

MENTAL HEALTH AND ADDICTION FORUM TRANSCRIPT

Opening Addresses

Chris Bailie - ACT

- Provision of Mental Health is a priority for the ACT party.
- The Deputy Leader Brooke van Velden launched our policy platform for Mental Health alongside economic policy.
- We see it as a policy because 1 in 5 New Zealanders faces mental health challenges in any given year, as many as 4 in 5 throughout their lifetime.
- It is going to get worse because of COVID
- There is going to be more economic and social strain on people and communities
- Young people are struggling under the pressures that they face
- Although attitudes have shifted in the past few years, there is still a lot that must change -- our youth suicide rate is one of our darkest statistics.
- Some people describe the current system as difficult to navigate, full of postcode lotteries and with issues for Māori, with a lack of choice in services and resources to meet individual and community needs.
- NGOs voice their concerns about a lack of a level playing field and a lack of a genuine partnership when it comes to DHBs, favouring their own provision of services over other community providers
- Part of the problem comes from inconsistency of services across the DHBs
- ACT wants to put people in the heart of mental health and addiction care, and put it on the same standard of other health care services
- ACT would establish one standalone, nationwide mental health Mental Health and Addiction Service. This would be allocated the budget currently spent through the Ministry of Health and DHBs on mental health care and would channel it to providers of care and patients through an updated system.
- It would function as a Commissioning Agency that would assess individual needs and provide the best providers for a person's care
- It would liaise with Primary Health Care and education providers as they are often the gateway through which people initially seek help.
- There would be one central interface throughout New Zealand, reducing bureaucracy and administrative burden, constantly reviewing which services are working and for whom

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- For example, a person would be able to choose any registered provider for their immediate care, giving autonomy for the person reaching out for help, or they could be referred to a specific provider if they lacked that capacity
- ACTs vision is a NZ where people with a wide range of needs in Mental Health can approach a wide range of services registered with mental health and addiction through a simple and easy to navigate system.

Chlöe Swarbrick - The Greens

- Has served on the Cross-Party Group for Mental Health and Addiction
- One of the key reasons that she holds this portfolio for the Greens is lived experience of mental distress, especially depression
- Has travelled around the country, spoken to a number of people, especially younger people in regions and urban centres
- The things she has heard have reflected what has come out of He Ara Oranga -- the Mental Health and Addiction Inquiry
- You can have a biological predisposition to particular manifestations of mental ill-health, but the environment can exacerbate or mitigate the manifestation of that mental ill-health.
- For the Greens it is about recognising the importance of those services, particularly that they are culturally appropriate, adequately funded, but also that we are not just looking at the ambulance at the bottom of the cliff, it is important to improve people's lives from the get-go.
- There are major environmental, economic, social, criminal justice etc which feed into the pandemic of mental ill-health.
- "Suicide prevention is providing people with warm, dry homes...raising income... making sure that children get to stay at school and get a good education, keeping whānau together"
- The Greens have been involved in re-establishing a Mental Health Commission, and the funding that has been brought together, at one point \$9B.

Louisa Wall - Labour

- Have prioritised Mental Health and Addiction with coalition partners
- Set the He Ara Oranga inquiry that led to a comprehensive report
- There were 40 recommendations, and the Government accepted 38 of them. Of the two that were rejected, one of them was already highlighted in Zero Suicide Aotearoa strategy



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- We believe that all suicides are preventable
- Included in the schedule of the legislation a focus on marginalised communities (Māori, Pasifika, refugees, migrants, rainbow communities and those with disabilities, young people, especially those in care of the state, older people, veterans, rural communities)
- Having chaired the Health Select Committee, changed the law around criminality of addiction, as they want to treat people with addiction issues as a health issue. The legislation went through in August 2019 but by November 2019 offences had gone down 30% and a corresponding number were referred to Mental Health Services.
- It is the intention to keep moving in that direction, to treat addiction as a mental health issue rather than a criminal justice issue and to roll out the He Ara Oranga recommendations.

Matt Doocey - National

- Recently travelled to the south of the South Island to a town called Lumsden speaking at an event by AgProud attended by farmers that talked about Mental Health -- this would have been unlikely to have happened 10 years ago
- From experience, people want politicians to work together -- although there are many things to argue about in politics, but mental health is not one of them.
- Would like to work in a bipartisan way to create longer-term solutions than the three-year Parliamentary cycles.

Mariameno Kapa-Kingi - Māori Party

- Worked in the team in Te Tai Tokerau when there was a spike in suicides
- Worked in the space for more than 44 years
- Māori health is more than just a subject, it is something she does everyday, supporting five whānau
- Māori health legislation is all about whānau, hapū and iwi
- Suicide is a genuine problem in Te Tai Tokerau, especially in the wake of Covid
- We launched Māori Health policy, our own approach to it -- "Oranga Whenua, Oranga Tangata"
- We do not divide it up into issues of addictions or diagnoses -- the wellness of our people is related to the wellness of our whenua
- Everything aligns with our Whānau First policy, our mātauranga education policy and Te Reo policy, which make Māori sense and are interconnected
- We would establish a Māori Health Funding Authority, where Māori would be in control of health spend for Māori, \$5B which is 20% of the 2019/2020 budget

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- Under the current Pākehā failings which do not work in a Māori context, so we are ready to design and develop for ourselves
- In some communities, the Covid response was Māori led and worked very well, didn't wait for any agencies, so it shows that we are not waiting for any other systems, "we need it to get out of our way"
- We would also Implement a Māori Health Card to be able to have control over culturally appropriate health care
- We should not just talk about mental health and addiction, everything is connected so we must talk about things like deculturation
- Ultimately one of the main reasons that young Māori people make these "saddest and most terrible decisions" is that the system does not understand them.
- Setting up a Kaupapa Māori Mental Health system, -- 500m p/a to that, just a straight transfer over into Māori hands
- Drop Maori cancer screening by 10 years

Question 1.

Mental wellbeing is widely recognised as something that is not just solved by addressing mental illness and distress, so what will your party do to address the co-existing problems that people have alongside mental health and addiction challenges -- this may include the relationship between poor physical health, or dental health, lower rates of employment.

Matt Doocey - National

- In the time of Covid, we can see the connection between a strong economy, lowering unemployment, and increasing incomes on mental health
- If a big part of mental health is the ability to handle stress, we need to build that resilience within the community
- In the Epidemic Response Committee, Peter Gluckman said that 10% of those that lose their jobs etc. develop PTSD
- We should be working to treat mental illness, but in a parallel workstream should be focusing on building mental wellbeing
- Move larger than the DHB structures to resource people who are at the grassroots (e.g. what are the on-the-ground rural services?) that we can fund to offer that lifesaving work, but also mental resilience and wellbeing work

Louisa Wall - Labour



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- Will focus on two areas, the first of which is homelessness. The correlation between people with mental health challenges and homelessness is high, so we've prioritised that through the budget, with nearly a \$200m allocation
- Secondly, HIP (Health Improvement Practitioners) and Health Coaches, new positions rolled out through a pilot in Auckland in 2017, which are currently in 54 practices across 11 DHBs
- The goal is to be in 100 practices by July 2021
- They provide immediate support, and GP practices will have the resource available so people can be referred to them.
- Can add value to those positions by broadening and including economic wellbeing, as people with mental health and addiction challenges are often unemployed. They are often also marginalised because of stigma around mental health and addiction challenges.
- Prioritise rolling out the Mana Akea program to assist traumatised children (started with the Christchurch and Kaikoura). It could be rolled out nationally based on the evidence that it works -- it is something that the Cross-Party group can highlight and work on together if it's proven to be effective.

Chlöe Swarbrick - The Greens

- We would like to emphasise our Poverty Action Plan - we can end homelessness and poverty. The top 6% of people would pay more in taxes.
- There is an opportunity to raise the floor so no New Zealander would earn less than \$325/week, noting that the current core benefit levels are \$250/week
- There is a general problem of people having to do a great deal of work to retain poverty (the work to retain a benefit etc).
- It's about removing barriers to make sure that everyone can live with dignity, to have autonomy over their lives, and to give them the opportunity to have choices
- Choice is a construction of the environment
- Mental ill health and addiction are largely driven by factors such as trauma, poverty etc.
- We want to enable people to be part of their community
- Make sure that people have stability, so aren't in transient in homes, have stable jobs, kids remain in a full school term, to form that sense of belonging
- Eradicating poverty is a key factor

Mariameno Kapa-Kingi - Māori Party



- The question is posed in a Western framework and science
- “Everything is intrinsically and forever connected”
- “Applying a Western science fails us”
- The health system doesn’t get Māori
- Whanau and Hapū are the best source of health and wellness for Māori but the health system continues to look for new programs (often from overseas), or bring outsiders in (often from overseas) that Māori have to fit themselves into.
- The party’s position is that a Māori “analysis, paradigm and solution” must be understood, rather than a “90% Pakeha, 10% Māori solution”.
- Anytime a monocultural provider brings in an advisor, that is problematic.
- When Māori go to the GP, they carry the mental load, they need to interpret and do more work so that the doctor understands who we are at a wairua and tinana level
- The above points are not well understood and constitute racism

Chris Bailie - ACT

- ACT’s charter school policy would fit very well into helping at-risk students
- Schools are set up to help students who struggle in school and have issues at home

Question 2

From Changing Minds: “Looking forward to hearing from the candidates how they are going to forward the people at the centre recommendation of He Ara Oranga and ensure the Peer and Lived Experience workforce is prioritised?”

Louisa Wall - Labour

- Their involvement in providing those services are vital.
- I used to work for what was originally Rakau Ora Trust which became Pathways, where I had 12 residents that I interacted with
- The philosophy was that the residents always knew what was best for them, they have the solutions
- What they have been trying to do for a long time is destigmatisation. It has been evolving from the 90’s where institutions were closed down to housing people in the community to it being normal for people during their lives to experience trauma that manifests as anxiety, or may go through depression and need to be supported



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- The voice of people who have gone through those forms of trauma, is becoming more critical that they are involved in the sector, though they are currently engaged in the NGO sector in a small way
- We are currently not valuing the contribution of those with lived experiences enough, as we don't see their expertise as clinical expertise
- Going forward a lot of these initiatives will not work if they are not run in the community by the community, by Māori, by Pasifika, by the construction industry, the ethnic and migrant communities
- The legislation wants to give voice to these communities that want to look after their own
- We don't have the solutions, but our providers do and our whānau do, as they have the trust and relationships of the organisations to help the whānau through whatever trauma they're going through, and will be the people who are there with them afterward.
- We can't do the work of transforming the whole sector unless we forget about prescriptive interventions and don't just hand resources to whanau who provide us with the solutions that they believe will work for their communities

Chlöe Swarbrick - The Greens

- We want to change the way that the Ministry of Health and DHBs look at success as a mode
- For example, discussions around the Te Ara Oranga program in Northland with the relationship between DHB and police to effectively decriminalise methamphetamine
- It has been such a struggle to get more money to because the Ministry of Justice and the Ministry of Health don't currently recognise it as successful -- plausibly because outcomes are following people throughout their entire journey so it's not immediately the same Western prescription model of saying 'we've serviced this many people and then discharged them from the system'
- Also, making sure that contracts have greater certainty
- Many Mental Health Services across New Zealand who had been told by their DHBs and the Ministry of Health health that whilst the Mental Health and Addiction Enquiry was underway their contracts would not be renewed, which is helpful for services that take a great deal of time to establish themselves in the middle of a mental health crisis
- It is not helpful having to employ people for the necessity of constantly having to fundraise or applying for govt grants, rather than servicing the community

Matt Doocey - National

- It is shocking the low number of patients or service users who are actively involved in their care planning, or actively attending their care planning
- That shows that there is some way of addressing the issue of making sure that the medical staff or others, that when we work with people, it's less of doing something to them and but getting alongside them and working with them, getting them involved and taking some responsibility in their care
- One of the strongest points with lived experience and peer to peer, is that it is possible to get alongside people a lot earlier, so it's not just the ambulance at the bottom of the cliff
- Structurally, we need to have a joined up, integrated and seamless services in every region of New Zealand. For example early intervention, mild to moderate etc. Each step along the continuum there should be some peer support service that people can get engage with.

Question 3

From Kelly Feng from Asian Family Services: "What is your opinion on the community dependency on pokie funding which takes from the most poor and vulnerable communities in New Zealand?"

Chris Bailie - ACT

- Not only just the pokie machines, it is also the proliferation of bottle shops
- There should be much more regulation as to where they are placed

Mariameno Kapa-Kingi - Māori Party

- It's been a long-standing issue because you're robbing from the poor
- But it is a problem because the funding may be so significant that you have to compromise
- Either regulate it or just get rid of it
- We can be more responsible and proactive

Chlöe Swarbrick - The Greens



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- Has been working to disentangle funding from pokies to community outreach
- You end up with an overreliance on that funding which justifies the provision of more pokie machines, leading to a more and more harmful environment
- With all things it is about striking the right balance with regards to regulation

Mariameno Kapa-Kingi - Māori Party

- NGOs don't have sufficient money funding from the Government to fund their business or to meet the needs of their clients.
- It is a question of how much the Government should provide -- what is appropriate funding amounts from the wider New Zealand society and directly from the Government?

Matt Doocey - National

- Like all things some people can undertake a behaviour recreationally, but in some people it can form an addiction
- There needs to be some responsibility on the facility that has the machines as well to put protocols in place to identify those people
- Some community groups can choose not to take pokie funding, and there has been more of that.
- There needs to be a parity of addiction based services across the country. Some regions seem to do really well with this, but it is a postcode lottery.
- How can you have some more centralised focus to ensure that there is a standardised access?

Question 4

"I appreciate your comments about the Western perspective on mental health being unhelpful for Māori, and it makes me wonder if it is the same for people of other cultures within NZ, do you think that Māori-led services could at some point be brought in to receive referrals for tou iwi if they were interested in this, or do you think it should be limited to Māori only?"

Mariameno Kapa-Kingi - Māori Party



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- First and foremost we are considering Māori, but what works for Māori could work for others -- an example is Whānau Ora, a commissioning model that works for Māori that is set and designed and functions that is working really well, but there's nothing stopping anyone from accessing it either, so there's already that opportunity there
- Western models are destructive to Māori, it deploys deculturation. When you have a system that ignores and diminishes Maori being, it is part of why we need to put our policies together that say "we won't put up with this any longer"
- We want an independent health authority, an independent funding authority and we want an independent Māori mental health kaupapa.
- If addiction is the poor cousin to mental health, then Maori mental health is the poorest of cousins to any of it

Question 5:

"Chris, how would you propose to make sure that ACT would make Mental Health and Addiction Services available for all groups for people in New Zealand, for example people with disabilities, people who are older, migrants, people with learning disabilities, the Deaf community, the rural community, how do you ensure all those groups are catered for?"

Chris Bailie - ACT

- Our policy MHANZ (Mental Health and Addiction New Zealand) would integrate all of the agencies and distribute those to where they're needed, and that would include whatever and wherever the need arises.
- Any agency would go on the list of agencies that the individual could be referred to. For example, CAMHS is currently for children, but a better agency could come on board.

Mariameno Kapa-Kingi - Māori Party

- No **Te Paika** agency will do best for Māori -- we only tolerate what we get now, we have to bear. It wouldn't make sense to us, it wouldn't fit with what we're trying to go for, it's much of the same even with best intentions.

Chris Bailie - ACT



- Māori agencies would be on the list, and they would be run by Māori

Louisa Wall - Labour

- Has a meeting with “*Mates in Construction*” -- there was a news item about the suicidality of men in the construction sector and this initiative has been put forward by the industry itself
- The solution isn't going to be driven by a motivation from Government to provide the answers, it has to be driven by the communities
- What we need is a responsive Government with responsive funding entities that add value to the motivation from within the communities to find the solutions for themselves. For example the construction industry -- they have champions from their worksites men who have lived experience.
- Māori have a different position, they are treaty partners, they should always have the right to determine for themselves the provision of services
- But this applies right across the board -- there are issues in the Asian community, and the people who are in a position to offer solutions to this is the Asian community itself
- How do we support the capacity within that community to have people who are trained enough, to have a base of those who have experienced mental health and addiction issues, because they might not have the clinical expertise, but should base the development around them, as this is one of the best ways to deliver service on the ground, rather than institutionally.
- He Ara Oranga is the blueprint for moving forward

Matt Doocey - National

- Agree with Louisa about the idea that no government can respond to this or should be totally responsible or accountable -- this is a whole New Zealand issue and everyone needs to step up and play their part.
- What would work for young Māori in South Auckland is different from what will work for farmers in Lumsden
- It is incumbent on any government from a more central level, what is the agreed network of services along the continuum (mild, mild-to-moderate, severe) in every region
- There is a role for the Mental Health and Wellbeing Commission to be reviewing or auditing each region to see where the gaps are



- There needs to be a variety of services -- for young people, for
- The health system needs to be managed better at a level where someone is taking responsibility and accountability.

Question 5

Fiona Trevallian: "One of the biggest issues that we in the Mental Health and Addiction sector have is workforce, what strategies would your parties introduce to address this issue and increase the workforce?"

Chlöe Swarbrick - The Greens

- For the pipeline of workers one of the key things is workforce planning -- something that was beginning to happen during the tenure of David Clarke, am interested to see where that will be picked up by the new Minister of Health
- The stop-gap now for mild-to-moderate and where we can urgently get more people on the ground is through peer support -- seen this with the efficacy of the Piki pilot program getting people with lived experience who have training (between 6 to 8 weeks) and are paid a living wage to support those who are experiencing mild-to-moderate symptoms
- There are different levels of challenges particularly in those regional communities or those who are diverse or different within those communities, for example rainbow support within the rural communities. There is value in stepping away from the Western prescriptive, medicalised model of mental ill health and addiction and instead engage in a more tikanga Māori lens, which would do better to service people across New Zealand
- Young people in advocacy for greater mental health services are experiencing pushback -- for example Zoe Palmer was campaigning for the retention of CAMHS in Nelson -- the DHB was interested in cutting it and putting young people into the mental services.
- Received letters and comments from officials and elected positions, that she shouldn't speak about lived experiences because she was putting her future at risk
- How can we have this dissonance where people are asked to reach out but then simultaneously condemn them for doing so?

Question 6



Darryl -- *“I would like to ask about the Simpson report -- Heather Simpson indicated that there needed to be significant structural change to the health system to resolve the issues needing to be addressed. Can each panelist comment on what major structural health systems they will implement if in Government and how these changes will impact the mental health and addiction sector”*

Matt Doocey - National

- Do we need 20 DHBs -- the report talked about reducing to 8-10
- We have urged the government to say which DHBs will be merged
- Will be announcing Mental Health Policy next week
- There will be a policy of needing a more centralised view so every region provides a joined up, integrated level of care, specifically in mental health and addictions
- There would be a removal of the postcode lottery across regions in New Zealand

Louisa Wall - Labour

- The report did mention the reduction of DHBs but also it did suggest the creation of a Māori Health Authority, but between the Ministry of Health and the Māori Health Authority, was the development of a Commissioning Agency.
- There has been a lot of talk about there being a parallel -- a Ministry of Health, a Commissioning Agency which is generic, and then a Māori Health Authority and Māori Health Commissioning Agency to ensure that we have services that are fit for purpose in terms of kaupapa Māori
- Reducing the numbers is about efficiency in the systems and having a more coordinated and targeted approach
- However, they will become big entities and people want to be reassured that there will be services where they live -- if you have these big entities, where will they be centralised.
- Ideally it would be the community that would provide services, as people should be able to access services where they live -- through work etc.

Mariameno Kapa-Kingi - Māori Party

- The value of calling a report Te Ara Oranga, may as well have called it Whānau Ora
- When we use our own wording or our own concepts, it's a big deal, we're owning the whole space



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- It was suggested that the report didn't have any teeth in it -- what we are proposing is that we're the teeth for our kaupapa which is Māori health designed, delivered and evaluated and enjoyed by Māori for Māori
- In 2012 a group of young people designed and came up with their own suicide prevention -- RAID, so I got out of their way and they provided a cultural imperative to and the clinical focus was less
- Thus we need to do the same now -- hand over the reigns to Maori and give them the appropriate resources

Question 7

"Chris, what is your plan to implement He Ara Oranga recommendations beyond simply more funding for treatment and services?"

Chris Bailie - ACT

- We don't believe that our model needs more funding, it just needs directing in the right way --A centralised agency that knows where each agency is
- We would do it with the available funding that goes to the DHBs

Matt Doocey - National

- Our social investment approach -- it is clear that you need to do things earlier and up front. We do need to treat mental illness, but in a parallel workstream we need to be promoting mental wellbeing and resilience and building that capacity in our people
- We need to pivot -- an example is the "it's all right" campaign after the earthquakes, and having an interactive social media campaign that drives people to social resources, ehealth, etools etc.
- If we can get that right, at the grassroots, then we are building capacity for the future as well
- It is also driven by young people -- young people now have the vocabulary to talk about mental health, facing stigma and are open to talk about it.
- Need to ensure that they are given the skills and coping mechanisms to go forward
- We need to put programs in schools, putting resources at the front lines

Chlöe Swarbrick - The Greens



- In He Ara Oranga, you don't just have recommendations for greater funding, you also have a lot of recommendations around measurement, and around legal changes, including to the Mental Health Act, but also the Misuse of Drugs Act
- Although we have all acknowledged the lower status of addiction to mental health and the stigma, there has been little in the way of action or rhetoric to a harm minimisation health-based approach to treating cannabis as a health issue rather than a criminal issue
- The attempt to repeal and replace the Misuse of Drugs Act is reflected as a recommendation in He Ara Oranga, but also in **Te Riki Te Riki**, the criminal justice review, and that recommended going a step further.
- Hopefully these reports don't just sit on the shelf but are used as a basis for legal change

Question 8

"I want to know what Labour will do if elected to ensure more mental health and addiction services are delivered in the community instead of in hospital settings"

Louisa Wall - Labour

- The Addiction 101 and MH101 programs -- aspiration for another 8,000 places over the next 4 years. These are delivered in places like clubs, sports organisations, so we are better able to support people going through mental health challenges
- Petition from Lucy Sweeny to treat mental health resilience like we do P.E. -- P.E. is compulsory, so why aren't young people given similar tools to navigate life. Recommendation that the Ministries of Health and Education work together to create a curriculum to ensure that mental health issues are more generally spoken about, to teach people to not only deal with their own mental health difficulties but also support their peers.
- Creating a transparent environment where people can be vulnerable

Question 9

Helen Lockett -- *"The Simpson review of the Health and Disability System highlights that compared to other OECD countries, New Zealand has an above average life expectancy at 82 years, but we know many New Zealanders do not enjoy this longevity of life especially those with lived experience of mental health and addiction issues, many of whom who will die before they turn 65. Preventable and treatable physical illnesses account for the majority of*



this premature mortality. What steps will your party take to achieve physical health equity for people living with mental health and addiction issues?"

Mariameno Kapa-Kingi - Māori Party

- In a Māori context, physical and mental health are the same
- Both are part of what we have built into our health policy and our Whānau First policy
- Wellness for Māori is tied up in whānau and whakapapa
- For example during COVID -- 22 different hapū groups had their own pandemic plan
- No individual Māori is on their own, they are part of a greater group -- that's our model

Matt Doocey - National

- Firstly, understanding the driver of those physical and health issues in the community of people with mental health issues
- We can learn from the Whānau Ora model, it's about how we are wrapping around services with that population
- One policy announced is that National would put a social worker in each General Practice, thus connecting with the wrap-around care, whether that be better housing, nutrition or other associated issues
- Secondly, the barrier to engaging services -- the Health Select Committee showed that many in the mental health community were not engaging with their GP to get their flu vaccination, so the question was can we allow pharmacists to deliver that flu vaccination.
- Making sure the services are more assertive outreach, more responsive

Closing Statements

Chlöe Swarbrick - The Greens

- There seems to be a high level of consensus, however this is on a rhetoric basis
- The takeaway message is that we can't let these ideas remain platitudes, as we have a lot of work to do in front of us
- It's an issue to engage in the controversial issues as well, especially on the really hard issues in the alcohol, pokies and alcohol space.



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- Very happy with the forum, and the report that Platform put out, though it is hoped that it will lead to future work

Mariameno Kapa-Kingi - Māori Party

- We are Māori-focused, the members of the party, the whānau that support us, and the people that back us
- We don't answer to any opinion except a Māori one
- We're not tinkering on the edges anymore for what will make the difference for Māori, we are the difference-makers, so our steps are going to be big and bold

Matt Doocoy - National

- Thanks to everyone for putting this on and my Parliamentary colleagues
- Excited and optimistic for mental health and wellbeing in New Zealand
- Most New Zealanders now know that we need to look after mental health as much as physical health
- Incumbent on us to give people the enablers to take control
- I'm the National Party's first stand-alone mental health spokesperson -- next week hopefully will announce first mental health standalone policy
- National is very keen to better manage the mental health system
- We believe that there needs to be more frontline services to respond to the growing demand in New Zealand
- National is keen to better support New Zealanders to manage their own mental health, as people should be able to take back some control
- Equally keen to manage the causes of mental wellbeing at the grassroots, where the most difference can be made

Chris Bailie - ACT

- Mental health has got to come from within, it's self-esteem
- There are a huge number of things that work together to make that happen
- For example, I own a business, it is very tough and we need to be good to businesses, especially during this current time so they can be encouraged to employ people.
- The current system hasn't worked.



Louisa Wall - Labour

- We should all be proud to be in this space and part of this movement that tried to address an issue that affects 1 in 5 New Zealanders every year
- The treaty is incredibly important to the work that we do
- Want to thank the 2000 people who went to the 400 meetings across New Zealand and the over 5000 submissions -- we are all here because of those people who chose to participate in a process that produced a report that led to the beginning of a Health and Wellbeing commission and the beginning of the Cross Party Group, as we now have a framework to build on
- I am here to be an advocate for our sector and on behalf of our whānau who need us to listen to them
- It is time to let communities take charge when the system has not found a solution for
- It's not business as usual moving forward

