9 November 2021

Te Pou
PO Box 108244
Symonds Street
Auckland 1150

By email to: Wellbeing@Tepou.co.nz

Tēnā koutou

Re: Equal Access to Wellbeing – Draft Framework

Thank you for the opportunity to provide feedback on the Equal Access to Wellbeing Framework. The New Zealand Section of Psychiatry of Intellectual and Developmental Disabilities (SPIIDD) at the Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcome any opportunity to improve support for people with mental health needs and an intellectual disability or autism (tāngata whaikaha), and their whānau.

SPIIDD is encouraged to see this work being progressed. People with autism or intellectual disability and mental health issues may be unable to verbalise their wants and needs. We see our role as advocating for this group and whānau, to ensure best practice support and treatment principles are followed.

We note that members of SPIIDD have provided individual feedback, and the purpose of this letter is to reinforce the key points.

Background

The Health and Disability Review Report – Pūrongo whakamutunga¹– calls for a greater emphasis on wellbeing and enabling good lives for people with an intellectual disability. This objective cannot be achieved unless adequate services and support are underpinned by relevant data, strong leadership within the sector, and a well-funded and highly skilled workforce. We note your proposed Framework incorporates some of these key principles.

Upskilling disability and mental health workforces to better address the needs of tāngata whaikaha is of crucial importance, as this group has complex needs due to overlapping presentations: mental health, behavioural issues, addiction, and physical health problems. Developing core competencies for the workforce will have a positive impact on the health outcomes for people with autism or intellectual disability.

The needs of this group are significant, as intellectual disability and mental health problems often co-exist. In our experience, people with the highest level of disability have little or no choice regarding support services. Individuals and their families/whānau often have to take what services and support are available, even if these are not adequate for their needs.

For example, there are very few options available for respite care or residential placement for those with the greatest needs. Better integration of disability services and an increased specialist workforce is needed alongside upskilling of the disability and health workforces.

Feedback on the Equal Access to Wellbeing Draft Framework

Format

- It would be helpful to have an easy-read summary of the Framework as the document is quite long and may not be accessible for tāngata whaikaha.

Content

- We would like to see an increased level of detail, including on:
  - What is meant by ‘mental distress’ – there could be more specificity about what is included in the different levels of mental distress.
  - An action plan to implement the Framework – what actions will be taken? Are there resources available for this? Over what timeframe will the Framework be implemented?
  - Who the Framework is intended for (e.g. the specific roles and what kind of training might be needed for different groups)
  - How outcomes and performance indicators for will be measured and reported on.

- We note that the term ‘autistic people’ feature in the framework. There is the potential that this is a stigmatising expression. In our view the term ‘people with autism’ is the correct phrase.

- Whānau ora principles and whānau-centred approaches could be better integrated into the Framework. For example, most of the performance indicators are focused on the individual rather than the person and their whānau. The RANZCP recently developed a position statement on Whānau Ora, emphasising the importance of placing whānau at the centre of service design and delivery.2

Principles

- We support the Framework’s principles around developing ‘shared principles and fostering an integrated way of working’. Optimal health care is best delivered by multidisciplinary teams, working together for the same outcome. Promoting ‘shared knowledge and language’ will help build collaboration across various sectors and teams. It would also contribute to developing consistent approaches to services, as we note there is significant variation across the country.

- Some of the Framework principles, while aspirational, may not be realistic for people with severe neurodevelopmental disabilities and mental health issues. Greater consideration could be given to those at ‘the edges’ rather than ‘the average’, as noted is an aim of the Framework.

- A focus on integration will also seek to reduce the artificial divisions between mental health and physical health as it can be challenging to deliver person centred care across the spectrum of need. We support Te Pou’s Equally Well Collaborative3 as it has raised awareness of the association between mental health issues and poor physical health outcomes. For this population this mahi is particularly important.

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2 RANZCP Position statement 104 Whānau Ora
3 The RANZCP is a member of the Equally Well Collaborative https://www.tepou.co.nz/initiatives/organisations-supporting-equally-well/45
We are aware that the New South Wales (NSW) Government has implemented online disability training. While any training would need to be developed to meet responsibilities under Te Tiriti o Waitangi, the NSW training may be helpful to inform implementation of the Framework.

If you have any questions about this submission, please contact the National Manager, New Zealand, Rosemary Matthews. Rosemary supports the New Zealand based Committees and can be contacted on 04 4727 265 or by email at rosemary.matthews@ranzcp.org.

Nāku noa, nā

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