

# Agenda for change

## addressing the issues in New Zealand's approach to mental health

Over the last three decades, New Zealand has made significant advances in its response to improving the mental health and wellbeing of our people. Within our mental health services, there are thousands of people working hard to support people through times of mental distress and helping them to recover. More support has become available within communities, away from hospitals and institutional settings. Public awareness campaigns have made it more acceptable for New Zealanders to talk about mental health problems and to seek help. People who experience distress have clearer legal protections against discrimination at work and in their everyday lives, and now have their rights described in the Human Rights Act and the United Nations Convention on the Rights of Persons with Disabilities.

However, there are many areas in which we can and must do significantly better. Our growing and changing population, increased awareness of mental health issues and changing pressures in society are increasing demand for services and raising challenges for communities.

People who use, and work within, mental health services have been vocal about the need for change over many years. The limitations in our current system have been made clear by research, mental health and suicide statistics, mortality reviews, service investigations, regular monitoring data and advocacy led by people with lived experience of mental illness.

While acknowledging the distress and difficulties associated with mental health problems, we now also celebrate the wisdom and strength that many people gain through adversity and their journey to recovery, and the resulting diverse contributions they are able to make to society, including as peer supporters and the leaders we look to in defining and guiding the required change.

Leadership and a clear national plan for rapid improvement are required. Looking after mental health and wellbeing is important for every person in Aotearoa New Zealand.

## What needs to change?

New Zealand's response to mental health and wellbeing is under significant pressure. To address this pressure, a cross-sector response is needed to:

- reduce the social drivers of mental health problems,
- build the wellbeing and resilience of people, whānau and communities,
- increase efforts to reduce stigma and discrimination,
- make significant changes to the model of services provided, and
- improve outcomes for Māori.

### Reduce the social drivers of mental health problems

**There must be political, community and individual will to tackle the social issues that can contribute to poor mental health.** It is disingenuous to simply treat the symptoms of mental health problems without addressing the causes of mental ill-health. It's time for a joined-up community

response to issues such as discrimination, misuse of alcohol and drugs, poverty, unemployment, homelessness and housing pressures, child abuse and family violence. New Zealand has many advantages as a country, but these issues are significant barriers to progress toward a New Zealand where we can all live and function well.

### **Build the wellbeing and resilience of people, whānau and communities**

**The mental health challenges faced by our country must be addressed by investing in developing positive mental and emotional wellbeing, and preventing mental health problems and suicide.**

New Zealand needs to take up opportunities to invest in evidence-based programmes that increase wellbeing and resilience. Skills for wellbeing and resilience should be taught in every school and workplace in New Zealand and promoted widely within communities.

We must not continue to accept that individuals experiencing mental health problems will inevitably become so unwell they will need to be hospitalised. This trajectory can be averted for most people. We will not create better mental health within New Zealand by continuing with an imbalanced focus of resources on acute mental health services. Instead, New Zealand must increase its efforts in promoting wellbeing and preventing mental health problems from occurring.

### **Increase efforts to reduce stigma and discrimination**

**People experiencing mental distress must be enabled to participate and contribute fully in their communities, without experiencing prejudice or discrimination.** New Zealand's 20 year Like Minds, Like Mine campaign and the work of people like Sir John Kirwan through the National Depression Initiative have helped to open people up to talking about mental health. However, shame and the fear of what others will say and do still form major barriers to people seeking support, being able to participate in work, and to them managing or recovering from mental illness.

With half of all adults experiencing mental distress that could be diagnosed as mental illness in their lifetime, we must significantly increase work to eliminate stigma, and to fully accept and include people going through distress.

### **Make significant changes to the model of services provided**

**We must also improve access to quality, effective support for people who are mentally unwell. To do this, we need to give people a range of support options, and to address the pressure points within mental health services.** While service data shows the majority of people who receive support from New Zealand mental health services are satisfied with their care, one in five are dissatisfied and a significant number of people don't receive appropriate or timely care. Demand for mental health services has increased by 70% in the last decade and funding has not kept pace.

There are many signs of a system under pressure. These include a suicide rate that is not decreasing and inadequate crisis responses, contributing to a 31% increase in Police callouts to suicide attempts over four years. Under these pressures many services report high staff turnover.

New Zealand continues to use outdated and unacceptable practices such as seclusion and restraint in its mental health services, and Māori are 3.6 times more likely to face compulsory treatment than non-Māori. Not enough support is being provided to divert people experiencing mental distress

from prison. More than 90% of New Zealand's prison inmates have a diagnosis of a mental health or substance use disorder.

## Improve outcomes for Māori

Across all of these areas, outcomes for Māori must improve. Although there have been some gains in Māori health and wellbeing, Māori continue to be over-represented in negative health and social outcomes. New Zealand's approach to mental health and wellbeing must reflect and address the disproportionate burden of distress and suicide experienced by Tangata Whenua, the Māori-specific responses required to address this, and the Crown's responsibilities under Te Tiriti o Waitangi.

As Māori leaders and researchers have noted, there are systemic issues for Māori in society and within the mental health system. There is a need to focus not only on social deprivation, but to acknowledge the influence of institutional racism, cultural competence in practitioners, and colonisation as significant in the way mental health services assess and treat Māori. We will continue to work alongside whānau, hapū and iwi advocating for an integrated system of culture and health, creating positive lifestyle changes that support flourishing whānau.

## Ten point agenda for change

To achieve change, the following 10 actions are needed. These issues are widely acknowledged by people with lived experience of mental distress, communities and people who work in mental health services as needing significant change.

### 1. Increased investment in prevention and mental health promotion

Programmes that promote and teach wellbeing strategies have been proven to be effective at improving mental and emotional wellbeing and growing the capacity of individuals and whānau to respond well to life's problems. It's now time for national-level campaigns and action to help people develop skills and behaviours to improve their wellbeing. This should **include continued efforts to reduce stigma and discrimination** associated with mental illness.

### 2. Equipping individuals and whānau to help each other:

Many of us will, at some point, feel concern for the wellbeing of a friend, whānau member, neighbour or colleague. Most New Zealanders feel deep concern and dismay at our suicide numbers. We will all experience challenges in our lives and go through periods of mental and emotional distress; nearly half of us will experience distress that could be diagnosed as mental illness at some period in our lifetimes. The support of loved ones can be critical in recovering from mental health problems – our whānau, friends and community are often the real first-responders when someone needs help. We must build a social movement that empowers individuals and communities to have the knowledge, skills and support to have courageous conversations with those who may be experiencing distress and help them on the journey of recovery. Each of us should know what we can do to assist each other and feel that we can safely offer our support.

### 3. Easier access to talking therapies and early-intervention services:

New Zealand needs increased access to free or heavily subsidised counselling and other early-intervention therapies and supports, including peer support, so that help is accessible and

affordable for all New Zealanders. These supports must be available in a variety of forms including face-to-face, online and via telephone, as well as through schools, GPs and community organisations so individuals and whānau can get mental health support quickly and affordably, and can choose what works for them. There must be increased promotion of and continued investment into effective locally-developed e-therapies such as The Journal and SPARX.

#### **4. Strengthening the role of primary health care providers:**

When an individual is unwell, their GP may be the first person they reach out to. GPs need ongoing training to ensure they can effectively respond to people experiencing distress, and understand the range of further support options that are available. GPs should be enabled to spend more time with patients who need extra support and should be able to make urgent referrals to counsellors and other mental health supports.

#### **5. Adequate staffing levels across all mental health services in all DHBs:**

In light of rising demand for services over the last decade, DHBs need to prioritise an adequate, well-supported and stable mental health workforce in hospital and community settings. Included in this, development of the peer support workforce should be prioritised. Establishing adequate staffing will ensure that people are receiving the support and care they need to recover and can have access to an appropriate mix of home, community or hospital-based services. It will also reduce pressure on mental health workers and ensure they have safe and supportive working conditions.

#### **6. Integrated, person-centred crisis responses:**

In a crisis, any door should be the right door and lead to high-quality, integrated support in a therapeutic environment. We know this is currently not the case; crisis responses vary in effectiveness depending on how and where individuals first access support – whether it be through the police, hospital emergency departments, mental health crisis teams, GPs, alcohol and drug services or helplines. Depending on how a person in crisis is behaving, they may be met with a disciplinary or punitive response rather than a therapeutic and caring approach. Some points of access to support in a crisis are currently stretched, and not well equipped to provide a therapeutic, trauma-informed response. All of these points should be adequately resourced with people who can provide non-judgemental, trauma-informed care. Individuals in crisis should not be turned away from services because there is no capacity to help them – they must be supported to access timely and appropriate care.

#### **7. Eliminating seclusion, minimising restraint, promoting supported decision making and avoiding compulsory treatment:**

Compared to other, similar countries, New Zealand makes excessive use of compulsory treatment for individuals experiencing mental distress. This removes individuals' rights to decide, with or without their chosen support, at the time or in advance, on their own medical treatment. Across the country, many services continue to use non-therapeutic practises such as seclusion and restraint, causing distress to both patients and staff. The use of these practices differs significantly between DHBs and across population groups (Māori, for example, are far more likely to experience seclusion than Pākehā). As a country we must take swifter steps to entirely eradicate the use of seclusion by an agreed date, minimise the use of restraint, promote supported decision making to avoid the use

of compulsory treatment, and modernise the Mental Health Act to ensure the protection of rights and wellbeing.

#### 8. **Joined up, recovery-focused services:**

Many clinical services remain too focused on diagnosis and the subsequent treatment of symptoms without prioritising a need to understand the full picture of each individual's life circumstances and experiences. It is essential that services are oriented to expect recovery, and that individuals are given the holistic social and clinical support they need to function well and control their own lives. Mental health services should connect with other medical services to provide joined-up care for people with more than one diagnosis (for example a mental illness and a drug addiction, or an intellectual disability as well as a mental illness). Services should connect and work alongside social services such as housing, Whānau Ora, employment and education to support individuals to lead lives where they have choices, dignity and control.

#### 9. **Services that include and value family, whānau and culture:**

Services are more effective when they understand and respect individuals' support circles and identities, and how they are supported by and support others. A person's connection with their family, culture and identity can be a significant source of strength and recovery. Staff training, flexible systems and inclusive practices are needed. This is true for all people and is especially relevant for children and young people, older people, Māori, Pacific, Asian, Deaf, disabled, rainbow/LGBTI+ and refugee communities.

#### 10. **Leadership and local research about what works:**

While change is clearly needed, we don't have all the answers. As New Zealand designs campaigns, systems and services to improve wellbeing for all of us, we need to evaluate new approaches and share successes across the country. In developing approaches for the future, we also need to acknowledge and learn from failures, including historic abuse associated with institutionalisation. High-level oversight of the mental health system is needed, as well as reflective leadership that can share successes and address failures.



The **Mental Health Foundation of New Zealand** works towards creating a society where all people can flourish and experience positive mental wellbeing. Suicide prevention is a core focus of our work, which includes working with communities and professionals to support safe and effective suicide prevention activities, create support and social inclusion for people experiencing distress, and develop positive mental health and wellbeing. [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

This agenda is supported by:

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