



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

3 February 2021

Hon. Andrew Little
Minister of Health
Parliament Buildings
WELLINGTON

By email: a.little@ministers.govt.nz

Tēnā koe Minister Little

Progress and critical challenges in transforming Aotearoa New Zealand's approach to mental health and addiction

Thank you for your 2 February letter regarding recommendations in my 2020 monitoring and advocacy report.

I have appreciated the opportunity to contribute to improving Aotearoa New Zealand's mental health and addiction services over my term as Mental Health Commissioner. As I complete my term on 8 February, I have taken this opportunity to provide some brief concluding comments.

Significant progress

I am pleased to see significant progress in increasing the focus on mental health and addiction and, importantly, placing greater emphasis on promoting wellbeing since I commenced my monitoring role in 2016. Notable features of that progress include:

- The introduction of a wellbeing Budget approach in 2019 underpinned by Treasury's Living Standards Framework
- The \$1.9 billion investment in a range of wellbeing initiatives in Budget 19
- Progressing some components of the *He Ara Oranga* agenda including: increasing and broadening support for people with mental wellbeing issues, completing the suicide prevention strategy, commencing the review of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and establishing the Mental Health and Wellbeing Commission.

Critical challenges to address

While real progress has been made there are a number of critical challenges to address.

Action plan essential

There is considerable and growing concern about the lack of a transparent action plan to implement *He Ara Oranga* and provide a long term plan to promote mental wellbeing. That concern is reflected in public comments from a range of sector leaders including the Initial Commission, in its June 2020 report, *Te Rau Ora*, the Mental Health Foundation, and others. It is also detailed in my correspondence with you and previous Ministers of Health and with the Director-General of Health. I acknowledge the significant work undertaken in developing *Kia Kaha, Kia Maia, Kia Ora Aotearoa*,

the Government's psychosocial and mental wellbeing plan but it does not yet address the concerns I have raised on this issue.

I therefore welcome your commitment to take a paper to Cabinet to seek approval to a whole-of-government pathway to transform Aotearoa New Zealand's approach to mental health and addiction, and your expectation that this occurs swiftly.

Collaborative vision and implementation – alongside wider sector changes

I also welcome your expectation that the longer term pathway is developed through wide ranging engagement. In doing so I restate the importance of engaging with Māori, people with lived experience and their whānau, as well as service providers and other sector leaders at an early stage.

The implementation phase will re-present the challenges of delivering on a whole-of-government and whole-of-health sector agenda. The specific structural and leadership challenges in the health sector – spelt out in the *New Zealand Health and Disability System Review Hauora Manaaki ki Aotearoa Whānui* – are well known and longstanding. I welcome the Government's determination to address them and to do so in a way which honours the Treaty. There is considerable risk that the Government will be too distracted by that agenda to deliver on transformation in our approach to mental health and addiction. However, there is also a real, timely, opportunity to model some of the sector changes the Government wishes to make when implementing its new mental health and addiction agenda. I invite you to take up that opportunity.

Prevalence data – a foundation for change

We continue to rely on 2004 data to understand the prevalence of mental distress and/or addiction need and plan over \$1.7 billion of services on that information. I reinforce my recommendation that we regularly assess current and future need, including prevalence data, to inform our transformation agenda and help ensure equitable outcomes are achieved.

COVID-19

In noting these critical issues I am very mindful of the challenges COVID-19 brings but also the opportunities our response to it provides. While it has undoubtedly increased the level of mental distress in our community, the numerous iwi, community, whānau and individual initiatives that emerged in the context of COVID-19 restrictions offer lessons for what we can do to promote wellbeing and illustrate the power of people to contribute to collective wellbeing. The rapid changes to policy (for example in relation to Opioid Substitution Treatment) and the development of new, effective ways of providing support (for example through e-therapy) highlight not only new ways of working but also the dedication and flexibility of those working in the sector. This bodes well for the transformation agenda and I am pleased to see that building on the lessons and foundations from this period is a central focus of *Kia Kaha, Kia Maia, Kia Ora Aotearoa*.

Transparent advocacy

Given HDC's statutory role as an independent advocate in relation to improving mental health and addiction services, I propose to publish this letter and your recent correspondence on the Health and Disability Commissioner's website as I have done previously.

I have copied this letter to Hayden Wano, Chair of the Initial Mental Health and Wellbeing Commission, with whom I liaise closely during the transition of HDC's mental health and addiction services monitoring role to the new Commission, and the Ministry of Health for its information.

Acknowledgement to tāngata whaiora, whānau and the sector

I have appreciated the opportunity to work with a wide range of people and groups to contribute to improving Aotearoa New Zealand's mental health and addiction services. I conclude by acknowledging all those I have worked with across the sector – including tāngata whaiora and their whānau, sector leaders and service providers. I thank them for sharing their experience and insights with me, and in doing so, making a major contribution to HDC's monitoring and advocacy.

Aotearoa New Zealand is fortunate in having so many people with such a high level of commitment, talent, generosity of spirit and hope in the sector. I wish the sector well as it transforms our approach to mental health and addiction and wish the new Mental Health and Wellbeing Commission well in supporting that transformation.

Nāku iti noa, nā

Kevin Allan
Mental Health Commissioner

CC Hayden Wano, Chair, Initial Mental Health and Wellbeing Commission
Dr Ashley Bloomfield, Director-General, Ministry of Health
Toni Gutschlag, Acting Deputy Director-General, Mental Health, Ministry of Health