



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; tāngata 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

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



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

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-of-government, all-of-community, wellbeing agenda that delivers clarity of vision, execution, and accountability.

A PROMISING START

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.

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.

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.
- A strengthened focus on partnership and tāngata 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 ante/post-natal depression

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

MENTAL HEALTH SERVICES AND ADDICTION SERVICES

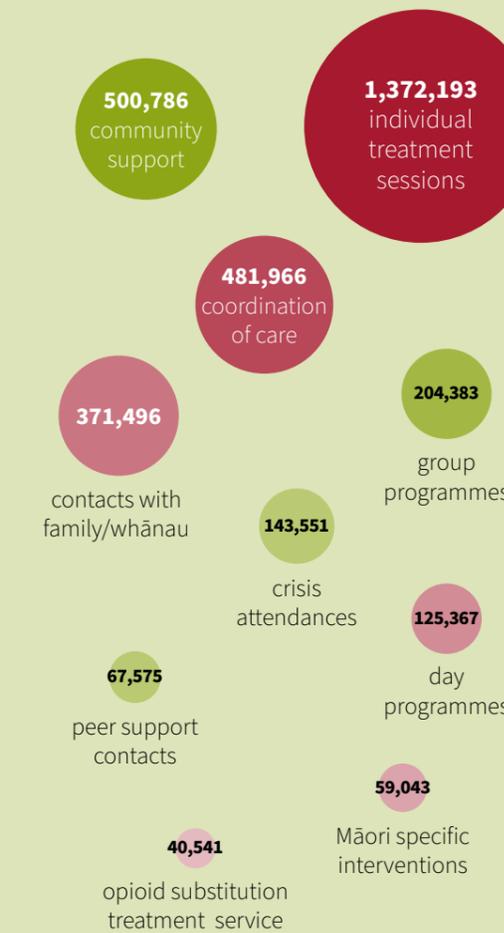
186,540
people (or 3.8% of the population) accessed mental health services and addiction services in 2018/19

91% of people accessed services in the community in 2018

Acute, inpatient and residential service examples:

	People	Bed nights
Inpatient care	9,814	248,029
Rehabilitation or residential care	2,880	478,808
Planned or crisis respite care	5,668	65,924
Forensic secure inpatient	496	85,716
Substance use medical withdrawal management (detoxification)	1,685	15,474
Substance use residential treatment	2,022	121,945

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



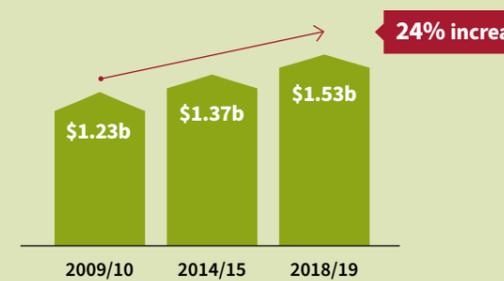
Access has increased

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

The Lowdown

98,918 visitors