Ground aspirations within the current context of macro-level workforce challenges
- Reference workforce capacity and capability initiatives underway and in development.
Feedback on The Plan

Don’t forget the 5%
In our submission to He Ara Oranga, [2] the RANZCP expressed concern that intentions to increase service provision to a greater percentage of the population must ‘include safeguards to ensure the necessary focus remains on the most vulnerable - including the 5% most at risk of adverse outcomes.’ We reiterate this concern in light of the expected psychiatric sequelae from surviving COVID-19. A 2020 report [4] stating ‘one third of 90 survivors of the 2003 SARS outbreak in Hong Kong had a psychiatric disorder 30 months post-SARS’ supports this expectation. In addition, Focus Area 4 in The Plan describes increasing access and choice of services for people with a range of mild to moderate mental wellbeing issues.

While The Plan does acknowledge that the needs of Māori, Pacific, people with disabilities, children and young people, and older people demand tailored attention – a kaupapa the RANZCP strongly supports - we advocate again for the inclusion of those 5% of mental health consumers with enduring mental health and addiction issues. This small group requires ongoing, integrated, wrap-around care and must not be forgotten.

We laud the intent and the subsequent progress of He Ara Oranga, yet, we hold that document did not sufficiently address the 5% most at risk. Also overlooked were the elderly, those in the care of the criminal justice system, and migrants. Given The Plan will align outcomes with He Ara Oranga, the RANZCP submits: recommendations made during the 2019 He Ara Oranga consultation should be reflected in all versions of The Plan.

Let’s work together
The RANZCP agree with The Plan’s key tenet that a ‘whole of system approach’ is required for psychosocial recovery post-COVID-19. We note The Plan acknowledges the disproportionate impact COVID-19 will have had on frontline workers and states intentions to ‘Support the health and wellbeing of people who work in the mental health workforce.’ We would like to see more detail around this as, we consider the success of The Plan hinges on both the psychosocial health of the service delivery workforce and on their input in developing a workable blueprint for the months ahead. Therefore, the RANZCP recommend: as a foundational step, The Plan presents The Ministry’s intentions for a stock-take of the mental health and addiction services sector’s wellbeing, one that both measures the negative impacts – direct and indirect – of COVID-19 on the existing workforce and that also outlines what support members of the workforce may expect. In the absence of such support, we consider there may be a small but significant number - ranging from individual practitioners to agencies and community practices - not immediately able to resume their roles of supporting others, while some may elect to not return at all to their pre-COVID-19 work.

The RANZCP did not find evidence of significant consultation or community engagement informing this draft of The Plan, but we trust the Ministry considers user-input to be an integral part of an evolving guidance document. We recommend articulating the intent that robust and timely consultation will proceed future drafts. Further, we invite the Ministry to clarify how communities should implement this plan, including the level and type of support they can expect to do so, particularly regarding key messages.

The RANZCP is keen to work with the Ministry but is not, we note, included as a partner in this recovery plan. As a training provider and by supporting the effective implementation of The Plan – we have a part to play in helping to ensure there is a psychiatry workforce to meet the increasing consumer demand post COVID-19.
In the spirit of working collaboratively, we recommend adding the RANZCP as a partner to The Plan. Further, we recommend considering other important partners, such as: The Royal New Zealand College of General Practitioners, The New Zealand College of Public Health Medicine, The Royal Australasian College of Physicians and The New Zealand College of Clinical Psychologists.

**Look at the Evidence**

We are heartened to note The Plan suggests updating Te Rau Hinengaro as the RANZCP has long advocated for this survey to be replicated; it is only with prevalence data that New Zealand is able to understand the impact of interventions. We are also pleased to see that evaluation at the implementation phase is considered an enabler of The Plan. We strongly recommend that, in addition, The Plan calls for mandated Health Impact Assessment (HIA) [5] during the policy development and revision stages. We hold that mandated HIA has the potential to not only reduce inequities and unintended consequences but to also maximise efficiencies in a resource-constrained environment.

In line with maximising efficiencies, and promoting psycho-social recovery, the RANZCP advocate for a cross-government commitment to review all relevant strategies and workplans already in development or in place across the nation and - as stated will happen around the He Ara Oranga - ensure each one aligns with and supports the principles and aims of The Plan. We submit The Plan should outline this intention using well known examples (e.g. the Hokai Rangi Strategy [6] and the Child and Youth Wellbeing Strategy [7]).

We also recommend more examples be included in the ‘how we will do this’ sections regarding the implementation and measuring of the stated activities and that ‘focus area three’ should better reflect the complexities inherent in the practice of e-health and telehealth (e.g. cultural and technology/access-related barriers). We invite the Ministry to consider the March 2019 RANZCP Position Statement [3] which explores the benefits and issues of e-mental health treatments and interventions. We submit greater evidence supporting the efficacy of self-help tools in reducing substance and gambling harm may also be required before their inclusion in The Plan.

Finally, for reasons expressed in the RANZCP’s 2018 submission to the Department of Internal Affairs for the Mental Health and Addiction Inquiry [8] we strongly advocate that the next iteration of The Plan reflects a greater public health perspective, particularly around the reduction of addiction issues. We consider The Plan must provide greater attention to the misuse of alcohol and its role as both the most pervasive addiction problem in New Zealand and a key factor in negative psychosocial outcomes. There is much evidence available to support our concerns (e.g. The Law Commission’s findings). We note an RANZCP media release [9] that highlighted the dangers and prevalence of alcohol misuse during COVID-19, the relation between physical and mental health and the disproportionate alcohol-related harm among already vulnerable populations.

**Get the right people in the right place**

Much work and discussion over many years has been invested into long-standing macro-level workforce challenges within the mental health and addiction sector, such as: diversity, investment, support, growth and flexibility, yet these remain far-reaching, complex issues and are likely to continue for years to come. The RANZCP has noted [2] our concern that the current workforce met only 3.6% of demand for mental health services.
In this draft of The Plan, the ‘how’ around this topic contains many aspirational statements. The paper notes, for example, that increased consultation liaison support will be required to achieve ‘More access and greater choice of services (for) people needing specialist services.’ RANZCP Consultation Liaison psychiatrists have long been advocating strongly for consistent provision of, and access to, multidisciplinary Consultation Liaison Psychiatry teams across DHBs and for raising awareness of the interrelationship between physical and mental health (e.g. through support of the ‘Equally Well’ strategy [10]).

Feedback we’ve received from private practice psychiatrists who worked within the sector during COVID-19 described them quickly moving to work from home. They also reported a minority of patients chose to wait for kanohi ki te kanohi appointments, but most were keen to have contact through SKYPE or ZOOM or by phone. Private practice psychiatrists found it was helpful to be able to fax routine scripts to pharmacies, but many noted additional work with Class B Special Authority number prescriptions. Some, but not all, said they experienced a reduction in GP referrals and reported that these have picked up again.

The RANZCP would value seeing more concrete guidance in The Plan around the support envisaged to address issues the sector has been, and will continue, facing. Similarly, we recommend The Plan reference workforce capacity and capability initiatives underway and in development, offering examples to assist the sector in understanding how the outcomes will be realised and implemented in the future. We suggest the Te Pou, ‘Let’s Get Real’ [11] programme as an example of a programme that works.

The RANZCP signal our support for The Plan and our wish to be a partner in its implementation and further development. If you would like to meet with Tu Te Akaaka Roa - New Zealand National Committee to discuss this or have any questions following on from this letter, please contact Ms. Rose Matthews, National Manager, by email rosemary.matthews@ranzcp.org or by telephone on 04 472 7265.

Ngā mihi

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


