The Royal Australian and New Zealand College of Psychiatrists (RANZCP) advocates for investment in mental health, addiction and wellness to support the aspirations of He Ara Oranga.

The RANZCP acknowledges the Government’s commitment to invest $455 million into front-line services for mental health. We warmly welcome the Government’s commitment to improving mental health and addiction services by ring-fencing $200 million to support the DHBs.

The RANZCP maintains that wellness is dependent on good mental and physical health, and that New Zealand’s Wellbeing Budget priorities should align with the Child and Youth Wellbeing Strategy, and the Mental Health and Addiction Inquiry. We contend that this approach will address equity and responsiveness, improve mental health and wellness outcomes and reduce the burden on the health system.

We tautoko the Government's public health approach to addressing the social determinants of mental health such as the Poverty Reduction Bill. We can point to clear evidence linking childhood adversity to poor mental health outcomes. Preventative strategies, implemented early in the life course, are wise social and economic investments. Health promotion activities also reinforce public health strategies. The United Kingdom’s ‘Every Mind Matters’ is a good example of a strategy that encourages wellbeing and assists people by providing practical advice. We would urge the Government to invest in a similar programme in New Zealand.

We commend the Government for making mental health and addiction a priority and below we outline how the Government could further lift wellbeing by targeting the specific areas identified within our four policy platforms.

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Invest in a mental health system that puts people and whānau at the centre

1. Don’t forget the 5%

- Increase funding to the DHBs to improve consistency and availability of services and support to the 5%. People are living with increasingly complex mental health and addiction issues requiring support and services delivered by secondary care. The RANZCP is concerned that funding will be directed away from these services and as a result the 5% will experience greater difficulties in accessing support.

- Continue to ring-fence the DHBs' mental health funding allocations. This approach will ensure services, staff and hospital facilities are adequately funded, addressing capacity issues, including re-admission. This will assist the 5% receiving timely care and support.

- Increase funding to effectively manage the transition between inpatient and outpatient care. The 5% often transition back and forth between services therefore sufficient resources need to be deployed ensuring people do not get ‘lost’ in transition and experience possible relapse.

- Funding must be commensurate with the complex specific requirements of the 5%. These vulnerable populations are increasing:
  a. People living with major mental illness such as chronic psychotic disorder
  b. People living with dementia in Aged Residential Care homes
  c. People with intellectual disabilities living in supported care
  d. People in the care of the Department of Corrections
  e. Children and youth in state care who require specific interventions and support
  f. Peri-natal women who develop severe mental problems or where previous mental health issues are exacerbated e.g. funding mother & baby units
  g. People living with mental and physical co-morbidities
  h. People living with dependency issues, typically alcohol related and other co-morbidities.

- Invest in health promotion activities that help the public to understand mental illness, the concept of recovery and reduce stigma.

* People with complex and chronic mental health needs e.g. chronic psychosis.
### 2. Let’s work together

- Increase opportunities to work together by investing in prevention strategies and early intervention programmes as a cost effective way to reduce the down-stream burden on mental health and addiction services. Working together involves a public health approach to improve mental health wellbeing e.g. programmes to reduce stigma associated with mental illness.

- Invest in a comprehensive health IT infrastructure. To deliver optimal care, clinical data must be shared across the health sector, breaking down the current silos that exist both vertically and horizontally within the health system.

- Fund mental health services to integrate new ways of working together. Include the voices of people living with mental health and addiction issues, and their whānau, to contribute to service development and support.

### 3. Look at the evidence

- Invest in New Zealand research projects (by funding Health Quality and Safety Commission, ACC and other agencies) to acquire the New Zealand specific data to inform cost effective interventions. System improvements informed by evidence, best practice, evaluation of new interventions would also include people with lived experience, and input from health professionals. Prioritise funding of evidence-based solutions.

- The Government urgently needs to fund a national survey and repeat the Te Rau Hinengaro\(^iii\) survey. Without relevant data describing the mental health and addiction problems experienced by New Zealanders, it is challenging to match the workforce and services to consumer need.

- More resources need to be directed towards targeting ‘at risk’ populations and offering them appropriate psychological support and/or interventions. Longitudinal studies are valuable tools when used alongside data sets such as IDI\(^iv\).

- Direct more research funding to Māori to develop mental health solutions grounded in Te Ao Māori principles and ensuring services are evaluated by Māori for their effectiveness. Utilise the Whānau Ora framework to guide investment strategies.

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\(^iv\) IDI is the Government’s Integrated Data Infrastructure.
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.

4. Get the right people in the right places

- Prioritise a mental health and addiction workforce strategy that provides comprehensive data across the workforce including:
  a) Overall data on mental health and addiction professionals and all non-registered workers
  b) Sub-speciality data detailing how the workforce is distributed e.g. forensics, addiction, child and youth and others
  c) 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 develop solutions to address gaps in service delivery.

- Invest in the mental health workforce that has the right skills and knowledge to meet consumer needs across both secondary and primary care. For example, psychotherapy is underutilised in secondary services and consultation–liaison psychiatry services are under threat in New Zealand. Both these specialities are chronically underfunded but evidence suggests they produce beneficial outcomes to consumers. ECT and other neurostimulation therapies are other modalities that require further development and investment.

- Significant investment in training is required to upskill the workforce. Improving consumers’ access to services, support and choice will require a substantial increase in practitioners skilled in working alongside people living with mental health and addiction issues. Psychiatrists have a role to play in clinical leadership and guiding this work. However for this to happen the DHBs would need to receive funding to allow psychiatrists non-clinical time to lead these critical activities.

- Develop financial assistance options for Māori and Pacifica medical students and post-graduate doctors. The RANZCP is aware that the cost of specialist medical training is a significant barrier to many Māori and Pacifica. Health inequity and whānau needs will only be addressed when there are more Māori and Pacifica psychiatrists delivering care to their people.