

Election Priorities 2020

The Royal Australian and New Zealand College of Psychiatrists



Matariki ki tua o ngā whetū - Matariki of endless possibilities

Matariki is more than a cluster of stars and a change in seasons. Although Matariki has different meanings for different people, it is a symbol of hope, unity, growth and togetherness. The College acknowledges the Māori New Year and the importance Matariki has to religious, cultural and environmental traditions and mātauranga Māori. We encourage the revival of these important traditions and knowledge systems as a mark of our own national identity. Like Matariki it is time for us to reflect and advocate on the issues important to our membership in the upcoming elections.

Our vision

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) advocates for investment in mental health and addiction services to support the aspirations of He Ara Oranga - the report on the findings of the mental health and addiction Inquiry. Our vision for the future starts with placing people and whānau at the centre of the health system. We interweave the lived experience with the best evidence available to build models of care that seek to deliver optimal psychiatric care. Our objectives are aspirational as many people living with mental health and addiction issues, and other physical co-morbidities, still struggle to access the care they need to live well. We tautoko the principles outlined in He Ara Oranga as this work will help people to understand the complexities of mental health and addiction while providing a plan of action to improve the mental health and wellbeing of all New Zealanders.

The Context

Our kaupapa is based on four policy platforms: Don't forget the 5%, Let's work together, Look at the evidence and Get the right people in the right places. Under each platform we outline what we want to see happening in mental health and addiction to bring about change to improve the wellbeing of all New Zealanders. We appreciate the recent increased investment in mental health and addiction support and a renewed interest in the sector; however, we highlight the need to focus on specific areas of the health system to bring RANZCP's vision into reality.

There are complex problems in New Zealand that require urgent attention if we are to lift our population's wellbeing. Central to this kaupapa is addressing the current inequalities that drive many of these problems. Mental illness is proven to be exacerbated by people's environmental circumstances; therefore, identifying these potential risk factors across our society is a first step. Social determinants which contribute to health inequities include poverty, substance dependency, engagement with the justice system, poor educational outcomes and domestic violence. Inequality can be addressed by working to change people's attitudes and behaviours – such as the work by the Medical Council of New Zealand to increase health practitioners' understanding of cultural safety - and by developing legislation that mandates change e.g. the Child Poverty Reduction Act 2018 which takes direct action by addressing up-stream social issues that impact on children's wellbeing. Addressing equity underpins our strategic policy objectives and working to solve these issues requires a whole-of-government response, therefore we engage with a range of stakeholders across the social services sector.

The recent COVID-19 crisis amplified the inequities within our health system, in society at large, and signalled the urgency of investing in public health initiatives that will improve the health of all New Zealanders. The RANZCP recognises the importance of prevention and early intervention, and of

empowering and upskilling family, whānau, and community organisations to recognise and act on 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 collaboration at all levels of the health system to bring about transformational change.



Invest in improving access to high quality services for people with enduring and serious mental health & addiction needs so they can be supported to live well

Don't forget the 5%

Kaua e wareware ki te rima paihēneti

Ensuring people living with serious mental health and addiction issues receive the right help when they need it

People living with increasingly complex mental health and addiction issues require support and services delivered by secondary care. The 5% have co-morbid presentations that make diagnosis, treatment and support challenging, e.g. they may require admission to hospital. While the RANZCP supports greater integration across the health sector there is still a need for a well-resourced secondary service, the RANZCP is concerned that funding will be directed away from these services resulting in the 5%ⁱ experiencing greater difficulties in accessing support and services, and their health will deteriorate requiring more intensive interventions.

Investing in health promotion activities

The RANZCP maintains that strategies to improve the mental health system must be closely aligned with public health interventions to reduce the harms associated with alcohol, tobacco and drug use, and must be evidence-based.

We call for greater investment in public health initiatives as it makes economic sense to invest in health promotion and interventions that work on reducing a person's entry into the health system. Public health physicians must be enabled to contribute effectively to a whole of system response aimed at reducing the current disparities occurring in our health system.

Designing long-term strategies to reduce alcohol harm

The health system deals with the increasing burden arising from alcohol harm. The RANZCP is particularly concerned about alcohol use as it has bi-directional association with people's mental wellbeing e.g. people living with mental health issues may self-medicate with alcohol and people who misuse alcohol have increased risks of depression and suicidal ideation. The RANZCP is disappointed that recommendations in He Ara Oranga calling for action on alcohol have not been implemented. The RANZCP maintains that action on alcohol requires reducing access or supply, increasing price, raising the drinking age and banning alcohol advertising and sponsorship.

ⁱ People with complex and chronic mental health needs e.g. chronic psychosis, people with dementia.



By sharing information, co-designing services and working together we can develop a system that supports the needs of people and the workforce

Let's work together

Me mahitahi tatou

Developing systems to support integrated care

Consumers want a seamless ara (pathway) where they receive optimal care across community, primary care and secondary services. To deliver care in this environment there must be a greater connectivity between the various services and a deeper understanding of each health provider's role in keeping a person well. The COVID-19 situation demonstrated that the sector can work very effectively together as a team. To achieve the vision of integration the following support must be in place:

- a. Update, invest and redesign the health IT infrastructures. There are a plethora of siloed IT systems operating within the health system resulting in inefficiencies, duplications and people "getting lost" in the system during transitions.
- b. Direct resources to navigator / facilitator roles who walk alongside the consumer on their journey. These roles would allow health providers to work at the top of their scope and improve both communication and a person's experience of the health system. The approach would reduce fragmentation of services and support. We suggest future services are modelled on the Whānau Ora model, as an example of a successful integrated support system that works across the health and social sectors.
- c. Develop multidisciplinary teams to co-design new approaches that will improve mental health. We raise awareness of the Consultation Liaison Psychiatry (CLP) model which works at the interface of health, mental health and addiction services, primary and secondary care services. The Consultation Liaison Psychiatry Team is an interdisciplinary conduit managing care and assessing need across the sector. They work with others to facilitate access to a range of specialist care to meet the consumer's complex physical and mental health needs. Building greater support around the CLP model will reduce hospital admissions and provide robust clinical advice to providers.
- d. Clinical governance must be given greater emphasis within the health system as this will increase skills, collaboration, spread innovations and grow the New Zealand 'health team'.
- e. Greater support for people to become partners in the health team, e.g. Whānau Ora approach. Health providers at every level of the system need to understand that whānau are the people on the ground providing one-on-one support at home, therefore they need to be included in decisions about ongoing care to enable them to provide advice what is required to keep people well. Pursuing this level of engagement is particularly relevant to obtain the best outcomes for people with complex and higher needs.

Involving multidisciplinary agencies to solve complex problems

The RANZCP maintains that many of society's complex problems impacting on health outcomes cannot be solved by the health system on its own; therefore multidisciplinary/ cross-agency service approaches are essential to improve mental health outcomes. Enabling connections across agencies including Department of Corrections, social services, employers, and the education sector, will have a role in improving societal mental health and wellbeing. Health promotion programmes which emphasise the link between social determinants and mental health outcomes are also proven to be effective.



Evidence underpins good investment decisions - we need to know what works to improve people's mental health and wellbeing

Look at the evidence

Tirohia nga take

Supporting New Zealand research to ensure interventions are cost effective and culturally appropriate

New Zealand has its own cultural, social, legislative and economic structures that influence how health services and support are provided and used by people with mental health problems. Using overseas data to inform our interventions does not always work. Improving mental health outcomes in New Zealand, must be informed by evidence, best practice, evaluation based on our own research, studies and data. People with lived experience and Māori and Pacific perspectives are woven into our evidence-based solutions. e.g. 'Nothing about us, without us'. In this space, Māori and Pacific traditional approaches to health and wellbeing are valued alongside the western-biomedical paradigms.

Immediate commissioning of a national survey on mental health

Without relevant data describing the mental health and addiction problems experienced by New Zealanders, it is challenging to match the workforce and services to need. Repeating the Te Rau Hinengaroⁱⁱ survey will ensure use of a validated and useful tool to measure and monitor the effectiveness of New Zealand's mental health sector and experience by people living with mental health problems.

Evaluating and implementing telehealth as viable model of care

The COVID-19 situation demonstrated that telehealth can increase consumers' choice and access. Telehealth can deliver effective care to a range of people with mental health and addiction issues. Data should be collected detailing the barriers with telehealth which may include training and upskilling health providers, ensuring there is adequate IT infrastructure within the DHBs to deliver telehealth (wifi access, PCs and smart phones are available to health providers) and working with the telecommunication companies to ensure there is greater cell phone coverage in New Zealand

ⁱⁱ The survey was last completed in 2006. It can be accessed here.

<https://www.health.govt.nz/system/files/documents/publications/mental-health-survey.pdf>



To deliver the aspirations articulated in He Ara Oranga we must ensure we have invested in a well-trained and supported mental health and addiction workforce

Get the right people in the right places

Kia tika ngā tāngata ki te wāhi tika

Prioritising collecting data that quantifies and describes the mental health and addiction workforce

These data are essential in matching workforce development with specific mental health needs and new models of care. Early investment in planning and future-proofing the workforce will increase the ability to deliver more choice and greater access.

What is needed:

- Overall data on mental health and addiction professionals and all non-registered workers
- Sub-speciality data detailing how the workforce is distributed within forensics, addiction, child and youth and other specific populations.
- Understanding the entire workforce pipeline, e.g. those who are in training, those moving to retirement.

Without this information it is challenging to address workforce shortages and understand future gaps in service delivery.

Evaluating new models of care, ensuring the mental health workforce has the right skills and knowledge to bring about transformational change

We know that more of the same will not work, therefore we suggest evaluating and investing in the following:

- New models of care e.g. psychotherapy consultation–liaison psychiatry are underutilised and underfunded. ECT and other neurostimulation therapies are modalities that require evaluation and investment.
- Different approaches to care e.g. digital health services including telehealth. Developing community-based approaches centred on co-production and enabling peer workers and navigators to work alongside health providers to improve people’s experience of the health system.
- Care delivered in different localities, e.g. psychiatrists being part of the Health Care Home Team.
- Funding the RANZCP’s successful Psychiatry Interest Forumⁱⁱⁱ programme aimed at building medical students’ interest in a career in psychiatry with a long-term goal of increasing the number of trainees and consultants within the field of psychiatry.

These factors will influence development of a future workforce to deliver optimal care.

Supporting kaupapa^{iv} Māori mental health services

We support implementing the principles of the Treaty of Waitangi by operationalising Tino rangatiratanga whereby Māori determine what health services are best for them, they have ownership of those services and they have appropriate funding models to support those initiatives that benefit Māori.

Western models of health, including the philosophies and structures that underpin our health system have failed to deliver benefits for Māori. To begin with, developing a workforce that meets the needs of Māori and in tandem ensuring the non-Māori workforce understands and implements Te Ao Māori health perspectives is a priority. These activities will start to address the inequities experienced by Māori within our health system.

ⁱⁱⁱ More information on the Psychiatry Interest Forum <https://www.ranzcp.org/membership/psychiatry-interest-forum>

^{iv} A Kaupapa Māori paradigm whereby principles such as whanaungatanga, tikanga Māori and the wider context of hauora is integral to a mental health system that improves access for Māori.

Supporting Organisations to invest in training to address unconscious bias

There is also an urgent need to train all mental health providers to address their own unconscious bias when working with people from different cultures. Attention needs to be given to ensuring health providers are confident in working with Māori and Pacific people and their whānau/family to understand their world view of mental illness. Enacting these principles will contribute to ameliorating many of the disadvantages Māori and Pacific people currently experience

The RANZCP is a diverse membership organisation

Our kaupapa is to improve the mental health and wellbeing of tangata whairoa by working alongside people living with mental health problems, their whānau carers and their communities to deliver high quality psychiatric care based on educational excellence, leadership and advocacy. Our membership includes College Fellows, psychiatrists in training, overseas trained psychiatrists and consumer representatives. Two kaumātua provide guidance on Māori tikanga and strategic policy directions. In Aotearoa the RANZCP is represented by Tu Te Akaaka Roa/the New Zealand National Committee

We train psychiatrists to be ethically, clinically and culturally competent

Psychiatrists are medically trained specialists who provide a range of interventions to improve people's mental health but also understand the complex interrelationship between physical ill health and psychological presentations. We aim to meet the requirements Health Practitioners Competence Assurance Act 2003 by training psychiatrists who are ethically, clinically and culturally competent.

We advocate for better mental health and wellbeing for all New Zealanders

We work with a range of stakeholders – government agencies and NGO's to promote, educate and inform on a range of topical issues that impact on people living with mental health and addiction issues and physical co-morbidities. We advocate on behalf of the 5% who are people living with complex and enduring mental health and addiction issues. For example, the 5% includes people with dementia, psychosis, severe depression, addiction, adults and youth in the care of forensic services, children with development and behavioural issues.

Find out about our mahi

Our key advocacy work, including our submissions to government are noted below:

Response to He Ara Oranga:

<https://www.ranzcp.org/files/resources/submissions/2019-03-01-ltr-to-robyn-shearer-moh-response-he-ar.aspx>

Response to the Ministry of Health's Māori Action Plan

<https://www.ranzcp.org/files/resources/submissions/2019-09-18-final-to-moh-submission-maori-health-ac.aspx>

Budget 2020

<https://www.ranzcp.org/files/resources/submissions/ranzcp-new-zealand-submission-to-minister-of-finan.aspx>

RANZCP position statements include:

Assisted suicide

<https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/physician-assisted-suicide>

Direct to consumer advertising of pharmaceuticals

<https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/direct-to-consumer-advertising-of-pharmaceuticals>