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Tēnā koe

He Ara Oranga Mental health and addiction; *Kia Kaha, Kia Māia, Kia Ora Aotearoa* – Covid-19 Psychosocial and Mental Wellbeing Recovery Plan survey

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Ministry of Health's He Ara Oranga Mental health and addiction; *Kia Kaha, Kia Māia, Kia Ora Aotearoa* – Covid-19 Psychosocial and Mental Wellbeing Recovery Plan (*Kia Kaha*) survey.

NZNO has consulted with members and staff in the preparation of this submission, specifically members of; Te Rūnanga o Aotearoa (Te Rūnanga), the Mental Health Nurses Section, and professional nursing and policy advisers. NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi (te Tiriti) and contributes to the improvements of the health status and outcomes of all people of Aotearoa New Zealand through influencing health, employment, and social policy development.

Furthermore, we share the intent of the Ministry of Health's definition of equity which applies equally to NZNO's work across professional, industrial, and member activities.

We support the Ministry of Health (the Ministry's) collective response that incorporates frameworks set out in the *Kia Kaha, Kia Māia, Kia Ora Aotearoa* – Covid-19 Psychosocial and Mental Wellbeing Recovery Plan (*Kia Kaha*). We understand that *Kia Kaha* represents the first phase of a progressive pathway to support recovery and mental health wellbeing. We also agree that transformation

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requires a coordinated approach that adapts to the emerging needs of individuals, families and whānau and their communities.

Furthermore, it is essential to incorporate a range of perspectives particularly te Ao Māori, that demonstrates a commitment to te Tiriti articles and acknowledges the relationship required to create a whole-of-system approach to improving mental wellbeing outcomes, that leads to achieving Pae Ora.

NZNO supports the principles defined in the *Kia Kaha* framework and we have incorporated our feedback within the following survey questions.

NZNO Responses to the Mental Health and Long-Term Pathway Survey Questions

1. Uphold Te Tiriti o Waitangi – (*The principles of Te Tiriti underpin all actions in Kia Kaha*)

NZNO supports te Tiriti principles, however we recommend this is reflected as an overarching objective that informs all the principles and subsequent outcomes. We acknowledge that te Tiriti o Waitangi ensures the Crown recognises its obligations to Māori, iwi, hapū, and whānau as te Tiriti partners. Furthermore, as health professionals, it ensures a commitment to enacting and improving health and wellbeing outcomes, while reducing inequities for Māori. We believe that Māori interests are better served by pursuing the broad and inclusive conception of citizenship that te Tiriti implies, rather than seeking political advancement.

NZNO supports an integrated and mandated whānau-centred approach that is driven by mātauranga Māori models of health and wellbeing to ensure and address multi layered issues and risk factors. This includes acknowledging the adverse effects of intergenerational and historical trauma, as a first step for initiating a reconciliation to address basic unmet needs.

Furthermore, our members believe that if te Tiriti is the driver for change, then the *Kia Kaha* framework must guarantee and demonstrate how the framework can work towards improving health and wellbeing. This includes ensuring a collective, coordinated, and cohesive response is applied to addressing mental health and wellbeing for future generations. For example, Sir Mason Durie's Whare Tapa Whā and the Ministry's, He Korowai Oranga Framework: Māori Health Strategy.

As claimants and interested parties in the Waitangi claims (Wai 2173 Mana Wahine Kaupapa Inquiry; Wai 2575 Health Services and Outcomes Kaupapa Māori Inquiry), Te Rūnanga¹ are advocating for changes to a health system that does not currently provide culturally appropriate health services for Māori. These disparities are well known and include that Māori are:

- Less likely than non-Māori to have a diagnosed mental health disorder;

¹ Te Rūnanga o Aotearoa (Te Rūnanga), alongside our Te Tiriti o Waitangi partner, the New Zealand Nurses Organisation (NZNO), represents our Māori health professional members.

- More likely to experience serious disorders; and
- Over three times more likely to be subject to a community treatment order or an inpatient treatment order².

2. Equity – (people have different levels of advantage and experience and require different approaches and resources to get equitable outcomes)

NZNO supports the intent of this principle and would like to understand how the Ministry intends to apply the definition of equity across the sectors and communities, given the breadth of interpretation. It is important that the Ministry acknowledges mental health and wellbeing are connected to the environments and culture we live in.

Environmental issues such as poverty, homelessness, income inequalities, exposure to abuse, neglect, and family violence or other trauma, social isolation and discrimination are all factors that increase the risk of mental disorders. The relationship between these risk factors is complex and multi-directional. As health professionals we deal daily with patients and their whānau who suffer the impact of mental health, social and family trauma and environmental issues of poverty and homelessness.

NZNO is aware that around 50-80 percent of New Zealanders are predicted to meet the criteria for a diagnosable mental disorder or experience mental distress³. Statistics report that most people experience one form of mental disorder in their lifetime. Research also identified suicides statistics remaining static (685 suspected to have died during 2018-2019),⁴ and it was determined that poor mental health can be a contributor to this. For instance, Māori experience disproportionately higher rates of mental health and suicide than any other ethnic population. Addressing the multiple and compounding needs of people experiencing mental ill-health is complex and requires a coordinated service approach.⁵

NZNO has reported and agrees with the Ministry's findings, that many mental health services face additional pressures and escalation in workforce shortages and extreme demands due to Covid-19 pandemic. However, NZNO notes that many of these services were under resourced after years of neglect and underfunding. Mental health and addictions services, together with related social, housing and justice sector services, are under growing pressure. The situation is

² https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window_2019_web_final.pdf; and Mental Health and Addictions Inquiry report Chapter 3 - <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-3-what-we-think/3-2-our-conclusions/>

³ JD Schaefer, A Caspi, DW Belsky, H Harrington, R Houts, LJ Horwood, A Hussong, S Ramrakha, R Poulton and TE Moffitt. 2017. Enduring mental health: Prevalence and prediction. *Journal of Abnormal Psychology* 126(2): 212–224; and DOI: [10.1037/abn0000232](https://doi.org/10.1037/abn0000232)(external link).

<https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-1-the-inquiry/1-4-context/>

⁴ <https://mentalhealth.org.nz/suicide-prevention/suicide-statistics>

⁵ Ministry of Health, Every Life Matters – He Tapu te Oranga o ia Tāngata: Suicide Prevention Strategy 2019-2020... <https://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2020-and-plan-2019-2024-v2.pdf>

not unique to Aotearoa New Zealand; for instance, Australian and Canadian indigenous communities face similar issues.

Gaps exist across the continuum of care, from primary and community to specialist inpatient services. There are pressures across child and adolescent mental health services, together with adult and forensic mental health services, and addiction services. The development of additional primary mental health services to address the needs of people with less severe presentations and behavioural problems has been relatively slow in comparison with the focus on specialist services targeted to people with higher levels of need. Mental-ill health has escalated since Covid-19 along with the many social determinates of health.

From an equity perspective, and for Māori who are increasingly more at risk compared to non-Māori, we recommend focusing on addressing all barriers associated with the combined effect of cultural ethnicity, gender, sexuality, and disability. Furthermore, the significant challenges in addressing equity in mental health outcomes requires a strategic response that supports the operationalisation of an equitable approach.

Māori-specific health approaches are essential in all health services as Māori and non-Māori require different service delivery models because they do not share the same values, aspirations, and colonial experiences (history yes, but outcomes no). Further, applying an equity lens raises the immediate question about whether the current systems are providing culturally appropriate, relevant, and equitable care for Māori. Leading with an equity perspective, will lead to improved outcomes for all.

Māori nurses working in the community continue to pose the question: *How do our whānau mental health patients cope when they are struggling to engage with the system and how do we as Māori and nurses engage with those whānau?* Given the constraints and negative experiences they continue to be subject to, Māori nurses must be supported to provide a wider holistic whānau approach, prior to engaging whānau with any mental health service. To do this we acknowledge that trust and honesty through whakawhanaungatanga needs to be established first with patients and their whānau. Likewise, how can the system better support and acknowledge Māori nurses initiating patient contact through the process of whakawhanaungatanga, prior to engaging any clinical assessment. How can nurses be assured that apart from the standard nursing clinical assessment tasks, that whakawhanaungatanga (and other tikanga kawa) too will be recognised as an integral part of any clinical task-oriented assessment process.

Going forward, will this equity principle support the inclusion of tikanga principles in future health practice management and engagement systems/processes?

- 3. People and whānau at the centre – (whānau are a crucial part of the support network for individuals experiencing challenges. This principle seeks to strengthen the capacity of people and whānau to lead their own pathways to wellbeing)**

We advocate for the adoption of a whānau-centred, strengths-based approach that addresses risk factors and builds whānau resilience. This may provide opportunities to improve mental health outcomes for whānau Māori. This approach also works best when whānau have a role and voice in designing the services and resources they use.

It is important that when you place whānau at the centre, the intention is to build resilience across the life-course, providing people and whānau with the skills and knowledge to navigate life's challenges. We would like to see early intervention in individuals' lives to target known risk factors and prevent mental ill-health, through working with children and young people to support them as they transition through life (e.g. starting high school, living independently, entering parenthood).

Additional approaches and interventions using service delivery and development models in primary and community sectors include effectively identifying and responding to individuals experiencing early signs of poor mental health or distress.

The prerequisites for change, we believe, include more investment in education and training while increasing workforce capability across the sectors and communities. Pay equity needs to be at the forefront of government priorities to support these initiatives for primary health care nurses and hauora kaimahi.

Subsequent practices need to ensure that actions are people- and whānau-centred, holistic and culturally appropriate. Using co-design for new services and approaches that incorporate te Ao Māori models of health into the overarching structure will improve Māori health outcomes, while working alongside individuals with lived experience of poor mental health.

4. A community focus – (Strong communities provide a foundation, support and connection which is vital for mental wellbeing)

The NZNO agrees that health services need to apply the pre-conditions for mental health rights including:

- Ensuring safe and secure housing;
- A nurturing home, and school environment; and
- Strong whānau, community and cultural ties.

Further, there needs to be both consistency and the use of key enablers to ensure the provision of primary health care within communities. Culturally safe and responsive care requires everyone to be on board and aware of the unintended consequences of their actions in the event these occur.

NZNO is aware that community response requires engaging with wider groups outside the sector such as iwi, hapū, and other community based non-health specific groups such as faith-based institutions. It is important that the framework acknowledges that community focus means becoming familiar with the populations it is intended to support.

5. Uphold human rights – (human rights are central to implementing an effective, equitable and balanced future mental health and addictions system)

Te Rūnanga recommends that international instruments are good practice tools to complement te Tiriti o Waitangi, specifically the:

- United Nations (UN) Rights of Indigenous Peoples (UNDRIP).
- UN Convention on the Rights of Person with Disabilities (UNCRPD).
- UN Convention on the Rights of the Child; and (UNCROC)
- UN Committee on the Elimination of all forms of Discrimination against Women (CEDAW).

NZNO notes a reference to the UNCRPD in the Mental Health and Addition Inquiry, and the convention's intent to promote the protection of equal human rights for those individuals with mental illnesses. In addressing the declaration of human rights, NZNO continues to review decision making frameworks, to ensure policies fully reflect a universal human rights response for those people lacking capacity to support themselves, particularly when the systems themselves fail to articulate their needs.

Furthermore, NZNO continues to monitor the current review of the Public Health and Disability Act which refers to the universal convention of Human Rights and the conventions. It is government's responsibility to engage constitutional mechanisms of human rights declarations and conventions in association with te Tiriti, to ensure inequities continue to be addressed. NZNO supports the intent of this principle and are interested to understand how this principle will be demonstrated across the sector. Particularly, as pay parity is a hot topic that many nurses is breaching their human rights as trained professionals.

Inequities exist between DHB nurses and primary community nurses, particularly Māori and iwi health care workers and Pacific provider nurses. Te Rūnanga is a strong advocate of addressing these pay parity issues for Māori and iwi health care workers. The oversubscribed Managed Isolation and Quarantine facilities (MIQ) and the roll out of the Covid-19 vaccination programme contradict national and international human rights mechanisms. While there have been enormous efforts to minimise the impact of Covid-19, the underlining issues have now escalated across the workforce and within communities.

A central theme highlighted in the mental and addictions inquiry was experiences of marginalisation and discrimination. Leaving aside the question of how responsive the inquiry has been to the changing needs of the workforce and whānau accessing the services and support, NZNO calls for structural change to disrupt the status quo, including the policies, programmes, frameworks, and services that lead to inequitable outcomes. The *Kia Kaha* principle to uphold human rights can be used to challenge organisations to change.

6. Innovation – (innovative and original approaches to mental and social wellbeing support will facilitate transformation of the mental health and addiction system)

Te Rūnanga advocates for further research to explore te Ao Māori approaches to mental health promotion and prevention to support and complement those services that are making a difference. This includes looking at a wider response approach with several clinical and non-clinical services and programmes to support individuals, family and whānau. We understand that one of the key areas of oversight the Commission is progressing to work closely with key agencies targeting community innovation. We look forward to learning more about the Commission's experience and that of the agencies involved.

Furthermore, advocating for cultural safety, equity education and training and professional development options for the workforce is to be applauded. We hope that it will address a lack of culturally appropriate mental health services, and capacity and capability issues.

Co-design is well recognised in ensuring people are represented at the design table, this will lead to better mutual benefits and ensure full participation and contribution. Co-design may change the face of leadership and leadership styles. It is important to prioritise local innovation prior to seeking international models of health, particularly considering the pandemic and our government's stance to protect the health and safety of Aotearoa New Zealand.

7. Workforce – (growing and supporting a sustainability, diverse, competent, and confident mental health, and addiction workforce)

NZNO strongly advocates that government addresses workforce capacity and capability issues through completing a workforce stocktake to illustrate the demand and supply of care across the sectors. If a culturally competent workforce were to exist it would require ongoing upskilling and further experience to be able to provide the best care for Māori, Pacific, and Asian people.

Any findings from a workforce survey should be used to address training and educational systems, services, and the capacity and capability of a culturally competent workforce.

Nursing is the largest regulated health workforce in Aotearoa New Zealand, representing over 50 per cent of the health workforce. Nurses also supervise the largest unregulated health workforce (health care assistants, caregivers, and support workers). Future nursing services must focus more on the social determinants of health, health promotion, disease prevention, primary health care and services that are people-centred and community-based. These services must be provided in areas of high needs and with underserved populations.

Nurses can be an effective health safety net for people who are not accessing general practitioner services. Failure to invest in this safety net is a wasted opportunity and will create greater health inequities and expense in the longer term.

NZNO and nursing in general have strongly advocated that investment in nursing is an investment in health and in the economy. NZNO works to raise awareness of the substantial and cost-effective contribution of nursing to improving health outcomes for New Zealanders.

Research confirms the importance of investment in nursing for quality, safe and accessible healthcare.

Investment in more staff, better skill mix, education and competencies have been associated with overall cost savings, better patient outcomes, reduced mortality levels and greater patient satisfaction. It is crucial the government recognises that expenditure on health is an investment and not an economic drain. Healthy populations create economic growth, yet in too many parts of the world health spending is being cut and there is under investment in health services.

Nurses have a crucial role in providing quality, accessible healthcare, and nursing has a responsibility to ensure Aotearoa New Zealand secures the potential clinical, social, and economic benefits of the profession. It is important that leadership in nursing is promoted, particularly as part of NZNO's contribution to Health Workforce New Zealand (HWNZ) plans.

Achievement of priority objectives for nursing needs to be accelerated and visibility increased through HWNZ. Areas of improvement include strengthening workforce capability to create a future oriented fit for purpose workforce. While significant gain has been made it is not enough compared to the scale of workforce capabilities across the sectors and in the communities. Furthermore, the pay inequities are extreme for non-government funded services and providers. We are seeking to have the pay inequities issues acknowledged and fast tracked.

The Māori nursing workforce would like to see the aspirations and commitment to increasing the Māori workforce made a government priority. The pay inequities for Māori nurses working within Māori provider organisations are significant with many receiving 25 percent less than their counterparts in the DHBs. This needs to change and fast as the complexity of issues is increasing for whānau.

8. Information and data – (timely, accurate and comprehensive information and data will be crucial for long-term success)

The NZNO would like to see more shared responsibility and accountability from the Ministry and government in addressing data sovereignty, particularly because there have been concerns with data breaches. Current data should be used to better inform decision making and drive outcomes that are meaningful and translated to better serve people with high mental health needs.

There is no clear picture of the level or nature of unmet mental health care need. We know current technology is stretched and the use and availability of data is limited with much data been primarily focused on the supply side. NZNO believes further research is required. We would like assurance that there is a trusted and reliable repository to protect information and that qualitative narratives will inform change.

Te Rūnanga advocates that any Māori data requires clear guidelines and a process that ensures the data is subject to a Māori governance quality assurance check. Particularly when

considering data sovereignty and how data is being represented and interpreted and who is the holder- kaitiaki of that data. Furthermore, the data needs to best support population's needs, rather than be used as a patu (to strike, hit, subdue) against whānau.

What are the key longer-term shifts you think are needed to support system transformation?

Health services are overwhelmed across the country and throughout the primary, secondary and specialist service sector. NZNO urges the government to take a total systems-approach that recalibrates investment, services, and workforce. While we support the current conversations and ongoing consultation, NZNO will continue to challenge government to deliver transformational change in support of NZNO members.

We look forward to further engagement with the Ministry to focus on finding better workforce capacity solutions for our members so that they can deliver better health outcomes for our whānau, hapū, and iwi.

Nāku noa nā



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