

## **Under pressure: Expanding options for mental healthcare services**

There is now a clear agenda to improve the mental well-being of New Zealanders, with the adoption of 38 of the 40 recommendations of the Inquiry into Mental Health and Addiction. The \$1.9 billion committed in the recent Budget provides a substantial investment in implementing that agenda. The challenge now is to deliver on it so that people with mental health and addiction issues — one in five of us — have better support, earlier, and our collective capacity to look after our own, and others' mental well-being, is enhanced.

Success requires collaborative leadership, including early input from people with lived experience, Māori and whānau, as well as health professionals and local communities. It also requires a variety of approaches, and good evaluation of where investment has been made and what results are achieved. It is not “one size fits all”. It will take time. This is not a quick fix.

As Mental Health Commissioner, responsible for monitoring mental health and addiction services, it is clear to me that we need to broaden our response so that a wider range of support is available to people with mental health and addiction issues, and help is provided sooner. I know that people who work in primary care see such need often, and are frustrated by the lack of support services available. This shortage of options means that people can become very unwell and can end up in need of specialist services when earlier intervention could have prevented that outcome. Current service gaps put other services under considerable pressure, and ultimately are detrimental to New Zealand's overall well-being. I made that point in my [2018 Monitoring and Advocacy Report](#),<sup>1</sup> and it was made again in [He Ara Oranga](#)<sup>2</sup> and reinforced by the thousands of people who made submissions to the Inquiry. It is heartening to see that the Budget 2019 investment is targeted at addressing this need.

The Budget signalled a much-needed shift in focus towards early intervention, including increasing the options available to people with mild to moderate needs, and tackling the wider determinants of mental well-being such as poverty and homelessness. These investments also come with a commitment to collaboration and involving Māori and those with lived experience of mental health and addiction in the design and delivery of services. I welcome this shift in direction, and will be paying close attention to how well it is implemented.

I consider the \$455 million investment in frontline mental health and addiction support to be a critical component of the change. While it remains to be seen how this initiative will take shape as it is implemented across the country — which I know is causing concern for some in primary care — there is no doubt that we need to do things differently to provide earlier support for people in distress.

Te Tumu Waiora is an important example of the innovation that is underway in primary care to build frontline support, with people collaborating across the sector and jointly owning a model of care. There is evidence that this kind of approach is of real benefit to people — not just patients and their families, but also to care providers.

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<sup>1</sup> <https://www.hdc.org.nz/media/4688/mental-health-commissioners-monitoring-and-advocacy-report-2018.pdf>

<sup>2</sup> <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>

If the same principles of collaboration, co-design, and joint ownership are applied as the investment signalled in the Budget is rolled out across the country, then it has the potential to improve community well-being significantly, and to take pressure off specialist services.

While not specifically aimed at addressing mental health and addiction, it is also good to see investment directed at issues like homelessness, employment, and family violence, and an acknowledgement of the impact that these wider factors have on mental well-being.

Recognition of the need to take a broader approach is also reflected in the proposal for a new, standalone, Mental Health and Wellbeing Commission. It is essential that the new Commission is set up to succeed. [The](#) Health and Disability Commissioner, Anthony Hill, and I have advocated strongly for the new Commission to have a broad focus on mental well-being, as well as mental health and addiction services, and that it has sufficient resources and powers. That said, it will need a clear focus so that it can add value rather than complexity. The new Commission will also require sufficient independence so that it can act as the public's watchdog — able to hold decision-makers to account and to report publicly without fear or favour.

Although the establishment of a new Mental Health and Wellbeing Commission will help to ensure that mental well-being stays on the agenda, we also need statutory change to help make that happen. An amendment to section 8 of the New Zealand Public Health and Disability Act is needed so that there is statutory requirement for a mental health and addictions strategy to sit alongside our health and disability strategies.

While the spotlight is on mental well-being now, that will not always be the case. Underpinning these changes with a statutory requirement for a mental health and addiction strategy would leave a lasting legacy, and ensure that New Zealand's future efforts are aimed at building on progress rather than responding to crisis. There is too much at stake to end up back in the same place again.

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