**Workforce**

1. **How will Labour support the development of the peer workforce? The new roles of health improvement practitioners (HIPs) and health coaches might be new, but peer workers and community support workers (CSWs) have been doing this work for a while and need more input and development opportunities.**

In response to He Ara Oranga, the Government committed to [transforming New Zealand’s mental health and addiction system](https://www.beehive.govt.nz/release/taking-mental-health-and-addiction-seriously): designing entirely new services, training hundreds of new staff, and building new facilities across the country.

In Budget 2019, the Government invested $455 million over four years in expanding access to and choice of primary mental health and addiction support, including [a new universal frontline mental health service](https://www.beehive.govt.nz/release/taking-mental-health-seriously). We said the implementation of this initiative would take five years, owing to workforce and infrastructure constraints.

In November last year, the Government announced that [as many as 12,000 people will get training over the next four years](https://www.beehive.govt.nz/release/more-people-get-mental-health-training-ever), with additional funding supporting a four-pronged approach to strengthening our mental health and addiction workforce:

* More than tripling the number of people in community organisations, such as clubs and sporting organisations, who can undertake the Mental Health 101 and Addiction 101 programmes that are routinely booked out (more than 8,000 extra places available over the next four years).
* Upskilling 350 nurses who will receive training to offer mental health and addiction assessments, advice and referrals where required to people when they visit their GP.
* Starting new training programmes for health coaches and health improvement practitioners (HIPs) that will work alongside a primary health care team to provide mental health support and link up with community services and more specialised support.
* More than doubling our cultural competency programme with 3,500 more places to ensure Māori and Pacific people receive culturally appropriate support when they need it.

In July this year, the Government announced the vocational programmes that would be [supported through the Targeted Training and Apprenticeships Fund](https://www.beehive.govt.nz/release/release-initial-list-supported-training-aid-covid-19-recovery). Now learners of all ages wanting to undertake training in community support, such as youth work, care for the elderly, counselling and community health (including mental health and addiction support) can have their study costs covered.

The Targeted Training and Apprenticeships Fund will be available from 1 July 2020 until 31 December 2022, and the Government will refine initial target areas next year.

The Ministry of Health is responsible for [expanding access to and choice of primary mental health and addiction support](https://www.health.govt.nz/our-work/mental-health-and-addictions/expanding-primary-mental-health-and-addiction-support). As such, they are now working to –

* sustain and expand existing primary services and pilots, including integrated general practices;
* expand the diverse mental health and addiction workforce, while also providing ongoing support to those who already work in these services; and
* collaboratively design support services with people with lived experience, Māori, Pacific peoples, young people, rainbow communities and rural communities.

[Health Workforce New Zealand](file:///%5C%5Cpsvmfs06%5Cmydocs%24%5Cwalshm%5CDocuments%5CDocuments%5CEvent%20briefings%5CMental%20health%20and%20addiction%20election%20forum%5CMental%20health%20and%20addiction%20workforce%20development) has overall responsibility for planning and developing the health workforce. It supports a national infrastructure, including district health boards, non-governmental organisations and other services. The following organisations are funded to undertake workforce development activities to improve outcomes for those with mental health and addiction needs:

* Te Rau Matatini is the national centre for Māori Workforce Development and aims to enhance Māori health outcomes and strengthen, develop and grow the Māori workforce.
* Werry Workforce Whāraurau is part of Uniservices and is focussed on improving mental health and wellbeing for infants, children and young people through service improvement, workforce development and advocacy. The Whāraurau team works closely with the Werry Centre for Infant, Child and Adolescent Mental Health which is an academic centre in the Department of Psychological Medicine at the University of Auckland.
* Te Pou te Whakaaro Nui (Te Pou) is the national centre of evidence based workforce development for the mental health, addiction and disability sectors in New Zealand.
* Matua Raḵi is part of Te Pou and is the national centre for addiction workforce development.
* Le Va is the national centre for Pacific mental health and addiction workforce development.
* Te Rau Puawai is focussed on Māori mental health workforce development and provides bursaries and learning support for students who are seeking to commence or complete a Massey University qualification in the field of Māori mental health.
* Careerforce is the industry training organisation for the health, wellbeing, social and community sectors. Careerforce distributes training grants for mental health support workers and is leading the delivery of the Kaiāwhina (un-regulated) Workforce Action Plan.

Te Pou, Werry Workforce Whāraurau, Le Va and Te Rau Matatini collectively are known as the Workforce Centres and are Ministry appointed agents to deliver workforce-related services. They are recognised sector leaders with expertise in either Māori, Pacific, children and youth and adult mental health and addiction workforce development services. Health Workforce New Zealand also manages funding for post-entry clinical training in psychiatry, nursing, psychology and other health professionals as well as voluntary bonding schemes.

The [Mental Health and Addiction Workforce Action Plan 2017–2021](https://www.health.govt.nz/publication/mental-health-and-addiction-workforce-action-plan-2017-2021) was published in February 2017 and outlines the actions needed to develop a workforce with the right skills, knowledge, competencies and attitudes needed to design and deliver integrated and innovative responses.

1. **How will Labour support the development of the mental health and addictions workforce (currently, there are too few clinical staff to meet the number of roles available); and, more specifically, for Māori and Pasifika health staff, training and moving into therapeutic (including clinical) and peer support roles?**

See reply to question 1.

1. **For decades we have seen evidence that peer support is at least as effective, if not more effective, than other supports for recovery, and yet the peer workforce is still only 2 per cent of the total mental health workforce. How will Labour prioritise rapid growth of the peer and lived experience workforce?**

See reply to question 1.

1. **Can you comment on how the National Party's primary care navigators would work with people with mental health issues and with the mental health sector? Would you see peer support workers in those roles?**

This is a question for the National Party.

1. **How will Labour expand the workforce across approaches and disciplines to support expanded services recognising the five- to ten- year timeframe to get clinicians and other providers who are appropriately educated and have necessary experience to support and help those experiencing moderate to severe difficulties?**

See reply to question 1.

**Suicide**

1. **The suicide rates for the Asian population had increased from 5.09 to 7.91 per 100,000 between July 2019 and June 2020, which went against the declining suicide trends for all other ethnic groups in Aotearoa. Twenty more died by suicide in 2019/2020. What will Labour do to address these issues?**

Labour believes that every life matters, and one death by suicide is one death too many. That is why, in response to He Ara Oranga, we released a new suicide prevention strategy and action plan, and established a suicide prevention office to drive implementation of these.

Labour understands that Asian Family Services released its New Zealand Asian Mental Health and Wellbeing Report in July. Hundreds of Asian New Zealanders across the country were surveyed, and more than 40 per cent of them had experienced some form of mental distress since lockdown, with high levels of anxiety and nervousness, as well as reports of racism.

Asian peoples currently make up more than 15 per cent of the New Zealand population, and this proportion is expected to increase. Labour knows it is therefore critical that the health of Asian New Zealanders is carefully monitored and the changing health needs of this population accurately assessed.

Research has suggested that Asian New Zealanders primarily seek help from close friends, family members, and their family doctor. However, compared with others, they are less likely to seek help from doctors and other health professionals.

Stigma is a major obstacle preventing Asian New Zealanders from using mainstream mental health services, which suggests more could be done to let them know what services are available, and to make sure that those services are accessible and culturally responsive.

To improve cultural responsiveness in mental health services, some experts have recommended promoting the development of educational materials and professional interpreter services, and increasing service providers’ awareness of Asian cultural issues.

Labour is committed to achieving equity in health outcomes. Equity in health means that all resources are distributed and processes are designed in ways most likely to equalise the health outcomes of disadvantaged social groups with the outcomes of their more advantaged counterparts.

We demonstrated this commitment in Government when, during lockdown, we provided extra mental health support for at-risk groups. This included funding to boost support for deaf, Rainbow and Asian communities who could have felt particularly isolated and were less likely to reach out for help.

1. **How is Labour going to address the rates of suicide in New Zealand; and the issue of coronial inquiries, which are very slow and not easily accessible without attorney support?**

He Ara Oranga made four recommendations relating to suicide prevention, of which the Government accepted three.

|  |  |  |
| --- | --- | --- |
|  | **Recommendation**  | **Response** |
| 30 | Urgently complete the national suicide prevention strategy and implementation plan and ensure the strategy is supported by significantly increased resources for suicide prevention and postvention. | Accept |
| 31 | Set a target of 20% reduction in suicide rates by 2030. | Do not accept |
| 32 | Establish a suicide prevention office to provide stronger and sustained leadership on action to prevent suicide. | Accept  |
| 33 | Direct the Ministries of Justice and Health, with advice from the Health Quality and Safety Commission and in consultation with families and whānau, to review processes for investigating deaths by suicide, including the interface of the coronial process with DHB and Health and Disability Commissioner reviews. | Accept |

The Government considered the question of a suicide target at length, and views were mixed. Ultimately, we decided that we were not prepared to sign up to a suicide target because every life matters, and one death by suicide is one death too many.

In September last year we released ‘[Every Life Matters: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand](https://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2029-and-plan-2019-2024-v2.pdf)’ and announced that the Suicide Prevention Office would be established to coordinate implementation of the strategy and action plan.

The Suicide Prevention Office got to work in November and ‘Action area 8’ in our new suicide prevention plan is ‘Postvention – Supporting individuals, whānau and families, and communities after a suicide’. Key actions here include ‘Review the coronial investigative process’, i.e. ‘Scope and complete a review of the process for investigating deaths by suicide’.

The Ministry of Health is progressing and implementing some recommendations from He Ara Oranga and key actions from Every Life Matters, while other government agencies and non-governmental organisations are leading on others. For example, key actions like reviewing the coronial investigative process will be led by the Ministry of Justice. The Suicide Prevention Office is coordinating work across different government agencies and non-governmental organisations.

**System change**

1. **There is plenty of thinking published about how we can transform post-COVID. How serious is Labour about supporting this exploration of major system change?**

Labour is serious about building a stronger health and disability system.

Every New Zealander has the right to access world class health care. In Government, Labour undertook a comprehensive review of our health system to ensure that all New Zealanders have access to services that meet their needs. The Health and Disability System Review recommendations are the next steps to ending the postcode lottery in healthcare.

Labour will reform the health and disability system, drawing on the recommendations of the Health and Disability System Review, so that every New Zealander can get high-quality health care when and where they need it.

Labour is committed to a long-term programme of reform to build a stronger health and disability system. The changes will take time, including to allow for the training and workforce development we’ll need, but they’ll help us make sure every New Zealander can get high quality health care when and where they need it.

In Government, we have established a transition unit to get the work underway. Labour will continue the implementation of the reforms.

Labour will continue to roll out its increased investment in healthcare to ensure New Zealanders can access procedures in a timely manner close to where they live, including $200 million of additional funding to reduce waiting lists for planned surgery and diagnostic services.

Labour will remain responsive to the ongoing COVID situation and prioritise the health and wellbeing of New Zealanders. We will build on our record of increased investment in health care to ensure New Zealanders can access services and procedures when and where they need them. To date, we have invested $283 million to make sure hospitals catch up on any deferred treatment as a result of COVID-19 disruption. We have cleared nearly all of it. But there is always more to do, so we will invest an additional $200 million so that hospitals will continue to deliver more treatment for more people.

Labour will establish a Māori Health Authority. The Health and Disability System Review recommended the establishment of a Māori Health Authority, which Labour will implement. COVID-19 further highlighted the benefit of having Māori more directly involved in our healthcare system to reduce Māori health inequities. We will work in collaboration with tangata whenua in establishing a Māori Health Authority built on principles of Te Tiriti and that encapsulates matauranga Māori in its decision making. Its work will be influenced by the progress already made through Whakamāua, the Māori Health Action Plan, maintaining an ongoing commitment to ensuring the health and disability system is fair, sustainable and delivers more equitable outcomes for Māori.

Labour will establish a Public Health Agency to provide national leadership and consistency around all core aspects of public health, including health protection, health promotion, and screening. The agency will work alongside the re-established Public Health Advisory Committee, as recommended through the Health and Disability System Review.

Labour will invest an additional $200 million into PHARMAC. Labour has a strong record in investing in our medicines budget. Over the last three years we’ve boosted the budget for PHARMAC by 20 percent, which has benefited more than 200,000 people, increasing access to modern medicines and new cancer drugs. We will build on this record of investment by putting in an additional $200 million to widen New Zealanders’ access to the latest medicines.

Labour will also –

* make population health the cornerstone of the system, with a networked approach to primary and community services so people can access high quality healthcare locally;
* commit to a collaborative process of reform which will see a reduction in the number of district health boards over the next five years, maintaining the level of care provided, while reducing administrative costs and duplication;
* establish an Aged Care Commissioner to act as an independent watchdog across the aged care sector and provide leadership on wider social and economic issues that affect seniors;
* complete bargaining in good faith to quickly achieve pay equity for nurses and for district health board administration and clerical staff;
* oversee a consistent approach to bargaining to achieve pay parity for health workforces; and
* identify and support general practices that wish to move to a community-owned model.
1. **What will Labour do in response to the Heather Simpson report?**

See reply to question 8.

1. **Considering DHBs are meant to understand the uniqueness of their region potentially better than a generic approach, how will removing DHBs increase the capability for mental health and addiction services to meet the specific needs of tangata whaiora?**

This is a question for Chris Baillie.

1. **He Ara Oranga called for kaupapa Māori approaches and wellbeing-centric services. However, services rolled out recently have continued to be primary care-based and focussed on a biomedical model. How will Labour support approaches recommended in He Ara Oranga?**

In Government we initiated and responded to the Inquiry into Mental Health and Addiction, and directed the Ministry of Health to lead the implementation of our response.

Over September and October 2019, the Ministry hosted a series of hui with Māori, to start designing culturally-responsive primary mental health and addiction support that works for whānau and the wider community. The purpose of this exercise was to fulfil the important goal of designing a “by Māori for Māori and with Māori” approach.

Labour knows that it will take the efforts of many to start designing a kaupapa Māori community mental health and addiction service. We are grateful to all of the people who attended and contributed to these hui.

All feedback was analysed by an external Māori lens, Awa and Associates. Key themes were summarised in the report, ‘[Ngai Māori Insights for a Kaupapa Māori Primary (Community) Mental Health and Addictions Service Model: The analysis](https://www.health.govt.nz/system/files/documents/publications/awa-association-report-14feb2020.pdf)’, and these will inform the key components of new services to be funded from 2020.

1. **He Ara Oranga concluded, “New Zealand’s mental health and addiction problems cannot be fixed by government alone, nor by the health system.” How would Labour, if re-elected, respond to that challenge?**

Labour knows that mental health and addiction problems cannot be fixed by government alone, nor by the health system.

Whānau ora puts whānau and families in control of the services they need to work together, build on their strengths and achieve their aspirations. It recognises the collective strength and capability of whānau to achieve better outcomes in areas such as health, education, housing, employment and income levels.

Labour is committed to continuing our investment and support for whānau ora, because we know it works. We will –

* continue to roll out the Budget 2020 plan to boost whānau ora commissioning activities related to COVID-19;
* support other agencies to implement the whānau ora model to get better outcomes from Māori;
* continue whānau-centred pathways to break the cycle of Māori reoffending;
* look at ways we can expand the whānau ora model into communities;
* continue to work with other Māori organisations like Te Kōhanga Reo; and
* strengthen Māori housing outcomes through collaborative partnerships, home-ownership models, and papakāinga provision.

Although driven by Māori cultural values, the whānau ora approach has the potential to improve the mental health and wellbeing of all New Zealanders.

1. **Is the Government any closer to determining what ‘essential’ services need to be funded sustainably? COVID highlighted this issue as many NGOs needed to operate during lockdown, so is the time right to conclude this 20-plus-year debate?**

Government departments regularly review their funding arrangements with different service providers, to make sure that as communities and their needs change, the services we provide change accordingly.

The lockdown at COVID-19 Alert Level 4 did spotlight our essential services. A range of social service providers, including non-governmental organisations and community groups, remained open and continued to operate during this time.

You can learn more about these social service providers [here](https://www.mbie.govt.nz/assets/essential-services-workforce-factsheet.pdfhttps%3A/www.mbie.govt.nz/assets/essential-services-workforce-factsheet.pdf). Relevant industries include health care and social assistance, and accommodation and food services.

To support these social service providers, the Government committed $27 million to ensuring people had access to the food and other goods they needed; providing a place for people to live; supporting disabled people to maintain critical wellbeing; and keeping families safe from harm and offering crisis support.

Immediate action was taken to –

* bolster existing essential social services delivered by NGOs so they could continue to support individuals, families, whānau and communities at risk through uncertain circumstances and respond to increased demand (up to $16 million);
* help disability community participation providers to put in place appropriate health mitigations for the current group-orientated services and provide support for disabled people in lockdown (up to $6 million); and
* provide community grants and fund innovative community-led solutions to support local resilience (up to $4.8 million).

**Whānau support**

1. **What will Labour implement for whānau inclusion in the crisis stage and recovery of their unwell loved ones?**

Labour acknowledges the desire of many whānau to be included in the crisis stage and recovery of their unwell loved ones.

He Ara Oranga reported, “Ample evidence exists that better respite and crisis support options, more forensic step-down services in the community, and earlier access to a broader range of peer, cultural and talk therapies would relieve pressure on inpatient and forensic units, yet growth in these areas has been limited, with little new investment. Pilot initiatives and partially constructed service models have not been properly evaluated, refined and rolled out.”

With our first Wellbeing Budget in 2019, we took a transformative approach to mental health, wellbeing and addiction systems and services in New Zealand. The Ministry of Health now has a stewardship role to transform New Zealand’s mental health and addiction system.

One of our 13 new Budget 2019 mental health, wellbeing and addiction initiatives was ‘[Preventing suicide and supporting people bereaved by suicide](https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives#preventing)’, to which we committed more than $40 million over four years.

Suicide prevention work is being expanded and improved under this initiative, which complements work already under way on the implementation of our new national suicide prevention strategy and action plan. It will include –

* establishing a national suicide bereavement counselling fund providing free counselling for people bereaved by suicide;
* tailored Māori and Pacific suicide prevention initiatives addressing New Zealand's persistently high suicide rates;
* an expanded family and whānau suicide prevention information service;
* more suicide prevention services in district health boards, including increased post-discharge support;
* reviewing the Office of the Coroner’s data sharing service; and
* an improved suicide media response service, supporting responsible discussion about suicide across all media and social media.

Another of our new Budget 2019 mental health, wellbeing and addiction initiatives was ‘[Improving support for people experiencing a mental health crisis](https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives#crisis)’, to which we committed $8 million over four years.

Each year, around 15,000 people come to emergency departments experiencing a mental health crisis or at risk of suicide. This initiative will improve the health workforce’s capability to support these people by funding different needs across regions, including training and upskilling of emergency department staff who respond to people experiencing a crisis, or connecting with peer, community or spiritual support.

1. **Does Labour support the need and value to support the whole whānau; not just the person with mental health and/or addiction issues? Does Labour believe it is better to resource the whānau to be more resilient; and, if so, how would you see this being done?**

See replies to questions 12 and 14.

**Miscellaneous**

1. **What will Labour do to address the mental wellbeing, mental health and addiction issues of Asian New Zealanders? There are currently very limited culturally specific mental health and addiction services, and not one government policy or strategy to address mental health issues for Asian migrants and refugees.**

See reply to question 6.

1. **There is still stigma and discrimination towards whaiora facing alcohol and other drug (AOD) challenges. This is both systemic and institutionalised, as seen in the disparities of funding between mental health and AOD. What do you think needs to be done to address this stigma and discrimination, and how will the funding imbalance be rectified without ‘taking from Peter to pay Paul’?**

Labour acknowledges the added harm that stigma can cause people struggling with alcohol and other drug (AOD) challenges.

He Ara Oranga reported, “People wanted New Zealand to adopt a mature drug policy, with addiction treated as a health issue not a criminal justice issue. The threat of criminal sanctions was said to be ineffective in reducing drug use and a barrier to seeking help, especially for families enmeshed in the subculture of illegal drug manufacture and supply. People called for addiction to be destigmatised and recognised as a maladaptive response to stress, anxiety and trauma.”

With our first Wellbeing Budget in 2019, we took a transformative approach to mental health, wellbeing and addiction systems and services in New Zealand. The Ministry of Health now has a stewardship role to transform New Zealand’s mental health and addiction system.

Two of our 13 new Budget 2019 mental health, wellbeing and addiction initiatives were: ‘[Enhancing primary addiction responses](https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives#addictionresponses)’, to which we committed $14 million over four years; and ‘[Enhancing specialist alcohol and other drug services](https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives#alcohol)’, to which we committed $42 million over four years.

Primary health services to help people experiencing AOD challenges have been underfunded for some time or, in some cases, do not even exist. The first initiative will expand the range of support available to approximately 5,000 people each year with mild to moderate AOD addiction issues, including short-term interventions, counselling or group therapy.

The second initiative will lift the quality of residential care, detoxification and aftercare support for over 2,000 people who use specialist AOD services each year, and ensure these services are sustainable. District health boards will receive funding to help alleviate cost pressures in AOD residential care and detoxification services, and other funding will enable the Ministry of Health and the Department of Corrections to fund AOD residential services more adequately.

Labour knows we cannot break down the stigma associated with AOD challenges overnight. It will take a collective effort over time. However, breaking down this stigma requires us to treat addiction as a health issue rather than a criminal one.

That is why this term the Government [made changes to the Misuse of Drugs Act](https://www.health.govt.nz/our-work/mental-health-and-addictions/alcohol-and-other-drug-policy/changes-misuse-drugs-act), affirming the existing Police discretion which specifies that when determining whether a prosecution is required in the public interest for personal drug possession and use, consideration should be given to whether a health approach is more beneficial.

These changes emphasise our health-based approach to personal drug use, and reinforce the focus of Police on the people who profit from drug dealing.

1. **When will a full evaluation of Mana Ake be conducted? Yes, it is promising. Having been with a provider of the service, it’s very important that it works closely with iwi and social services, etc. – not just ‘health’ focussed.**

The Ministry of Health has yet to conduct a full evaluation of Mana Ake. However, there have been other evaluations of its implementation and impact. For example, last year the Canterbury Clinical Network published the booklet, ‘, [Mana Ake – Stronger for Tomorrow: A year in review](http://ccn.health.nz/Portals/18/Documents/Mana%20Ake%20SLA/Mana%20Ake%20-%20a%20year%20in%20review%20sml.pdf?timestamp=1558647377852)’; and this year the Impact Lab published ‘[Mana Ake: Impact Lab GoodMeasure Report](http://www.sjog.org.nz/-/media/files/nz/mana-aka-impact-lab-report-fa-1008-print.pdf?la=en&hash=86E675C6AC28048FA126EA720C9A2E8321162BFE)’.

Both suggested Mana Ake had improved the mental health and wellbeing of Canterbury school children, staff, families and wider communities, with the latter estimating that every dollar invested in the programme returned more than thirteen dollars’ worth of good for New Zealand – an impressive return on investment.

1. **We continue to throw more money at the same old unoriginal approaches that have proven to be ineffective for decades? Does Labour have mental health technology (not just consumer apps) as a central part of its mental health policy? What is Labour going to do that is paradigm-changing? We simply can’t keep doing more of the same.**

Labour acknowledges the role of new technology in transforming mental health and addiction services.

He Ara Oranga reported, “The potential of emerging digital technologies (for example, e-coaching, e-screening, e-therapy, e-navigation and other e-mental health programmes) is yet to be fully realised, despite a growing body of evidence suggesting their effectiveness. [We have been] advised that, in an environment where funding is tight but with massive unmet need, e-mental health presents a potentially major and cost-effective tool. If effectively delivered, e-mental health can help people before their mental health needs escalate, improve the reach and accessibility of mental health supports and services (particularly in rural or isolated areas), and alleviate pressures in workforce capacity.”

With our first Wellbeing Budget in 2019, we took a transformative approach to mental health, wellbeing and addiction systems and services in New Zealand. The Ministry of Health now has a stewardship role to transform New Zealand’s mental health and addiction system.

One of our 13 new Budget 2019 mental health, wellbeing and addiction initiatives was ‘[Expanding telehealth and digital supports for mental wellbeing](https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives#telehealth)’, to which we committed more than $20 million over four years. That will mean more free mental health and addiction support available over the phone and online, and the Ministry will explore the potential of emerging digital technologies further as part of this.

1. **Respite is a word that appears to be ignored or devalued. Can we not have acute mental health facilities with an attached respite cottage or two, to ensure a preventative step is taken before crisis hits and another inpatient bed is required?**

Labour will increase the number of respite beds to support maternal mental health. We agree with a non-governmental organisation quoted in He Ara Oranga that, “Maternal mental health is a major public health issue, not just because of the adverse impact on the mother, but also because mental health issues have been shown to compromise the health, emotional, cognitive and physical development of the child with serious long-term consequences.”

Respite beds provide a safe, home-like environment for mothers to receive post-natal mental health support. It prioritises supporting mothers to stay with their babies, and can include home visits if additional support is needed. There are currently around 25 beds around the country. Labour will invest $1.6 million for an additional 12 beds. Labour will also undertake a stocktake of maternal mental health services around the country to develop a national pathway for access that is consistent wherever you are in New Zealand.

1. **What role does telehealth play in mental health support? Is there room for progression and how would that look?**

Telehealth and digital services such as 1737 reduce the financial, physical, geographic and psychological barriers of accessing mental health support, particularly for people living in rural or isolated areas, and those living with disability. They also allow people to access support outside of regular working hours when usual supports such as counsellors might not be available.

In Budget 2019, the Government committed to [expanding free mental health and addiction support available over the phone and online](https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives#telehealth), as recommended in He Ara Oranga. We invested $20.8 million over four years in the initiative.

Telehealth and digital services were critical during the COVID-19 lockdown, allowing members of the public to seek medical advice using Healthline, and doctors and nurses to carry out some consultations over the phone or online.

In March, [the Government acknowledged the value of these services](https://www.beehive.govt.nz/release/backing-our-health-services-combat-covid-19) by investing $20 million in increasing Healthline capacity, and a further $20 million in improving video conferencing and telehealth consultations in general practice.

Healthline continues to be an important source of medical advice for New Zealanders during the COVID-19 pandemic, and many general practices have continued video conferencing and telehealth consultations where appropriate; for efficiency, convenience and/or safety.

1. **What is Labour’s position on Louise Upston’s** [**Rights for Victims of Insane Offenders Bill**](https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL_86509/rights-for-victims-of-insane-offenders-bill)**, and the** [**Petition of Wendy Hamer for Victims’ Rights When Offender Found Insane**](https://www.parliament.nz/en/pb/petitions/document/PET_81158/petition-of-wendy-hamer-wendy-s-petition-victims-rights)**?**

Labour supported the Rights for Victims of Insane Offenders Bill at first reading. We felt it reflected Labour values; promoting justice, accountability and transparency, while respecting survivors of crime and their communities.

We have some reservations about aspects of the bill that assign victims power to dictate conditions of the offender's confinement and release. We look forward to the opportunity to collaborate with members of other parties and perhaps refine the bill in the select committee stage.

For more detail, debate notes for first reading of the Rights for Victims of Insane Offenders Bill can be found on the Research Hub [here](https://research.labour.org.nz/note/441).