



## KEY FINDINGS

# New Zealand's mental health and addiction services

As Mental Health Commissioner, I monitor and advocate for improvements to mental health and addiction services. This is my first monitoring and advocacy report, and I focus predominantly on services funded through Vote Health.

I assessed how well health services are responding to the needs of people experiencing mental health and/or addiction issues against six questions.

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

**Kevin Allan**

Mental Health Commissioner  
Office of the Health and Disability Commissioner

## MY APPROACH

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



**Can I get help for my needs?**



**Am I helped to be well?**



**Am I a partner in my care?**



**Am I safe in services?**



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



**Do services work well for everyone?**

## MY FINDINGS

### GROWING NUMBERS

Growing numbers of New Zealanders access health services for mental health and addiction issues. These services are under pressure and many needs are left unmet.

### SECTOR WORKING TO ADDRESS AREAS OF CONCERN

The sector is working to address many of the areas I identify as being of concern, including through the Mental Health and Addiction Quality Improvement Programme led by the Health Quality and Safety Commission, and a planned review of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

### BETTER INFORMATION AND A BROADER RE-THINK IS REQUIRED

Better information and a broader re-think of system design and financial arrangements is required to understand current and future need and plan for and deliver the right responses for a range of needs.

### SIGNS OF PROGRESS

There are many signs of progress in the mental health and addiction sector, including: innovative service delivery models; improving outcomes of people in services; and the majority of consumers and their family and whānau reporting positive experiences of services.

### BROADER RANGE OF HEALTH INTERVENTIONS IS NEEDED

More of the same will not deliver the well-being and recovery-oriented system that is required. A broader range of health interventions is needed, to be available earlier, and be better connected into other community and social supports. The health sector is only one part of an effective system response.

### ACTION IS REQUIRED TO RELIEVE PRESSURE

Action is required to relieve pressure on existing mental health and addiction services.

### AREAS OF CONCERN

Areas I am concerned about include:

- a lack of early intervention options;
- a low commitment by services to shared planning with consumers and their family and whānau;
- coordination challenges within and between services;
- high uses of compulsory treatment, especially for Māori;
- stagnation in seclusion reduction;
- poorer physical health outcomes for people with serious mental health and/or addiction issues; and
- disparity in outcomes for Māori and other population groups.

### COLLABORATIVE LEADERSHIP ESSENTIAL

My findings are not new, suggesting a loss of traction in the sector. Issues with leadership and coordination have contributed to system inertia. Collaborative leadership, including people with lived experience, is essential for system change.

## MY MAIN RECOMMENDATION

### That the Minister considers an action plan to:

- Broaden the focus of service delivery from mental illness and addiction to mental well-being and recovery.
- Increase access to health and other support services.
- Improve the quality of mental health and addiction services.
- Ensure that we have timely information about changing levels of need, current services and support, and evidence about best practice.
- Implement a workforce strategy that enables the sector to deliver better, more accessible services.
- Achieve the required changes through collaborative leadership, supported by robust structures and accountabilities to ensure successful, transparent results.



## SYSTEM OVERVIEW

# Health services for mental health and addiction need

Mental health and addiction issues are common and have high personal and economic costs.

## 1 in 5

NEW ZEALANDERS

live with mental illness and/or addiction

## 25 years

SHORTER LIFE

New Zealanders with a serious mental health condition and/or addiction have a lower life expectancy, dying up to 25 years earlier

## \$6.2bn

(2.6 PERCENT OF GDP)

The estimated cost of premature deaths of people with both physical and long-term mental health and/or addiction conditions

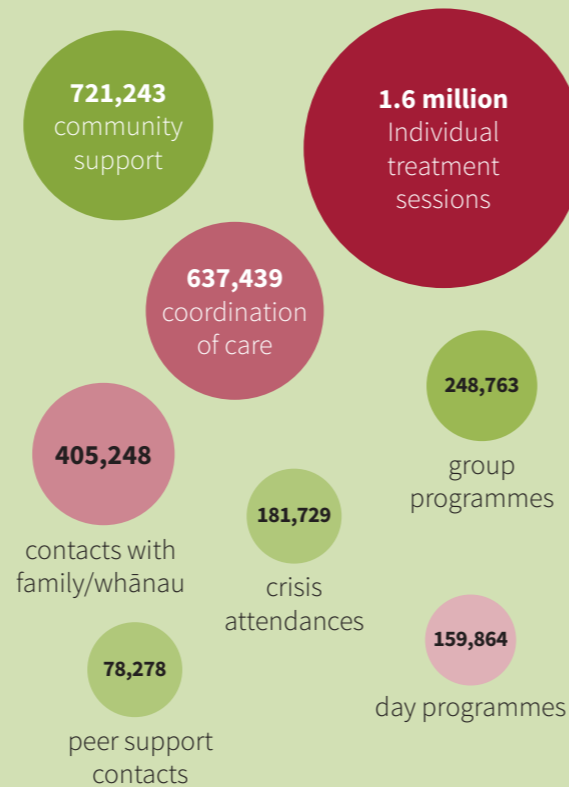
## MENTAL HEALTH AND ADDICTION SERVICES

**173,933**

people (or 3.7% of the population) accessed mental health and addiction services in 2016/17

**91% of people** accessed services in the community in 2016/17

### Mental health and addiction community service examples:



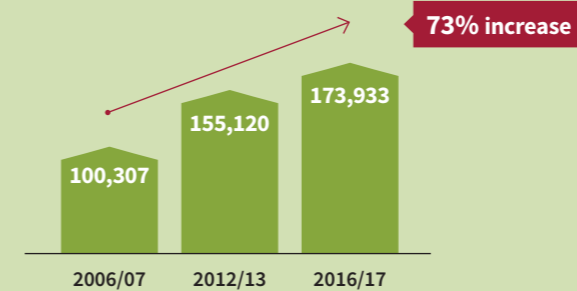
### Acute, inpatient and residential service examples:

	People	Bed nights
<b>Acute inpatient care</b>	9,528	235,973
<b>Sub acute, rehabilitation or residential care</b>	2,881	492,807
<b>Planned or crisis respite care</b>	5,469	78,127

Source: MOH

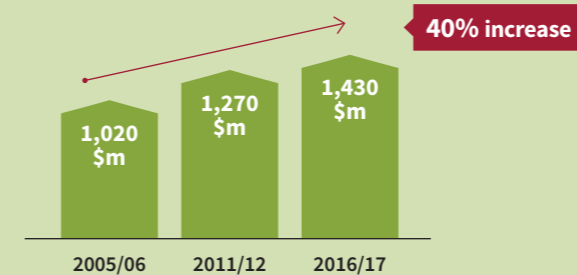
### Access has increased

Most people access services in the community



### Funding has increased

DHB and Ministry of Health funded services



### Service descriptions

#### Mental health and addiction services:

Services designed specifically for people with complex and/or enduring mental health and/or addiction needs.

#### Primary mental health services:

Services designed for people with mental health and/or addiction need who do not meet the threshold for mental health and addiction services.

#### Primary and community health care:

Generalist health services designed for delivery to the general population, including to provide for need that is not met in mental health and addiction services.

#### Virtual and self-care services:

These supports are accessed without physical contact with a service.

## PRIMARY AND COMMUNITY CARE

73% of New Zealand children and 77% of New Zealand adults saw their GP in 2016/17 (the proportion of people seeking help for a mental health and addiction issue is not known)

**130,663**

people accessed primary mental health services in 2016/17

Sources: New Zealand Health Survey; MOH

## SELF CARE AND SUPPORT FROM VIRTUAL SERVICES IS GROWING

For example, over one year there were:

**depression.org.nz**

305,593 unique visits

**National tele-health mental health and addiction services**

Over 200,000 contacts

**sparx.org.nz**

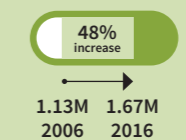
21,227 visits to the e-therapy page

Sources: Homecare Medical; The University of Auckland

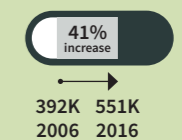
## MEDICATIONS

Mental health prescriptions have increased by 50% in the last 10 years and continue to grow at a rate of around 5% each year

#### Anti depressants



#### Anti psychotics



Source: PHARMAC