

Election Key Messages Resources

This document is an accompanying resource to the Platform Key Messages. We have gathered quotes and data from the recent reports about the Mental Health and addiction sector, with the intent of it being used in support of you and your organisation when you speak to your local prospective electoral candidates.

1. Communities have the answers, trust them and let's make it happen

COVID-19 Psychosocial and Mental Wellbeing Recovery Plan, pg23

- “This plan recognises that communities have a wealth of knowledge, skills and resourcefulness to support one another. In fact, caring for one another is an important action in looking after our own wellbeing. However, sometimes additional support, resources or coordination is required for community solutions. Focus area two aims to strengthen community-led responses and solutions. “

Empower community-led solutions for mental wellbeing

Provide support for community-led initiatives that enhance whānau, hapū and community wellbeing and resilience, including by:

creating innovative locally-responsive responses that help build mental and social wellbeing.

enabling community-based organisations to adapt during social distancing

drawing on local resources and strengthen community leadership and volunteering

supporting populations with specific mental wellbeing needs.

Accelerate community-based initiatives in *Every Life Matters*, the national suicide prevention strategy and action plan.

Support coordination of community-led initiatives

Support existing national providers and umbrella NGOs to provide leadership and coordination during COVID-19 response and recovery.

Provide region-wide community-led development support through central and local government and DHBs.

Equip communities with skills to recognise and respond to mental distress, substance use and gambling harm issues

Support evidence-informed and culturally relevant mental health, addiction and suicide prevention education.

Encourage communities to reimagine our future	Foster opportunities for local and New Zealand-wide discussion of what is important for mental wellbeing; what thriving, connected communities and society could look like; and what is needed to achieve this.
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Health and Disability Service Review, pg 75

- “The NGO sector is an integral part of the health and disability system, and the wellbeing of many New Zealanders. Health and disability NGOs include a wide range of organisations that provide flexible, responsible and innovative service delivery, and a voice for consumers and whānau, including those who have been underserved by other parts of the system. NGOs deliver services across primary health care, mental health, personal health and disability support, and include kaupapa Māori services and Pacific providers.”

2. The community sector workforce is critical and valued

More Than Numbers 2018, pg 61,14, 21

- Table 6. Estimated NGO mental health and addiction workforce (FTEs employed and vacant) by roles and services delivered

Role (group)	AOD workforce (FTEs)	Mental health workforce (FTEs)	Total workforce (FTEs)	Proportion of NGO workforce (%)	Vacancy rate (%)
Non-clinical roles					
Peer support (consumer and service user) workers	58.8	257.1	315.9	7.6	2.7
Peer support (family and whānau) workers	5.2	39.9	45.1	1.1	1.6
Support workers (all other)	170.5	2,121.1	2,291.6	55.1	5.4
Non-clinical roles total	234.5	2,418.2	2,652.7	63.8	5.0
Clinical roles					
Social workers	50.2	62.2	112.4	2.7	-
Occupational therapists	2.9	26.6	29.5	0.7	-
Psychologists	0.3	14.2	14.5	0.3	-
dapaanz registered health professionals	322.5	24.9	347.4	8.4	9.9
Other allied health roles	47.2	101.9	149.1	3.6	1.0
Nurses	31.0	142.9	173.9	4.2	3.0
Medical practitioners	3.9	15.1	19.0	0.5	30.6
Other clinical roles	14.7	37.2	51.9	1.2	10.9
Clinical roles total	472.6	425.0	897.7	21.6	5.9
Administration & management roles					
Administration roles	37.9	152.3	190.2	4.6	0.5
Service managers & team leaders	61.1	313.8	374.8	9.0	2.0
Peer leader or advisor	6.6	20.3	27.0	0.6	0.7
Peer researcher or evaluator	0.5	0.1	0.6	-	12.1
Peer supervisor	-	0.9	0.9	-	-
Peer trainer or educator	0.3	13.9	14.1	0.3	-
Administration & management total	106.4	501.3	607.6	14.6	1.4
Total workforce (FTEs)	813.5	3,344.4	4,158.0	100.0	4.7

Workforce by provider

Overall, 61 per cent of the adult mental health and addiction workforce was in the DHB provider arm, and 39 per cent in NGOs. The AOD workforce was more likely to be based in NGOs (57 per cent) than mental health services (40 per cent). In contrast, almost all (93 per cent) of the forensic mental health workforce was based in the DHB provider arm; see Figure 6.

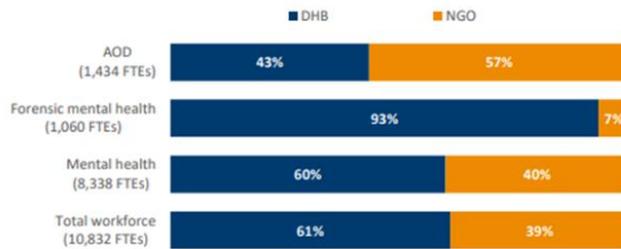


Figure 6. Proportion of 2018 adult mental health and addiction workforce by provider and services delivered.

Table 3. Proportionate change in adult mental health and addiction expenditure between 2013 and 2017, by provider and service

Provider	AOD services (\$)	Forensic mental health services (\$)	Mental health services (\$)	Total expenditure (\$)
DHB	26.7%	5.8%	16.4%	15.8%
NGO	9.4%	118.1%	11.2%	12.2%
Change (%)	18.8%	9.6%	14.9%	14.8%

Health and Disability System Review, pg 75

- “The Interim Report described feedback from the NGO sector that current practices in contracting and performance reporting are constraining service providers to be able to fully support the families for which they are contracted to provide services. Addressing these barriers through changes in funding arrangements, together with commissioning and improved contract management practices are key to ensuring the sustainability of the health and disability NGO sector, and delivering on the proposals in this report.”

Upholding the Wero Laid In He Ara Oranga, Pg 77

- **Area 5: A strategy that supports and develops our wellbeing workforce**
 - Our workforce is critical to transformation and we need to support and enhance it. Our workforce strategies need to be strengthened to align and support a wellbeing approach, with cultural competency and capability key pillars. This will be especially important as we strengthen our commitment to kaupapa Māori approaches. We want people to have the tools and resilience we all need to lead the lives we choose. We heard there is an opportunity to develop both community and peer workforces, and that the expansion of consumer advisory roles, peer advocacy roles as well as development of peer support options that reflect Māori values and Te Ao Māori worldview are important.

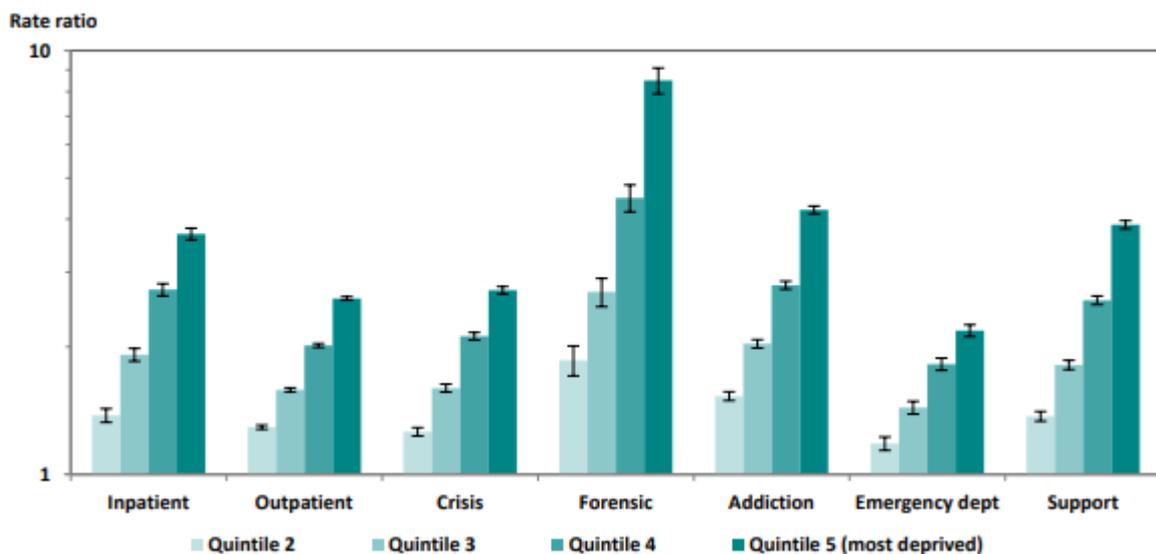
3. A system where no one is excluded

Upholding the Wero Laid In He Ara Oranga, Pg 75

- **Area 2: People and whānau at the centre of a unified and inclusive system**
 - He Ara Oranga calls for people to be placed at the centre to strengthen the voice of those with lived experience in the governance, planning, policy and development of mental health and addiction services. It explicitly calls for whānau to be supported to be active participants in care. Placing people at the centre can reorient the system towards one with improved outcomes based on what is important to people and their whānau. We heard disappointment from people about the lack of progress on co-design, especially around ongoing meaningful engagement. People need the skills and knowledge to use co-design approaches and filling this capability gap needs to be a priority. In addition, genuine support and resourcing is needed to enable people to take their seat at the table.

Health and Disability System Review, pg 18

Figure 2.3: Rate ratio for mental health service use by deprivation quintile, 2018



Health and Disability System Review, pg 124

- **Equity and prevention is the priority for future funding.**
 - Tier 1 investment should prioritise prevention and addressing inequities by initially expanding service coverage in areas of highest need.
 - The first priority should be preventive services and services that ensure children, Māori and Pacific peoples achieve optimal outcomes. Investing in a wider range of mental health services must also continue to increase