# Aotearoa **New Zealand's** mental health services and addiction services

### **JUNE 2020**

This report provides an independent assessment of the state of mental health services and addiction services in Aotearoa New Zealand, and holds the Government to account for progress made in relation to those services, including where we are doing well, and where we need to improve.

I assess how well health services are responding to the needs of people experiencing mental distress and/or addiction against six questions. I also provide comment on the direction of change underway in response to *He Ara Oranga*, the report of the Independent Inquiry into Mental Health and Addiction, and make recommendations to strengthen the supports needed for successful transition to a wellbeing system of care.

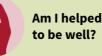
I draw on information from: HDC complaints; tangata whaiora and whānau feedback; sector engagement; and national data and reports. Collectively, this information shaped my views about how we are doing and what needs to happen next.

**Kevin Allan** 

Mental Health Commissioner Office of the Health and Disability Commissioner

### **MY APPROACH**





**A PROMISING START** 





### **MY FINDINGS**

### **OPPORTUNITY TO PROVIDE GLOBAL LEADERSHIP**

Aotearoa New Zealand has a vital opportunity to shift from a service response to mental distress and/or addiction to a wellbeing system response, and, in doing so, provide global leadership in promoting wellbeing. To achieve this transformational shift, there is an overriding need for ownership of an all-ofgovernment, all-of-community, wellbeing agenda that delivers clarity of vision, execution, and accountability.

The Government's initial response to He Ara Oranga is an important start - accepting in principle 38 out of 40 of its recommendations; investing substantially in wellbeing through Budget 2019; legislating for a Mental Health and Wellbeing Commission; and the Ministry of Health has built its mental health and addiction sector leadership considerably. The wellbeing response to the COVID-19 pandemic is also showing promise as a way forward for greater collaboration and promotion of collective action.

### **MORE REQUIRED TO GAIN** AND SUSTAIN TRACTION

The scale of transformational change required by the He Ara Oranga agenda will not happen by itself. It will take time and ongoing investment. It requires a shared agenda, strong collaborative leadership, partnership with Māori, tāngata whaiora and their whānau and other sector and community leaders, as well as ongoing and structured support to enable collective action. Monitoring and oversight by the new Mental Health and Wellbeing Commission will be essential to track and advise on progress and ensure that collective action is improving wellbeing outcomes for New Zealanders.

### ALL-OF-GOVERNMENT, **ALL-OF-COMMUNITY** PLAN NEEDED

To drive transformational change, an all-of-government, all-of-community plan is needed. There needs to be clear ownership of the plan within Government, and partnership with communities, to bring the collective response to life. The Kia Kaha, Kia māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan provides a helpful starting point.

### **CONTINUED AREAS OF CONCERN**

Aspects of mental health services and addiction services that require continued focus and quality improvement, and remain stubbornly similar, include:

- Addressing equity of physical health, employment, and housing status for people with mental distress and/or addiction;
- Ensuring tāngata whaiora have wellness plans and receive timely follow-up;
- Addressing high rates of compulsion under the Mental Health Act and rising national seclusion numbers, especially for Māori, while noting localised success in reducing restrictive practices;

- Ensuring all mental health services and addiction services work for Māori and are culturally safe;
- Significantly improving maternal mental health services as an integral component of the Child Wellbeing Strategy;
- Ensuring the needs of people who experience harm from their substance use are addressed within a broader focus on wellbeing, including in relation to stigma surrounding addiction; and
- Addressing forensic mental health services capacity, and developing and improving those services.

#### **AREAS OF PROGRESS**

I have also identified many areas of progress in relation to specialist mental health services and addiction services:

- People who use specialist mental health services and addiction services experience improvements in their wellbeing over the time of service use, and most would recommend their service to others.
- Rapid action to house people and provide intensive mental health, addiction, and other support during the COVID-19 emergency pandemic response shows that homelessness can be ended.

The full report can be found at: Health and Disability Commissioner, Actearoa New Zealand's Mental Health Services and Addiction Services - The monitoring and advocacy report of the Mental Health Commissioner (2020): https://www.hdc.org.nz/news-resources/search-resources/mental-health/mental-health-commissioners-monitoring-and-advocacy-report-2020/

#### Six questions were asked to assess if we are meeting the needs of people experiencing mental distress and/or addiction:



**Do services** work well together for me?



**Do services** work well for everyone?

### **PLAN FOR THE HEALTH** AND DISABILITY SECTOR **ALSO NEEDED**

The health and disability sector would also benefit from a service-level action plan grounded in evidence and lived experiences — to map out what it needs to achieve to deliver transformational services, how, and when — so that funding decisions can be targeted, and the wellbeing workforce developed. While progress is being made in primary care, attention also needs to be directed towards specialist mental health services and addiction services, which are under pressure.

- A strengthened focus on partnership and tangata whaiora rights is signalled in the Ministry of Health's proposed revisions to the Guidelines for the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Government's commitment to repeal and replace that Act.
- A recent increase in investment in kaupapa Māori services.
- Well-considered developments underway by the Department of Corrections to better address the mental distress and/or addiction needs of people in prison.



**SNAPSHOT 2020** 

# Health services for mental distress and/or addiction need



1 in 5

New Zealanders live with mental illness and/or addiction

**12%** of New Zealanders will experience a substance use disorder at some stage in their lives

# Some population groups are more at risk than others:

Almost 1 in 3 Māori live with mental illness and/or addiction

# **1** in 6

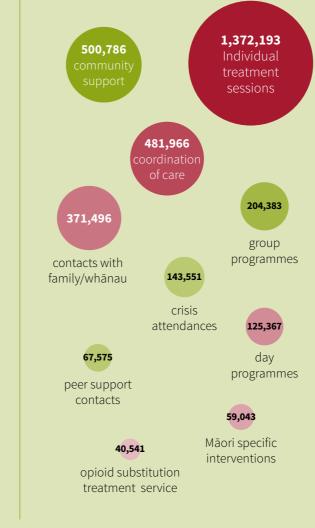
Women experience significant anti/post-natal depression

**2 in 3** People in prison live with mental illness and/or addiction

### **MENTAL HEALTH SERVICES AND ADDICTION SERVICES**



### Mental health and addiction community service examples (total treatment days in 2018/19):



#### **Access has increased**

DHB- and NGO-provided services



### **Expenditure has increased**

DHB and Ministry of Health funded services



## PRIMARY HEALTHCARE SERVICES

72% of children (0–14 years) and 78% of adults (15+ years) saw their GP in 2018/19 (the proportion of people seeking help for mental distress and/or addiction is not known)



# 132,525

people accessed primary mental health services in 2018/19. These primarily consist of funded extended GP consultations and talk therapies



# \$455m

in Budget 2019 to expand access to, and choice of, primary mental health and addiction support to reach an additional 325,000 people by 2023/24



# 800,000+

New Zealanders were dispensed a psychotic medicine in 2018

## SELF CARE AND DIGITAL SERVICES

In 2018/19 there were:



National tele-health mental health and addiction services

161,985 contacts



### Drughelp.org

84,440 visitors



### Depression.org

**404,201** visitors



**98,918** visitors