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Tēnā koe Mental Health and Wellbeing Commission,

Thank you for the opportunity to submit on the He Ara Āwhina Framework.

Who are we?

Atamira|Platform Trust (Platform) is a peak body representing the mental health and addiction (MH&A) non-governmental organisations (NGOs) and community sector. We represent 81 MH&A NGO and community organisations that provide support to tāngata whaiora (people seeking wellness) including Māori and Pasifika providers, and whānau and peer-led services. Platform has sought input from our members as part of this submission.

In addition, Platform represents a wider network of MH&A NGOs (approximately 240) who share the same aspiration of an MH&A system and sector that is driven by the need for better and more equitable outcomes for all. Collectively across 2020/21, MH&A NGO and community providers have supported over 80,000 tāngata whaiora[1], approximately 42% of all people accessing specialist support for their mental health or addiction in Aotearoa (1).

Introduction

We are supportive of the intention of the He Ara Āwhina Framework - 'the framework'. The framework aligns with Platform members' hopes for a mental health and addiction system where all tāngata whaiora and whānau can navigate distress and lead their own recovery and wellbeing.

We welcome the inclusion of indicators within the framework that look at the wider system that we live in and are not solely focused on the mental health and addiction sector. We support the inclusion of social, economic, and environmental determinants, and wider factors that affect wellbeing, such as examining the impacts of the justice system.

Whilst acknowledging the wider environment that we live in and its impacts on our mental health, addiction, and wellbeing, we also want to outline the importance of having indicators that measure the performance and provision of mental health and addiction services. Both types of indicators are valuable and should be looked at in parallel and on equivalent levels.

We do recommend that you define the term 'mental health and addiction system'. This is to ensure with clarity that this refers to both the mental health and addiction sector and services,

[1]Data from Programme for the Integration of Mental Health Data (PRIMHD) data set, sourced 27/03/22.

and to wider determinants that sit outside of the health system but have an influence on mental health, addiction, and wellbeing.

Does He Ara Āwhina reflect your hopes for a mental health and addiction system?

We support the more holistic framework that is whānau-centric, community-focused, reflects the different ways people experience support, examines social determinants and the wider system that we live in, and upholds equity. We endorse the overall strengths-based approach that the framework takes.

Equity

We endorse the Te Ao Māori Perspective and the grounding of the entire framework in fulfilling Te Tiriti o Waitangi obligations, ensuring equity for Māori alongside equity for tāngata whaiora. We endorse the application of intersectionality. We support the inclusion of increasing workforce diversity. We endorse te ao Māori being embedded in services.

We recommend three further distinct inclusions for indicators under the shared perspective: equity. Firstly, the inclusion of ensuring better physical health for tāngata whaiora, based on evidence outlining the inequities in physical health mortality and co-morbidities (2,3). We also recommend the inclusion of employment-related and educational support for tāngata whaiora, such as the evidence-based integrated Individual Placement Support (IPS) (4). Finally, the inclusion of tāngata whaiora having access to adequate incomes (as outlined as a serious concern in Whakamana Tāngata (5)), to ensure meaningful participation within mental health and addiction services and wider communities.

The value of lived experience

We endorse the inclusion of the value of lived experience leadership, co-design, and co-production.

Access and choice

We endorse the increase in access to community and home-based support. We support the right for tāngata whaiora to have meaningful choices in terms of accessing support and services. We endorse the specific inclusion of greater access to the navigator and peer-support workforce.

We recommend the inclusion of timely access to services and support for tāngata whaiora. We recommend the inclusion of an increase in community-based respite and acute services. We recommend the inclusion of having a culturally capable workforce. We recommend the inclusion of ensuring tāngata whaiora can access services and participate through economic means, for example through advocating for a more equitable social security system (5).

Safety and rights

We endorse the inclusion of a mental health and addiction system that understands cultural, spiritual, relational, and physical safety, and human rights. We endorse the elimination of solitary confinement and coercive practices. We support the inclusion of measuring safety for the mental health and addiction workforce.

We recommend that measuring safety for the workforce includes an explicit reference to ensuring safe staffing levels. We also suggest that Te Tiriti recognition should be relevant and included in all mental health, addiction, and wellbeing legislation, such as the in the current guidelines of the Mental Health (Compulsory Assessment and Treament) Act (6).

Joined-up care

We endorse the inclusion of more effective connected care for tāngata whaiora and whānau, with joined-up support across health, social, and justice system sectors.

We recommend the inclusion of education across all of these sectors.

Self-determination and rangatiratanga

We endorse the inclusion of self-defined wellbeing and recovery. We endorse rangatiratanga being embraced within services.

Is He Ara Āwhina missing anything that is important to you?

Aside from the specific inclusions mentioned above, we have comments about the following items:

1. Language

Some of the language and definitions used within the framework are inconsistent.

For example, the statement - Strategies are led by those of us with experience of gambling harm, alcohol harm, and harm from other drugs to eliminate the prejudice, self-stigma and discrimination we experience - is selective, and excludes mental health and mental distress. We recommend defining 'lived experience' to ensure all tāngata whaiora are included, and only using exclusionary statements if absolutely neccessary.

The framework uses a few different combinations of 'tāngata whaiora', 'whānau', 'tāngata whaiora and whānau', 'we', 'us' and 'our'. We recommend consistent framing to ensure coherence and legibility. We also recommend defining the term 'whānau dynamic'.

2. Data and evidence

The current scope of the framework is very high level and conceptual.

Whilst we acknowledge that the technical data phase will be completed next, at this point in the framework drafting phase it would be helpful to be able to see draft measures showing how the indicators will be measured and monitored. What data and evidence are currently available

within our infrastructure, and what is not? Further to this, the indicators as presented will have a qualitative context, which will require systems to be put in place to gather supporting data and information.

Without having draft measures alongside the indicators, it is hard to conceptualise how the framework will be used for advocacy in improving monitoring and data collection. The MHWC needs to know where the data gaps are to be able to advocate effectively for improvements within mental health and addiction services and wider social systems. Whilst the definition of mental health, addiction, and wellbeing has changed to be more holistic, whānau-centric, and focused on wider social determinants, the ability to measure this within our infrastructure, has not.

We also observe that the level of need in communities generally drives the demand for mental health and addiction services. We note that Te Rau Hinengaro: The New Zealand Mental Health Survey, was carried out 18 years ago in 2003/04. This survey collected information on the prevalence of mental health and addiction with the community, and the impact for adults in New Zealand (7).

Information, data, and evidence about the mental health, addiction, and wellbeing needs of the community is critical in knowing who needs services, the kind of services needed, and the impact of services on wellbeing. It is crucial for helping to inform future indicators and measures. We recommend that an updated New Zealand Mental Health Survey is carried out with some urgency, so that we have data and evidence on the level of need to inform future indicators and measures.

3. Diversity

Priority populations that experience worse mental health and addiction outcomes are not reflected within the framework.

He Ara Oranga (8) was the response to the Government Inquiry into mental health and addiction completed in 2018. The Inquiry identified priority groups in relation to those who have poorer outcomes within mental health and addiction. These groups are Māori, Pacific peoples, refugees and migrants, rainbow communities, rural communities, disabled people, veterans, prisoners, young people, older people, children experiencing adverse childhood events, and children in State care.

We recommend that all priority groups are reflected or included in the framework. This will ensure at a wider system and service level that we are able to examine whether improvements for them are being made, so they do not continue to be disadvantaged and left behind.

Further to including all disadvantaged priority groups, is ensuring the cultural capabilities of the mental health and addiction workforce, and better commissioning pathways for services who work with priority groups. Is there enough included around increasing the cultural responsiveness and diversity of the workforce? This is hard to gauge without measures being included alongside the indicators.

Is there anything else you want us to know?

He Ara Oranga (8) was the response to the Government Inquiry into mental health and addiction, with over 10 months of listening and capturing the voices of tāngata whaiora, their whānau, health providers, community organisations, and other experts. Overall, 5,200 submissions were made.

He Ara Oranga outlines recommendations for a transformed mental health and addiction sector, whilst tackling and addressing wider social determinants that impact people's wellbeing. Are all the recommendations in He Ara Oranga included in this framework?

Under the current indicators in the He Ara Āwhina framework there seem to be very few indicators surrounding workforce and its development. How would workforce development be monitored (recommendation 10)? There is also a lack of inclusion around the commissioning of health and social services. How would commissioning of health and social services for NGOs be improved (recommendation 15)?

These are crucial indicators towards a better mental health and addiction system, to ensure the improvement of mental health and addiction services. As previously stated, this is one of things that is hard to conceptualise when the measures are not included alongside the indicators.

Two perspectives

Having a dual-layered aspect of the framework is important because it upholds Te Tiriti o Waitangi and its principles and ensures an ongoing commitment to cultural responsiveness and equity for Māori. However, we are unsure about the practicality of how the framework will be used given the two separate perspectives.

The recent report, Te Huringa: Change and Transformation - Mental Health Service and Addiction Service Monitoring Report (1) gives a glimpse of a practical backbone to how the framework will be used. However, the headers that are used in the report are only those of the shared perspective (six headings). In the suggested He Ara Āwhina framework across both the Te Ao Māori and shared perspectives, there are 12 headings (aspirations) with 68 indicators.

We would like to understand further how reporting will be done based on the suggested framework with two perspectives. There is concern that monitoring will only focus on the shared perspective, and the Te Ao Māori perspective will be idealistic and fragmented.

We do want to acknowledge the importance of a need for a separate Te Ao Māori perspective addressing Māori needs, among which are the need for culturally safe and appropriate services, rangatiratanga being embraced, and an increased understanding of the effects of colonisation and intergenerational trauma.

However, overall, this seems like a large number of indicators to be monitored, and we wonder about the implementation and capability of the MHWC to undertake this amount of measuring and reporting. We would like to understand further how the two perspectives will work together, and how this will be implemented in a practical sense.

Conclusion

Thank you for the opportunity to comment on the He Ara Āwhina Framework. We welcome the chance to overhaul how we monitor and advocate for improvements within the mental health,

addiction, and wellbeing system. With the right focus and measures, the framework will ensure better monitoring and a greater ability to offer recommendations with an overall goal of ensuring more equitable outcomes for tāngata whaiora.

If you have any questions about this submission, please contact Abigail Freeland, Policy Analyst, by email at abigail@platform.org.nz.

Ngā mihi,

Memo Musa
Chief Executive

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