

20 January 2016

Mental Health and Addiction Workforce Action Plan
Health Workforce New Zealand
Ministry of Health
PO Box 5013
Wellington 6145

By email: workforceactionplan@moh.govt.nz

Mental Health and Addiction Workforce Action Plan 2016–2020

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation document.

The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders.

We are concerned about the process for this consultation. Our association was only made aware of this consultation document by a third party. We understand that circulation of the document appears to have been limited, and it was not listed on the Ministry's consultation webpage. We request that the Ministry improve its engagement with stakeholders when seeking feedback on consultation documents.

We consider the plan to have a number of positive aspects. These include the following:

- mention of social determinants of health being important (though this is fairly cursory as it is ignored in the rest of the report)
- recognition of the need to have culturally appropriate services
- recognition of inequities in terms of access and outcomes for Māori and Pacific Peoples
- strong push for more primary sector service delivery in terms of assessment, treatment and monitoring
- recognition of workforce shortages and need to plan for these challenges

- excellent priorities even if they don't necessarily translate into actually implementable actions
- a focus on increased training for primary health care staff and community based services
- a focus on prevention and early intervention (even though there is a complete lack of detail around what this actually means or how it could be achieved)
- good five year “vision” goals (although these are not underpinned by tangible actions)

Concerns we have include the following:

- There is a lack of focus on prevention and the social determinants of mental health (and hence of service demand, and links to workforce needs and development). No mention is made of other Government policies around employment, benefits, housing, education, justice sector, and alcohol and drugs – all of which affect mental health service demand, inequities in outcomes and service workforce challenges.
- Much of the document is very high level with limited tangible outcomes or details. For example, it states that over recent years, mental health care has become more prevention focused, more whānau focused, and there has been an increase in investment in primary mental health. This is not supported by concrete examples, leaving many working in the sector to wonder what exactly is meant by this (or whether it has even been achieved).
- The challenges mentioned in the document do not have clear, concrete and implementable solutions, but are followed by many proposed solutions that are largely rhetorical and lacking in detail.
- There are too many actions. Without a budget or actual examples of what is meant, it is difficult to see how the high level goals would actually translate to measureable actions, and what these actions would be – locally or nationally.
- There is a lack of detail on the proposed action points under the key four priorities of action. Narrowing these down to concrete local and national actions (with budgets and processes) would be helpful. This may indeed come at a later stage of the action plan but it is difficult to envisage how all the current ideas could possibly become concrete actions.

We hope that our feedback is helpful and look forward to seeing the final action plan.

Yours sincerely



Dr Stephen Child
NZMA Chair