9 November 2017

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

Hon Dr David Clark
Minister of Health
Parliament Buildings
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By email: Gina.Anderson-Lister@parliament.govt.nz

Dear Minister

Further to the Health and Disability Commissioner's briefing I welcome the Government's announcements about putting a special focus on mental health.

I know you want to move quickly to establish a mental health review. I have, therefore, prepared a briefing for you to consider about the review.

The briefing:

- Identifies critical challenges which need to be addressed in relation to mental health and addiction services
- Outlines the monitoring framework HDC has used to identify these challenges. (I will report publicly on the findings from our monitoring work in February.)
- Provides advice on the potential scope and priorities for the review and its form, membership and timeframe.

Critical challenges

The critical challenges that emerge from my monitoring role to date are summarised below.

1. **Lack of articulated vision and direction** - *Rising to the Challenge* set the direction for mental health and addiction services through to 2017. It established over 100 actions for the health sector. A plan of action to respond to the needs of New Zealanders in the future is now urgently required. The next steps for the draft Suicide Prevention Plan also need to be articulated and linked to a broader mental health action plan.
2. **Lack of integrated sector leadership** – There is a lack of integrated, collaborative leadership in the sector reflected failure to develop a coherent action plan to follow *Rising to the Challenge*. The structure of the health sector, with the Ministry, 20 DHBs, PHOs and NGOs presents inherent coordination and leadership challenges, however, for a complex area such as mental health, effective, collaborative leadership is essential for success.
3. **Promoting wellbeing** – Good mental health cannot be delivered by health services alone, it requires a broader community approach. The next strategy needs to address the social determinants of mental health and the role of individuals, whanau,

communities and the private and public sectors to improve the wellbeing of the population generally, as well as people with mental health and addiction issues. Better planning and coordination needs to happen within and between health and other sectors to ensure that interventions and investment is directed to best meet the needs of people.

4. **Pressure on specialist services** – Access to specialist mental health and addiction services has increased 75% with 168,000 people accessing services last year compared to 96,000 a decade ago. However, increased access has put pressure on services and there are signs that this is impacting on quality. We need to ensure services are developed to meet current needs of New Zealanders, that are targets and priority areas are appropriate, core funding is set at the right level and is delivered as intended, the right service models are in place, and that people with lived experience are working with service managers and leaders to determine what is working well and where change is required.
5. **Improve services and support for people with mild to moderate needs** – Currently there appears to be limited options and reach in primary care services. While strong data is difficult to obtain this appears to be the *predominant service challenge* at present. One in five New Zealanders will meet diagnostic criteria for a mental illness or addiction in any given year. Most of these people (around 17% of the population) will be considered to have mild to moderate need and not reach the threshold for specialist care. Around $30 million per year is allocated to primary mental health interventions such as extended consultations and talk therapy sessions. Because of funding limitations these interventions are often only available to high needs populations. This compares with approximately $1.4 billion committed to specialist services. A stronger focus on the needs of people with mild to moderate needs is pressing; however, this must not be at the expense of people with the highest and most complex needs. The focus needs to be on lifting, not shifting, investment in care.
6. **High need groups: Maori, youth and prisoners** – These populations have greater incidence of mental health and addiction disorders than other populations. Community Treatment Order rates are 3.9 times higher for Māori males and increasing, and seclusion rates are almost 5 times higher. Wait times for child youth and adolescent services are consistently lower than for adult services while we have the highest youth suicide rate in the developed world. 62% of incoming prisoners have a mental illness or addiction. Services need to be supported to provide better and more effective responses.
7. **Workforce strain and future-proofing** – The mental health and addiction workforce is aging and services are having trouble recruiting. Anecdotal information suggests negative reporting about mental health services is deterring people from entering the sector and lowering morale of existing staff. Flow on issues from the pay equity settlement are also reported by NGOs to be impacting on retention and recruitment of mental health and addiction support workers. As services and best practice evolves, there is a need to ensure the workforce is developed and equipped to deliver the mix of skills that best meet consumers' needs in the future.
8. **Harnessing technology** – Use of technology provides much promise to cost-effectively broaden the reach of evidence-based mental health and addiction interventions such as

online cognitive behavioural therapy, and reduce errors through the single electronic record and e-prescribing. Deliberate strategies are required to ensure the health sector adopts and delivers new technology.

9. **Enabling and encouraging improvement and innovation in times of change** – There are many examples of excellence and innovative practice in the mental health sector. The Health Quality and Safety Commission-led Mental Health Quality Improvement Programme is an example of collaborative sector leadership to lift sector performance. DHBs and PHOs are piloting and implementing integrated primary secondary models of care to better respond to people with mild to moderate mental health and addiction needs. The sector-led KPI project is an important commitment to provide more robust, comparable information about service quality. It is important that these types of initiatives continue and are encouraged during uncertainty which is often generated through major reviews.

HDC's Monitoring and Advocacy Framework

My comments on critical challenges facing the sector are based on HDC's monitoring and advocacy framework. I have worked with the mental health and addictions sector to develop the framework to ensure HDC has a structured approach to our statutory monitoring and advocacy in relation to mental health and addiction services.

In brief the four pillars of our monitoring role are:

- HDC complaints – themes and trends from the complaints about mental health and addiction services (approximately 250 last year, several requiring detailed investigation into the care consumers received)
- Consumer feedback – consumer experience surveys (Marama Real Time Feedback, approximately 14,000 voices of consumers and families) and engagement with national advisory groups
- Sector engagement – engagement with the Ministry of Health, DHBs, HQSC, NGOs, workforce organisations, professional leadership forums etc.
- Service performance information – a selected set of performance indicators and other information including significant reviews (including Ombudsman and Office of the Auditor-General's reports, the Peoples' Report, service reviews etc.)

We will report on the outcome of our monitoring next February. The report will be focused on the following questions about how services are performing for consumers:

- Can I get help for my needs?
- Am I helped to be well?
- Am I a partner in my care?
- Do services support me to be safe?
- Do services work well together for me?
- Do services work well for everyone?

A draft diagram summarising the framework for the report is **attached** as an appendix.

Mental Health Review

Scope and priorities

As noted above there are a number of pressing challenges to be addressed in relation to mental health and addiction services and to reducing demand for services. I propose a high priority for the review is to deliver a plan of action which addresses those challenges and provides direction for the future.

I therefore propose the review addresses:

- growing demand as well as, gaps in services and support
- more emphasis on prevention and early intervention
- improving service quality and the coordination of sector effort (including health, education, housing and justice sectors)
- addressing the pressing issues in providing appropriate services and support for people with mild to moderate needs (while also ensuring services for people with high and complex needs are improved)
- sector leadership and provides advice on delivering effective, collaborative sector leadership
- funding and planning arrangements including consideration of ring-fencing and other funding structures
- workforce requirements

Timeframe

I recommend that the review be completed in as timely a way as possible so that the plan of action arising from it can be developed and implemented expeditiously.

Form and Membership

I propose the review be conducted and supported independently as this will promote public confidence. It is important, however, that the review be supported and advised by the sector including the Ministry of Health, funders and providers and people with lived experience.

I also propose the chair of the review be independent of the sector with proven ability to lead complex, system level reviews. I note a judge successfully led the last major review in the 1990s.

Collectively members of the review need the skills and experience to deliver on the scope of the review and ensure confidence of consumers and their whanau/family, providers and the public. Those skills and experience include:

- lived experience of mental illness and/or addiction
- expertise in relation to mental health and addictions issues and services
- expertise in relation to system and organisational performance including inter-agency collaboration
- Maori cultural expertise

Mental Health Commission

I note the Government's intention to re-establish a Mental Health Commission. The Health and Disability Commissioner and I look forward to providing advice and support to you to assist with this initiative.

I would welcome the opportunity to discuss these issues with you further.

Yours sincerely

Kevin Allan
Mental Health Commissioner

Cc: Chai Chuah, Director-General of Health, Ministry of Health
Dr John Crawshaw, Director of Mental Health and Chief Advisor, Ministry of Health

Appendix 1

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MENTAL HEALTH AND ADDICTION SERVICES MONITORING AND ADVOCACY REPORT FRAMEWORK

NOVEMBER 2017

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

A. System overview: the big picture

Population needs, services & funding landscape, workforce, leadership & strategy

Pillar 1: HDC Complaints

Pillar 2: Consumer feedback

B. Services: meeting the needs of consumers?

*Assess how services are performing for consumers, drawing on **4 pillars of information,** by answering 6 questions that form the **monitoring framework:***

1. **Can I get help for my needs?**
2. **Am I helped to be well?**
3. **Am I a partner in my care?**
4. **Do services support me to be safe?**
5. **Do services work well together for me?**
6. **Do services work well for everyone?**

Monitoring framework developed after 12 months sector consultation.

Based on international and national benchmarks.

Triple Aim

Individual Population System

Health Care Quality Measures

Access Safety Experience Equity Effectiveness Efficiency

Supported by annual performance indicators drawn from the 4 information pillars (see p 2 for performance indicators)

Pillar 3: Sector engagement

Pillar 4: System and service performance information

C. Areas for improvement

Identifying successes and challenges, recommend system improvements

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By the numbers: system performance indicators

1. Can I get help for my needs?	
How many people access mental health and addiction[1] services? What percent of NZ's population access mental health and addiction services? *Source: Ministry of Health (MOH)*[2]	
How long do people wait for mental health and addiction services from first referral to being seen? *Source: MOH*	48 hours
	3 weeks
	8 weeks
What percent of consumers[3] with a mental health condition report a time when they wanted health care from a GP or nurse but couldn't get it?" *Source: Health Quality & Safety Commission primary care consumer experience survey (HQSC consumer experience survey)*	
What percent of complaints about mental health and addiction services are about access to those services? *Source: HDC*	
2. Am I helped to be well?	
Average improvement in the mental health of consumers: • when leaving an inpatient service (compared to when they arrived) • over time when accessing a community service *Source: MOH (clinicians consider 12 different areas to assess improvement)*	
How satisfied were people using alcohol and drug addiction services with progress towards their recovery goals? *Source: MOH (consumers and service providers assess this together)*	
What percent of consumers and their families report they would recommend their service to friends and family if they needed similar care or treatment? *Source: HDC Mārama Real Time Feedback – mental health and addiction service consumer and family experience survey (Mental Health and Addiction Services consumer and family experience survey)*	
What percent of consumers report they were given information from their GP or nurse they could understand about the things they could do to improve their health?" *Source: HQSC consumer experience survey*	
Adult inpatient experience (mental health) *Source: MOH*	Average length of stay in hospital
	How many people were followed up within 7 days of leaving hospital?
	How many people went back into hospital within 28 days of being discharged?
3. Am I a partner in my care?	
What percent of long-term consumers accessing a mental health service have a plan to manage their recovery? *MOH (new collection - only 1 year of data)* What percent of consumers reported that their plan is reviewed regularly? *Source: Mental Health and Addiction Services consumer and family experience survey*	
How many family contacts are made with the consumer also present each year? *Source: MOH*	
How many contacts are made to support consumers in their role as parents and caregivers? *Source: MOH*	
How many Community Compulsory Treatment Orders were issued under the Mental Health Act? *Source: MOH*	
What percent of consumers reported they felt involved in decisions about their care? *Source: Mental Health and Addiction Services consumer and family experience survey*	
What percent of consumers reported they have been involved in decisions about their care and treatment as much as they wanted to be? *Source: HQSC consumer experience survey*	
What percent of consumers got help from their GP or nurse to make a treatment care plan for their long-term condition that would work in their daily life?" *Source: HQSC consumer experience survey*	
4. Am I safe in services?	
Seclusion –*MOH*	Hours – how many hours did inpatients spend in seclusion?
	Events – how many separate seclusion events were there? (some people have more than one period of seclusion)
	Unique people – how many individuals were secluded?
How many Serious Adverse Events (suspected suicide and serious self harm) were there? *Source: Adverse event database - HQSC*	
How many people were placed in care because they were mentally unfit to stand trial under the legal test? *Source: MOH*	
What percent of complaints about mental health and addiction services were about the quality of care? *Source: HDC*	
5. Do services work well together for me?	
What percent of consumers have accommodation? *Source: MOH* (new collection - only 1 year of data)	
What percent of consumers are either in employment or in education or training? *MOH* (new collection - only 1 year of data)	
What percent of consumers report that the people they see communicate with each other when they need them to? *Source: Mental Health and Addiction Services consumer and family experience survey*	
What percent of complaints about mental health and addiction services were about the coordination of care between different service providers? *Source:* HDC	
What percent of consumers report that their current GP or nurse seem informed and up-to-date about the care they get from specialist doctors?" *Source: HQSC consumer experience survey*	
6. Do services work well for everyone?	
Selection of above indicators split by age, ethnicity and mental health/AOD.	

[1] Mental Health and Addiction Services are services purchased by DHBs and the Ministry of Health to respond to high and complex mental health and addiction needs. Primary care services, including general practices, are aimed at consumers with mild to moderate mental health and/or addiction issues. Primary care also supports people with low prevalence mental health and/or addiction issues, in conjunction with mental health and addiction services.

[2] Ministry of Health data is collected through *Programme for the Integration of Mental Health Data* (PRIMHD), a project to create a single collection of national mental health and addiction information.

[3] 'Consumer' means a person accessing any health and disability service as defined in the Health and Disability Commissioner Act 1994.