19 April 2022

Mental Health and Wellbeing Commission
WELLINGTON

By email to: kiaora@mhwc.govt.nz

Tēnā koutou

Re: He Ara Āwhina Framework

On behalf of the Royal Australian and New Zealand College of Psychiatrists, thank you for the opportunity to provide feedback on the Mental Health and Wellbeing Commission’s He Ara Āwhina framework. Monitoring the mental health and addiction system and services is key to ensuring accountability and improvements, and He Ara Āwhina is an important step in this work.

About the Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The 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 health and addiction issues, and advises government on mental health care.

The RANZCP represents almost 950 members around Aotearoa New Zealand, including more than 450 qualified psychiatrists and around 240 members who are training to qualify as psychiatrists.

This submission has been developed by Tu Te Akaaka Roa – New Zealand National Committee and Te Kaunihera mo ngā kaupapa Hauora Hinengaro Māori (Te Kaunihera). Tu Te Akaaka Roa has input from a consumer representative, Te Kaunihera’s membership includes a kaumātua, Māori community members, Māori psychiatrists and trainees.

Tu Te Akaaka Roa progresses policy and advocacy work under four policy platforms:

1. Don’t forget the 5% (of people with serious and enduring mental health issues)
2. Let’s work together
3. Look at the evidence
4. Get the right people in the right places.

General comments

• Regarding the definition and use of the term whānau, Te Kaunihera consider that ‘whānau’ includes tāngata whai ora who have lived experience of distress as well as
those that do not. The document could be clearer in using ‘whānau’ to refer to the whole whānau.

- We note the framework uses the term ‘distress’ throughout and suggest an alternative or additional term is used, as the term may not encapsulate all levels of mental health issues. Some tāngata whai ora experience serious and enduring mental illness and referring to this experience as distress can minimise or invalidate the reality of this. Additionally, tāngata whai ora with some mental health conditions may not recognise distress as a factor of their illness. It is important for the mental health and addiction system to consider this group and acknowledge the different kinds of support that may be needed (including, in some cases, inpatient care or similar).

Consultation questions

1. Does He Ara Āwhina reflect your hopes for a mental health and addiction system?

- He Ara Āwhina is comprehensive and covers a broad range of aspirations. We appreciate the recognition of whānau as knowledge holders and the goal for all whānau to ‘lead our wellbeing and recovery’.
- We appreciate that the framework extends beyond the boundaries of mental health and addiction services and into other sectors that play an important role in mental health and wellbeing.
- The aspirations ‘the workforce is well supported to support us and our whānau’ and ‘risk-taking is seen as essential for recovery’ are both important and these points could be separated for clarity. We note that the mental health and addiction workforce is currently under significant pressure, with many workers experiencing high levels of burnout. This limits the ability of services to provide high quality, timely and responsive care, especially over the long-term.

2. Is He Ara Āwhina missing anything that is important to you?

Under ‘Te Ao Māori perspective’

- We note ‘Mana Whakahaere’ existed prior to Te Tiriti o Waitangi (Te Tiriti – The Treaty) and He Whakaputanga (Declaration of Independence). These documents recognised this pre-existing ability to self-determine, make decisions and exercise choice.

Under ‘Shared perspective’

- It would be good to include an aspiration regarding how whānau are supported when in crisis and post-crisis (including, but not limited to, support after suicide or a suicide attempt). While early and effective support can prevent many crises, some will still occur. It is important for whānau in crisis to have access to timely support that enables early recovery and is connected to a continuum of care.

---

1 The He Ara Oranga report used the term ‘mental health challenges’, which may capture a broader range of experiences and also provides consistency.
• It may be appropriate to specifically acknowledge Pasifika in the framework, given the inequities and barriers that Pasifika communities experience. For example, under ‘Access and options’, the following addition could be made: ‘Our options include kaupapa Māori, Pasifika-led … supports …’.

• It would be appropriate to acknowledge people with disabilities and intersections with the disability sector. For example, under ‘Connected care’, the following addition could be made: ‘Services easily connect us with health, disability … system supports …’.

• Under ‘Access and options’, there could be an acknowledgement of the need for healing environments, for example, ‘We have access to environments that provide respite, healing and comfort’.

• To avoid reinventing the wheel, it would be helpful if the system better enabled services and communities to share as they learn and try innovative approaches. An addition could be made under ‘Effectiveness’, for example, ‘Services and communities have opportunities to share learnings and evidence to inform ongoing improvements in supporting whānau’.

3. Is there anything else you want us to know about how we should monitor services and system transformation?

• The framework provides high-level principles, and as such does not indicate a clear pathway for implementation. The next stage of work, to develop methods and measures for assessing and monitoring, will be important step to identifying the effectiveness of applying He Ara Āwhina.

• To achieve its purpose, it will be important monitoring is undertaken in a way that allows for clear, transparent, and efficient reporting to tāngata whai ora, whānau, and services. This will help ensure accountability and facilitate system and service improvements.

Additional information requested in the consultation survey:

• We are happy for the Commission to use the RANZCP’s name in the summary report.

• We are happy for the Commission to keep this submission beyond He Ara Āwhina and use the feedback for other monitoring and advocacy projects.

• The Commission can include identifiable details of the RANZCP in responses to Official Information Act requests.

The RANZCP looks forward to the next stage of work.
If you have any questions about the submission, please contact Ms Jane Renwick, National Manager New Zealand. Ms Renwick can be contacted at jane.renwick@ranzcp.org or via phone at (04) 830 7184.

Nāku noa, nā

Dr Matthew Jenkins
Acting Chair, Tu Te Akaaka Roa – New Zealand National Committee

Dr Claire Paterson
Chair, Te Kaunihera

Cc: Ms Caro Swanson, Consumer Representative, Tu Te Akaaka Roa