



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

New Zealand's mental health and addiction services: The monitoring and advocacy report of the Mental Health Commissioner

Questions and answers

Why has this report been produced?

It is part of the [Mental Health Commissioner's](#) statutory role to monitor and advocate for improvements to mental health and addiction services.

This report is an independent assessment of the state of mental health and addiction services in New Zealand. It helps identify where services are working well and where they need to be improved.

The report makes a number of recommendations to the Minister of Health, and calls for a clear action plan to respond to New Zealanders' mental health and addiction needs.

What has the report found?

The report found that while growing numbers of New Zealanders are accessing health services for mental health and addiction issues, these services are under pressure and many needs are left unmet.

Often services are available to people only once their condition deteriorates, and the dominant treatment options (medication and therapy) do not address the broader social factors that help people be well and support their recovery.

The main challenge for the mental health and addiction system is to broaden the system response to ensure support is available across a continuum of care for the one-in-five people who experience mental illness and/or addiction. At the same time, we need to improve the way we provide services and support to people with complex and/or enduring needs.

Key challenges include:

- promoting wellbeing: the need to broaden our focus from mental illness and addiction to mental wellbeing and recovery, including consideration of social factors such as housing, income, education, and social and cultural connections
- pressure on mental health and addiction services: access to these services has increased by 73% over the past decade while funding has increased by 40%
- service quality issues: low commitment to shared planning with consumers, family and whānau; service coordination; high use of compulsory treatment; stagnation in seclusion reduction; poorer physical outcomes for people with serious mental health and addiction issues

- meeting the needs of populations with greater incidence of mental health and addiction disorders, such as Māori, Pacific peoples, young people and people in prison
- workforce issues including an aging workforce, recruitment and retention challenges, access to training, working with diverse cultures, and funding, and
- loss of traction, direction and collaborative leadership in the sector.

The report also recognises many signs of progress including trialling innovative service delivery models, a large majority of consumers and their family and whānau report positive experiences of services, and interventions showing promise, including e-therapy and peer support are growing.

What do we need to do to improve services?

An action plan is needed to:

- broaden the focus of service delivery from mental illness and addiction to mental wellbeing and recovery
- increase access to health and other support services
- improve the quality of mental health and addiction services
- ensure 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.

How many New Zealanders have mental health and/or addiction issues?

- It is estimated that nearly half of New Zealanders will live with mental illness and/or addiction at some point during their lifetime.
- Studies suggest an even higher lifetime prevalence: for example, in the Dunedin longitudinal study, 83 percent of the cohort had experienced mental illness and/or addiction by age 38.
- One-in-five New Zealanders live with mental illness and/or addiction each year.
- Nearly 5 percent of New Zealanders will be considered to have a severe mental health and/or addiction condition, 9 percent a moderate condition, and 7 percent a mild condition.
- The rate of Māori who have a mental health or addiction condition over a 12-month period is 30 percent, compared to 21 percent in the general population. Māori are also more likely to have multiple and more serious conditions.
- The rate of Pacific peoples who have a mental illness and/or addiction over a 12-month period is 25 percent.
- Nine out of ten people in prison (91 percent) will have a mental health or substance use disorder in their lifetime, and 62 percent will have experienced a diagnosable condition in the previous 12 months. This 12-month prevalence is three times that found in the general population.
- The physical health of New Zealanders with a serious mental health condition and/or addiction is poorer than the general population, with this population dying up to 25 years earlier.

What services are available?

There are a range of services that respond to mental health and addiction needs of New Zealanders.

- **Mental health and addiction services:** Services designed specifically for people with complex and/or enduring mental health and/or addiction needs. These services are publicly funded through Vote Health, and include non-government organisation (NGO) and district health board (DHB) delivered community and residential services, and services delivered in a hospital setting.
- **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. These services are publicly funded through Vote Health for delivery in primary and community care settings, typically involving extended consultations with general practitioners and counselling sessions.
- **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. These services are partly funded by Vote Health, and include general practice, school-based services, midwifery, Well Child Tamariki Ora, and NGO primary health support.
- **Virtual and self-care services:** These supports are accessed without physical contact with a service. They include helplines with trained counsellors, and websites and online communities with health promotion information, self-assessment tools, e-therapy, and recovery strategies.

Why have you recommended the adoption of a target for the reduction of suicide?

A target signals serious intent to make real improvements and changes that will benefit consumers. A target for the reduction of suicide needs to be set after careful consideration. Any target adopted must be seen as our collective responsibility as New Zealanders.

The World Health Organization recommends setting a target for the reduction of suicide, and calls for a minimum target of 10 percent, noting that some countries may go further.

How does this report link to the Government's inquiry into mental health and addiction?

The Mental Health Commissioner welcomes the Government's commitment to an inquiry into mental health and addiction, and the breadth of focus of the inquiry's terms of reference, and looks forward to assisting the inquiry team in whatever way he can.

The inquiry will hear from people throughout New Zealand about the mental health and addiction issues they face, and their experience of services.

It is hoped this report will contribute to inquiry members' understanding of the current mental health and addiction environment and help identify where services are working well and where they need to be improved.

What impact will workforce pressures have on our ability to improve mental health and addiction services?

There are some real challenges when it comes to the mental health workforce, including having an aging workforce, the recruitment and retention of staff, access to training, working with diverse cultures, and funding.

These issues need to be addressed, however, we first need a clear plan of action, and can then consider the workforce that will achieve the actions – rather than the other way around.

How does New Zealanders' mental health compare internationally?

Our rate of mental health and addiction issues is similar to populations in comparable countries. We know that one-in-two of us will have a mental health or addiction issue at some stage in our lives and that one-in-five of us will at any one time have a mental health or addiction issue where we may need support.

However, these figures are not recent (2006) and the information needs updating. Findings from the Dunedin Longitudinal Study suggest rates could be much higher, with 83 percent of the cohort experiencing mental illness and/or addiction by age 38.

How do the determinants of health impact people's mental health?

Good mental health cannot be delivered by health services alone, it requires a broader community approach. Housing, income, education, and social and cultural connections all contribute to mental wellbeing or, conversely, to mental health and addiction issues.

We need to broaden our focus from mental illness and addiction to mental wellbeing and recovery.