New Zealand Medical Association
Te Hauora mō ngā Iwi Katoa

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Initial Mental Health and Wellbeing Commission

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He Ara Āwhina Service-Level Monitoring Framework

Dear Jane

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with about 5,000 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 recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes. Our submission has been informed by feedback from our Board and Advisory Councils.

We are strongly supportive of the work of the Initial Mental Health and Wellbeing Commission. Earlier this year, we provided feedback to the Commission to help inform the development of the He Ara Oranga Wellbeing Outcomes Framework.[1] We note that the purpose of the current consultation is to help inform the development of a separate but interconnected framework—He Ara Āwhina Service-Level Monitoring Framework—to support the permanent Commission's function to monitor mental health services and addiction services and to advocate improvements to those services. We believe that a robust and comprehensive monitoring framework is essential to ensure progress in each of the outcome areas identified in He Ara Oranga, detect unintended consequences/benefits and identify how mental health and wellbeing can be further improved. Our responses to some of the consultation questions are provided in the following paragraphs. Much of our feedback is drawn from the updated New Zealand College of Public Health Medicine Policy Statement on Mental Health.[2]

[1] NZMA Submission on Draft Wellbeing Outcomes Framework. 9 September 2020. Available from https://bit.ly/36tlVJs
[2] NZCPHM Mental Health Policy Statement. November 2020. Available from https://www.nzcphm.org.nz/media/142946/2020_mental_health_policy.pdf

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1a. What qualities and attributes would you like to see in the Mental Health and Wellbeing Commission's function to monitor and advocate for improvement to mental health services and addiction services?

We would like to see the following:

- inclusion of mental health data from primary care. This is important to ensure that data are collected from the majority of people who access services, not just those with severe illness.
- incorporation of feedback from whānau of people who access services as a separate category reported with respect to the age and ethnicity of the whānau member.
- monitoring of compulsory treatment orders and seclusion by ethnicity and age.
- improvements to the quality of the existing Programme for the Integration of Mental Health Data (PRIMHD) data system, including completeness of data collection, consistency of data quality across DHBs, and review of whether the data currently being collected are fit for purpose.
- repeat Te Rau Hinengaro (The New Zealand Mental Health Survey) and include better prevalence data on rarer mental health conditions, and collect better information on differences according to age, sexual orientation, ethnicity, gender identity, disability status and socioeconomic deprivation.
- collect high quality population wellbeing data in the New Zealand Health Survey via strengths-based measures such as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) or the WHO-5 Well-Being Index.
- develop New Zealand-specific and Māori-centred measures of mental wellbeing.

1b. How could the Commission best add value and provide the greatest impact to improve wellbeing outcomes for people and whānau accessing those services?

We believe that the Commission could do this by advancing a population approach to mental wellbeing that:

- focuses on the socioeconomic determinants of mental wellbeing and mental ill health;
- emphasises prevention;
- considers whole communities and population groups;
- works in partnership with populations;
- is centrally concerned with equity;
- uses evidence to inform policy development and funding;
- recognises the central importance of te Tiriti o Waitangi to population mental health.

1c. How could the Commission provide greatest impact for equitable outcomes for Māori in its monitoring of and advocacy for service improvement?

We submit that the Commission could do this by the following:

- calling out racism and discrimination which are key drivers of mental illness. Racism and the impacts of colonisation have had, and continue to have, a significant impact on the development of mental illness. High quality services must also eliminate institutional racism.
- advocating for high-quality services for Māori that include the opportunity to attend kaupapa Māori services that centralise te ao Māori concepts.

- taking heed of Sir Mason Durie's Puahou plan's five strategies for Māori mental health.[3] These include: enhance a secure cultural identity; enable active Māori participation in society and in the economy; align health services to coincide with Māori realities; accelerate workforce development; and increase Māori autonomy and control (where underlying these strategies are themes of Māori-centred values and beliefs, intersectoral collaboration, positive Māori development, and the need to link health with the broader arenas of cultural enhancement and socioeconomic advancement).

2a. What are your views on the draft definition of mental health services and addiction services?

We believe the draft definition of mental health services and addiction services is good but could be improved by including health promotion and community development, and access to the determinants of mental health and wellbeing. This is important in order to broaden monitoring beyond simply the maintenance of mental health and/or addiction needs towards also improving wellbeing and preventing poor mental health. Caution is necessary with respect to individually focussed solutions where what starts as a population approach can move towards victim blaming and individual interventions focussed on addressing behaviour through education – a phenomenon known as lifestyle drift.[4] Importantly, strategies to improve the wellbeing of our communities, reduce mental illness and reduce suicide, need solutions that sit outside of the health system and address the determinants of health and wellbeing.

We hope our feedback is helpful and look forward to seeing the finalised framework.

Yours sincerely

K. Baddock

Dr Kate Baddock
NZMA Chair

[3] Durie M. Puahou: A five part plan for improving Maori Menial Health. HE PUKENGA KORERO. Journal of Maori Studies. 1998;3(2)60-70. Available from https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE22164285

[4] Carey G, et al. Can the sociology of social problems help us to understand and manage 'lifestyle drift'? Health Promotion International. 2017;32(4)755–761. Available from https://academic.oup.com/heapro/article/32/4/755/2950993