

INVESTMENT PRIORITIES FOR BUDGET 2023



The Royal Australian and New Zealand College of Psychiatrists (RANZCP) advocates for investment in mental health and addiction to support tangata whaiora to live well. Tu Te Akaaka Roa – the New Zealand National Committee – wants to focus on supporting the 5% - those people living with severe and enduring mental health and addiction conditions – on their journey to recovery.

The 5% are one of the most vulnerable populations in our society – they are increasing in numbers and in acuity. They are the people living with:

- major mental illness such as chronic psychotic disorders
- dementia, including an increasing number of people with early onset of dementia
- intellectual disabilities, and possibly comorbid mental health issues
- dependency issues, typically alcohol related and other comorbidities
- mental health / addiction issues alongside significant physical comorbidities
- housing insecurity.

Other priority populations include:

- people in the care of the Department of Corrections living with any of those conditions mentioned above
- children and youth in state care who require specific interventions and support
- people who develop severe mental problems or where previous mental health issues are exacerbated during the perinatal period, requiring support in mother and baby units.

The RANZCP acknowledges the Government's commitment to mental health and addiction, but we remain concerned that those with the greatest needs may be left behind. We tautoko the Government's mahi to address the mental health demand in Aotearoa New Zealand and our submission provides solutions on improving the wellbeing of the population. We advocate for greater resources across the health and disability sector. While it is pleasing to see more people having access to mental health services in their community through primary care, demand for psychiatry services, including subspecialty areas are increasing with limited resources. We support the increase in funding for primary and community services to meet the growing mental health needs of the population, but the increase in funding for secondary mental health services has not risen proportionally. There are the same number of acute beds now as there were in 2017. Currently, the needs of the 5% must be met with existing resources that are under significant pressure due to insufficient funding.

We tautoko the Government's public health approach to addressing the social determinants of health. Mental health and addiction issues are closely linked to poverty, domestic and familial violence, homelessness, excessive alcohol consumption, poor educational outcomes, and colonisation. There is strong evidence linking childhood adversity to poor mental health in later life, and preventative strategies need to be implemented early in the life course. Targeting children's wellbeing as a Budget priority would facilitate one area of need where early intervention strategies are required. Such funding would deliver benefits to whānau as a result. Benefit would include a reduction of environmental stress that can potentially trigger mental illness amongst whānau caring for sick tamariki and rangatahi. Supporting children's wellbeing is a wise social and economic investment.


The biggest risk in achieving the Government's vision for Pae Ora is an insufficiently resourced workforce. We cannot emphasise enough that the mental health needs of Aotearoa are not being met with the current number of psychiatrists across general and sub speciality categories. Tu Te Akaaka Roa – the New Zealand National Committee of RANZCP raised the issues of workforce shortages to extreme in their risk assessment for 2022. This is the first time the risk has been raised to this level in the history of the Committees' operations. At present

there are no signals that the risk might be lowered for 2023. The vision of Pae Ora can only be met by building the capacity and capability of the mental health, addiction and disability workforce to do the mahi. Currently the psychiatry workforce in Aotearoa is 60% reliant on overseas trained clinicians. Moreover, there is insufficient funding to increase the number of trainee positions. An increase in funding is necessary if we are to have a sustainable, home-grown workforce and all the advantages that provides including an understanding of culturally appropriate services for Māori and Pacific Peoples. Without a skilled workforce of sufficient numbers, it will be impossible to improve the physical and mental wellbeing of New Zealanders.

We outline how the Government could further lift wellbeing by targeting the specific areas identified within our four policy platforms.



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

 <p>Don't Forget the 5%</p> <p>Invest in improving access to high quality services for people with enduring and serious mental health and addiction needs so they can be supported to live well.</p>	<p>1. Don't forget the 5%</p> <ul style="list-style-type: none"> • Ensuring early intervention is prioritised for the 5%. Our evidence indicates that people are not getting timely care through access to specialist services due to insufficient resourcing. People who reach out for services and experience a delayed response can be deterred from seeking treatment later. Mental health deteriorates when people wait for treatment and support. Subsequently, more intensive support is needed when tangata whai ora enter the 'system' and this places further pressures on specialist services. Significant benefits are accrued for all New Zealanders when mental health services are delivered at the point of early onset of illness. • Resourcing specialist mental health services to deliver optimal care To provide the best care, there must be a range of initiatives: <ol style="list-style-type: none"> a. Increase the numbers of psychiatrists, psychologists, nurses and other allied health professionals. b. Support the development of other health care workers such as peer workers and health navigators. c. Provide excellent infrastructure such as digital systems that are integrated across the health system and IT support so telehealth can be delivered in optimal conditions. d. Develop comprehensive, appropriate, reliable and accurate indicators to measure the performance of Pae Ora. e. Allocate sufficient funding to work streams and health initiatives to conduct formative and summative evaluations. f. Elevate and create opportunities for mental health research across the health sector. g. Support clinical leadership, therefore, allowing psychiatrists to support trainees and other health providers.
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	<p>h. Ensure there is capital investment in hospital facilities to create safe and fit for purpose environments.</p> <ul style="list-style-type: none"> • Investing in inpatient units to support the recovery of the 5% The concept of recovery can only be realised when people are cared for, housed and supported in environments that best suits their complex needs. We call for a greater number of inpatient beds and housing options that provide a safe place for tangata whai ora and whanau to journey to wellness. a clear plan to implement step down services is required to reduce pressure on the hospital system. <p>There is a long-term cost benefit to Investing in appropriate housing so the 5% and their whanau have a safe place to live. Safe and appropriate housing helps build resilience through the protective factor of shelter. A well-executed investment plan for housing people with serious and enduring mental health and addiction illness will save money in the long run.</p>
<div data-bbox="172 898 560 1263" data-label="Image"> </div> <p data-bbox="229 1272 564 1541">By sharing information, by co-designing services and working together we can develop a system that supports the needs of consumers and the workforce.</p>	<p>2. Let's work together</p> <ul style="list-style-type: none"> • Working across the sector and invest in better accommodation options for people with mental health and addiction. <p>Increased supported accommodation options are required for people with complex mental health and addiction needs. Without good accommodation options, people may be more likely to escalate into inpatient facilities. People can also get 'stuck' in facilities or churn back into secondary services if there is nowhere safe for them to go on discharge or where they can live in the medium to long-term.</p> <p>The 'housing crisis' has had a detrimental impact on people living with mental health and addiction issues who often live in reduced circumstances and face discrimination from the private landlords and rental agencies. Placement of vulnerable populations such as inmates discharged from detention are at particular risk. Agencies who provide this type of transitional accommodation often have criteria that prohibits the intake of tangata whai ora moving from a custodial sentence who have a history of behaviour, for example, arson and or addiction issues. Tangata whai ora with these histories are in urgent need of housing programmes that will accommodate their needs.</p> <p>The health budget ought to also provide for a review, development and implementation of forensic inpatient accommodation designed for tangata whai ora with intellectual disabilities. Currently there are examples of tangata whai ora with this diagnosis being accommodated in mainstream facilities that are ill equipped to manage the mental health needs of this population.</p> <p>The RANZCP recommend that funding is allocated to cross sector research which provides the government with a comprehensive view of how accommodation for tangata whai ora is allocated and distributed.</p>

	<p>The research would necessarily identify key indicators, data collection protocol and a monitoring/evaluation framework.</p> <p>Investing in appropriate inpatient and supported housing alongside the collection of data is a wise decision. The investment in information would provide data from which analysis could occur leading to the reduction of costs associated with ongoing hospitalisation. Outcomes could then be identified including attribution towards recovery and independent living.</p>
<div data-bbox="172 584 563 965" data-label="Image"> </div> <p data-bbox="231 1003 558 1234">Evidence underpins good investment decisions - we need to know what works to improve people's mental health and wellbeing.</p>	<p data-bbox="603 600 970 633">3. Look at the evidence</p> <ul data-bbox="608 672 1508 1568" style="list-style-type: none"> <li data-bbox="608 672 1508 862"> <p data-bbox="608 672 1412 734">Investing in research to understand the prevalence of mental health and addiction in Aotearoa New Zealand.</p> <p data-bbox="643 736 1492 862">The Government urgently needs to repeat the Te Rau Hinegaroi national mental health survey. Without relevant data describing the mental health and addiction problems experienced by New Zealanders, it is challenging to quantify and track need.</p> <li data-bbox="608 896 1508 1142"> <p data-bbox="608 896 1476 929">Supporting academic psychiatry to support best evidence.</p> <p data-bbox="643 931 1508 1142">To obtain the best evidence we need more academic psychiatrists to undertake research into mental health and addiction issues that are relevant to Aotearoa New Zealand. Māori and Pacific approaches to mental health need to be included in our research strategies. Academic psychiatrists play an important role in mentoring others into research. It would be helpful if more funding could be directed towards research via Vote Research, Science, Innovation and Technology.</p> <li data-bbox="608 1176 1508 1568"> <p data-bbox="608 1176 821 1209">Pae Ora data</p> <p data-bbox="643 1211 1508 1568">There is an urgent need for research into the design and implementation of Pae Ora. It is nearly a year since the legislation was introduced which is an opportune time to conduct a formative evaluation. New Zealanders are relying on the new health and disability system to create healthy futures. To date some operations have been identified and implemented by Te Whatu Ora. However, there are many aspects of the system that are still to be formalised leaving clinicians, nurses, allied health workers and members the public uncertain of future operations. A generous amount of funding is necessary to explore the proposed benefits and lessons learnt at this early stage of roll out. A generous allocation of funding would include tranches of formative and summative assessment.</p>

ⁱ 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>

**Get the
Right People
in the
Right Places**



To deliver the aspirations articulated in Pae Ora we must invest in a well-trained and supported mental health and addiction workforce.

4. Get the right people in the right places

- **Resourcing an adequate workforce to deliver optimal care and support – this is the greatest risk to the Government’s proposal for transformation.**

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 by supporting other health providers such as psychologists and mental health nurses.

We want to see greater investment across the entire spectrum of mental health and addiction workforce. This requires a focus on training more psychiatrists, psychologists, nurses, peer workers, and allied health professionals. The RANZCP are pleased to know that previous budget allocation towards mental health has resulted in plans to increase the number of psychologists and the development of a peer support workforce. Whilst it is pleasing to see these plans moving toward fruition the concern remains that there is no new funding to boost the number of psychiatrists. The evidence is clear that there is increased demand driven by a greater awareness of mental health issues and by the impact of COVID-19 on people’s wellbeing. Our members have indicated that they are unable to provide tangata whaiora with adequate support as they don’t have the capacity or resources to do so – most say while demand has increased, staffing levels have reduced. Evidence of that view collected from our membership survey are representative of the New Zealand psychiatry workforce and have been published in the Australia and New Zealand Journal of Psychiatry. Evidence of unmet demand for Child and Adolescent psychiatry service have also been published in an academic journal. The key finding is a need to double the current numbers of psychiatrists specialising in this area.

- **Supporting Māori and Pacific Peoples into the health workforce.**

Health inequity and whānau needs will only be addressed when there are more Māori and Pasifika mental health professionals delivering care. Currently few Kaupapa Māori services have access to a psychiatrist. There is an urgent need to address this shortcoming and ensure the pipeline of psychiatry trainees

- **Demographic change**

The demographic forecast for New Zealand up to 2050 identifies considerable change in the age and ethnic profile of citizens. Baby boomers will contribute to a 240% increase in the prevalence of dementia over the next 25 years. Currently the old age psychiatry workforce is under resourced. Unless there is a considerable increase in trainees or the importation of overseas trained psychiatrists the level of demand for services in the future can not be managed. Māori and Pacific peoples’ populations will also undergo considerable increase in numbers by 2050. Overall, they will be a youthful population with specific health needs. The health and disability system needs a long-term investment strategy to meet the future needs of the New Zealand population.