Regional Public Health
HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI
Better health for the greater Wellington region

5 June 2018

Chair and Panel Members
Mental Health and Addition Inquiry
PO Box 27396
Marion Square
Wellington 6141

Dear Mr Patterson and panel members

Re: Government inquiry into Mental Health and Addiction

Thank you for the opportunity to provide input into this inquiry particularly from a population wide perspective.

Regional Public Health serves the greater Wellington region, through its three district health boards (DHBs): Capital and Coast, Hutt Valley and Wairarapa and as a service is part of the Hutt Valley District Health Board.

We work with our community to make it a healthier safer place to live. We promote good health, prevent disease, and improve the quality of life for our population, with a particular focus on children, Māori and working with primary care organisations. Our staff includes a range of occupations such as: medical officers of health, public health advisors, health protection officers, public health nurses, and public health analysts.

We are happy to provide further advice or clarification on any of the points raised in our written submission. The contact point for this submission is:

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Yours sincerely

Dr Stephen Palmer
Medical Officer of Health

Peter Gush
Service Manager

How this submission is structured:

1. Introduction and context
2. What sort of society would be best for the mental health of our communities
3. What is working well
4. What is not working well
5. What could be better

1. Introduction

Every year, one in five New Zealanders experiences mental illness and this disproportionately affects Māori, Pacific and people on low incomes.[1] Regional Public Health (RPH) works with communities across the Greater Wellington Region and RPH staff are seeing these marked inequities across our health promotion, community liaison, tobacco, drug and alcohol work programmes. At RPH, our vision is to have equitable, sustainable and healthy futures for all, and that Māori are healthy and enjoying equal quality lifestyles from infancy to old age. Therefore, we welcome the opportunity to share our experiences and potential solutions with the Panel. We also commend the Panel on keeping the terms of reference for this inquiry deliberately broad. We affirm the sentiment that mental wellbeing does not occur in isolation, and that it is closely associated with the wider determinants of health.

Mental illness impacts every New Zealander or their whānau in some way, and it is a major cause of health loss in New Zealand.[2] Māori are over-represented in mental health services and make up 27% of people accessing mental health services but only make up 16% of the total population[3]. It affects relationships, educational attainment, and employment and can co-occur with physical long term conditions and substance use disorders. RPH believe an increased prevention-focus and whole-of-population approach is necessary to reduce the causes and the consequences of mental illness and addiction.

This submission starts with what sort of society would be best for all our people, followed by what is working well, what is not working well and what could be done better. We have selected to concentrate on aspects of the mental health system related to prevention and solutions to enhance health equity. Given our approach is population focused, the term 'mental health' is used to encompass mental health and addictions, and we are not discussing diagnostic and treatment considerations where that separation is necessary.

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[1] Oakley Browne MA, Wells JE, Scott KM (eds). Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health; 2006.

[2] Health and Independence Report 2016. The Director-General of Health's Annual Report on the State of Public Health. Wellington: Ministry of Health; 2017.

[3] Office of the Director of Mental Health Annual Report 2016. Wellington: Ministry of Health; 2017.

2. What sort of society would be best for the mental health of all of our people

An equitable society would be best for the mental health of New Zealanders. Health and social problems (e.g. lack of community, violence, drugs, long term health conditions, and large prison populations) are more likely to occur when society is less equal.[4] These health and social inequalities also impact mental health and addressing them will greatly improve societal wellbeing. This includes equitable access to the wider determinants of health for all New Zealanders, such as housing, education, employment and income. RPH considers that the core action areas of the well-established Ottawa Charter for Health Promotion provides a good framework to support an integrated approach that will enhance health equity. This can include community based treatment services for mild to moderate mental illness as well as prevention.

The Treaty of Waitangi /Te Tiriti O Waitangi also provides a framework for us to achieve equity for Māori and for all people living in New Zealand. The New Zealand government is accountable under the Treaty of Waitangi / te Tiriti O Waitangi to ensure Māori enjoy the same rights of citizenship including equitable health outcomes.

3. What is working well

RPH supports several programmes in the community that benefit the mental health of the people in our region. Programmes that engage community and have greater understanding of their concerns have been very effective for influencing change. There is a greater emphasis on co-creating initiatives which gives communities power to control the direction of projects and have greater ownership.

3.1 Social Sector Trials

The Social Sector Trials were government funded initiatives set up in 2013 under the Minister of Social Development as a partnership between Ministries of Social Development, Justice, Health, Education and New Zealand Police. The aim was to explore a community based approach to improve the way government plans, funds and delivers social services. The trial in Porirua was successful and has now been transitioned to a locally funded community led model Tumai Hauora Ki Porirua Alliance. This could inform a new way of delivering mental health promotion services.[5]

[4] Wilkinson R, Pickett K. The spirit level: Why equality is better for everyone. UK: Penguin Books; 2010.

[5] Community Research. Final Evaluation Report: Social Sector Trials – Trialling New Approaches to Social Sector Change. [cited 2018 May 29]. Available from: http://www.communityresearch.org.nz/final-evaluation-report-social-sector-trials-trialling-new-approaches-to-social-sector-change/

3.2 Suicide postvention and prevention

Regional Public Health contracted to co-ordinate prevention and postvention suicide services for the Wellington population for over 10 years. All Coroner Office and Police notifications of suspected suicide are directed to Regional Public Health from across the greater Wellington region. RPH's role is to help put a safety net in place for communities and providers following a completed suicide to reduce the chance of further clusters of suicide.

The Draft Ministry of Health Suicide Prevention Plan takes a broad preventive approach and collective responsibility is recognised. It could be useful to inform any national mental health and addictions strategy. It was consulted on widely in community.

3.3 Community Action Youth Alcohol and Drugs (CAYAD)

Community Action Youth Alcohol and Drugs is a none-core Ministry of Health contract based at diverse sites across New Zealand. CAYAD coordinators support community leaders and organisations to enhance and support lasting changes in their communities to reduce alcohol and other drug related harm. Many CAYAD sites employ coordinators who are well connected in their communities and in a position to make sustainable change.

3.4 WorkWell

WorkWell is an initiative which supports businesses to create workplaces that promote their staff's wellbeing[6]. Workplaces can be stressful environments and employers should be encouraged to look at the systems and values in the workplace to promote wellbeing. There have been good outcomes from committed workplaces who have addressed systemic causes of stress in their organisations.

3.5 Other successful programmes

The Like Minds Like Mine programme has had some success. This programme aims to reduce the stigma and discrimination of people who have experienced mental illness. An impact survey found 48% of participants with mental health concerns reported that discrimination had improved "moderately" or "a lot". Unfortunately, a majority (89%) reported that they still had "a little" unfair treatment due to their mental health problems and many (57%) reported they kept their mental health issues concealed[7].

[6] WorkWell. New Zealand. [Cited 2018 May 25]. Available form: http://www.workwell.health.nz

[7] Thornicroft C, Wyllie A, Thornicroft G, and Mehta N. Impact of the "Like Minds, Like Mine" anti-stigma and discrimination campaign in New Zealand on anticipated and experienced discrimination. Australian and New Zealand Journal of Psychiatry, 2014; 48(4): 360-370.

4. What is not working well

Making a meaningful difference for our communities and their mental health requires a strong prevention and multisectoral approach. As a starting point, there are already many challenges to prevention within the existing system that need to be addressed.

4.1 Barriers to an integrated approach

There have been various national strategies aimed at promoting and maintaining mental health, and the mental health of communities. These plans tend to be more focused on mental health and treatment services over prevention strategies. Some plans are out-of-date and sometimes the links between the plans relating to mental health are not clear (e.g. the separation of suicide prevention, mental health issues, family violence, and alcohol, tobacco and other drugs). There is a lack of a comprehensive national strategic plan that clearly links with other plans and has a strong prevention focus.

Improving mental wellbeing in New Zealand and reducing the inequities in mental illness will not occur through the health sector alone. Currently, there is insufficient collaboration between government sectors including health, education, social development and justice to address the determinants of mental illness and addiction. There is also a lack of collective action at the local level to promote mental wellbeing across local government, non-governmental organisations, schools, workplaces, health and social services.

4.2 Funding challenges

We need more than a strategy, or national framework. The funding of services supporting prevention and addressing the wider determinants of mental health have been eroded. New investments tend to take money from existing essential services and rarely consider increased investment.

Government funding tends to be prescriptive and follow a competitive model which reduces collaboration between agencies and decreases the likelihood that agencies will work with each other and with community. There is also a lot of competition for funding in our communities. This detracts from working together towards common outcomes. Funding for many charitable trusts is piecemeal from private funders and local government. Organisations spend a considerable amount of time organising and piecing together funding which is likely to detract from strategy and planning, and quality of support for those accessing services. Furthermore, there is a reliance on funding from gambling trusts, which is ethically problematic as many of our community members experience problem gambling.

This competitive funding environment is a barrier to organisations becoming more efficient by working together. This has been a challenge to some of RPH's collaborative work aimed at reducing drug-related harm in our communities. Drug-related harm is a complex problem that requires a joined-up approach and the sharing of information between multiple agencies.

4.3 The wider determinants of mental health

The WHO advises that "unfavourable social, economic, and environmental circumstances" put certain population groups at higher risk of mental illness.[8] The determinants of mental health are broad and cover a wide range of issues; namely, poverty, childhood trauma, racism, discrimination, housing and employment challenges, lack of education, social disconnection, colonisation, globalisation and climate change.[9] The current national plans relating to mental health acknowledge the significance of these factors but do not directly address them.

All stages of life have important protective and risk factors for mental health and it is important to look at the entire life course in improving wellbeing. Disadvantage experienced before birth and early childhood increases the risk of a person experiencing mental health illness throughout their life course. New Zealand children experience unacceptable rates of child poverty, which has a strong association with poor mental health outcomes in later life.[10] One in four New Zealand children live under the poverty line, which means their families receive less than 60% of the median income.[11] Children living under the poverty line are less likely to have the bare necessities, have poorer nutrition, and are likely to live in overcrowded conditions. There is an accepted relationship between experiencing childhood poverty and experiencing mental distress in later life.[12] The Child Poverty Action Group and the New Zealand Psychological Society have fully explored this in "Child Poverty and Mental Health – a literature review".[13]

4.3.1 An example of a specific issue in our region – Alcohol

It is well recognised that alcohol use has a negative impact on mental health and can cause depression, exacerbate existing mental illness, and lead to suicidal thoughts.[14] An estimated 748,000 persons 15 years and over were hazardous consumers in 2016/17.[15] One in four people reported

[8] World Health Organization and Calouste Gulbenkian Foundation. Social Determinants of Mental Health. Geneva: World Health Organization; 2014.

[9] Office of the Director of Mental Health Annual Report 2016. Ministry of Health. Wellington: Ministry of Health; 2017.

[10] Duncanson M, Oben G, Wicken A, Morris S, McGee M, and Simpson J. New Zealand Child and Youth Epidemiology Service, Dunedin: University of Otago; 2017.

[11] Gibson K, Abraham Q, Asher I, Black R, Turner N, Waitoki W, McMillan N. Child poverty and mental health: A literature review (Commissioned for New Zealand Psychological Society and Child Poverty Action Group); 2017.

[12] Ibid.

[13] Ibid.

[14] Pompili M, Serafini G, Innamorati M, Dominici G, Ferracuti S, Kotzalidis GD, Serra G, Girardi P, Janiri L, Tatarelli R, Sher L. Suicidal behavior and alcohol abuse. International journal of environmental research and public health. 2010 Mar 29;7(4):1392-431.

[15] Ministry of Health [internet]. Tier 1 statistics 2016/17: New Zealand Health Survey. [cited 2018 May 30] Available from: https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-tier-1/

having a heavy drinker in their life, and this was associated with reduced personal wellbeing and poorer health status.[16] Alcohol use has been strongly linked to physical and sexual assaults.[17]

There have been missed legislative opportunities to reduce alcohol related harm. The Law Commission in 2010 recommended an increase in the price of alcohol through an increase in tax and minimum pricing[18]. The Ministerial Panel reviewing alcohol advertising and sponsorship made significant recommendations on restructuring and restricting alcohol advertising and sponsorship[19]. The proposed actions were evidence based but have not been implemented.

The Sale and Supply of Alcohol Act 2012 is not working as intended for communities. The processes involved in liquor licensing applications and Local Alcohol Policies (LAP) do not adequately support community participation. The implemented local alcohol policies underrepresent community views and do not reflect evidenced based interventions. RPH and communities have struggled to support the implementation of effective local alcohol policies and many regions are do not have a policy.

5 What could be done better

RPH would like to see a holistic model of mental health promotion that addresses the wider determinants of mental health, enhances community participation and reduces inequalities in mental health. A prevention-focused approach has a wide range of health, social, and economic benefits:

- Prevention is key to reducing the burden of mental illness and addictions on our communities and to improving health equity. Many prevention based programmes and policies have already been shown to be effective in reducing risk of mental health illness, reducing risk factors, strengthening protective factors and reducing symptoms.[20]
- Prevention is also cost-effective. Investment into programmes which prevent mental ill health in communities has been shown to be very cost effective for governments. Public Health England created a tool which identifies the most cost effective programmes to

[16] Casswell S, You RQ, Huckle T. Alcohol's harm to others: reduced wellbeing and health status for those with heavy drinkers in their lives. Addiction. 2011;106:1087–94.

[17] Sellman D, Connor J, Robinson G, McBride S. Alcohol reform–New Zealand style: Reflections on the process from 1984 to 2012. Psychotherapy and Politics International. 2017 Feb 1;15(1).

[18] Law Commission. Alcohol in our lives: curbing the harm. A Report on the review of the Regulatory Framework for the sale and Supply of Liquor (NZLC R114). Wellington: The Law Commission; 2010. Available from: http://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R114.pdf

[19] Ministerial Forum on Alcohol Advertising and Sponsorship. Recommendations on alcohol advertising and sponsorship; 2014. Available from: https://www.health.govt.nz/system/files/documents/publications/ministerial-forum-on-alcohol-advertising-and-sponsorship-recommendations-on-alcohol-advertising-and-sponsorship-dec14.pdf

[20] World Health Organization. Prevention of Mental Disorders. Effective Interventions and Policy Options. Geneva, World Health Organization; 2004.

prevent mental ill health. For instance, for every £1 invested in an innovative resilience programme in schools there was a saving of £5.08 (over 3 years).[21]

- Promoting mental wellbeing and preventing mental health illness and addictions are goals aligned with a human rights-based approach to health.

The RPH suggestions to the panel are focused on prevention and have been categorised according to the five action areas of the Ottawa Charter (referred to earlier) and are summarised at the end of this document. This well-established framework can be applied to mental health and wellbeing and covers the spectrum from building healthy public policy through creating supportive environments, strengthening community action, developing personal skills and reorienting the health and social sectors. These can then be applied across government to the social determinants of health and wellbeing.

5.1 Building healthy public policy

- A national strategy for mental health promotion and the treatment and prevention of mental health illness and addictions is required. The government approach needs to be joined up (in policy, funding and delivery), consider equity throughout the life course, and address the wider determinants of mental health. This Strategy would best be developed across government and led by the Ministries of Health, Education, Social Development and Justice.
- Taking a life course approach to mental health promotion can help identify the different influencers that operate at each stage in life.[22] In particular, focusing on giving children the best possible start will provide the greatest overall benefits to societal mental wellbeing.
- Any strategy needs to be implemented collaboratively and all government agencies have a role to play. This whole-of-government approach needs to be complemented with collective action at the local level, requiring the involvement of all non-government agencies, local authorities, health and social services, employers, prisons, schools and communities. Support an integrated approach with a clear strategy, cooperative funding models, and the development of common cross-sector goals that truly focus on the needs of the population and those who need to access services.
- Reduce alcohol harm by implementing the full recommendations of the Law Commission Report to Curb Alcohol Related Harm and the Ministerial Forum, and reviewing the Sale and Supply of Alcohol Act 2012 to ensure it is working as intended.
- Review the National Drug Policy to ensure drug use is treated as a health issue and that we are adopting the most effective, evidenced-based strategies.
- Update the Misuse of Drugs Act 1975 as recommended by the Law Commission in 2011.

[21] Public Health England. PHE highlights 8 ways for local areas to prevent mental ill health. [cited 2018 May 29] Available at: https://www.gov.uk/government/news/phe-highlights-8-ways-for-local-areas-to-prevent-mental-ill-health

[22] World Health Organization and Calouste Gulbenkian Foundation. Social Determinants of Mental Health. Geneva, World Health Organization; 2014.

5.2 Creating supportive environments

- Education, housing, and adequate income are important for good mental health and will require approaches that directly address inequities in educational outcomes, access to affordable and quality housing, and employment insecurity (e.g. 90 day trial period) as part of the multisectorial approach.
- Workplaces, prisons, and schools can also support good mental health. For instance, employers can develop policies supporting healthy eating, regular breaks, looking after musculoskeletal health issues, dealing with sleep loss, coping with stress, and access to counselling.
- Enjoying time outdoors and physical exercise have been shown to have positive benefits for mental health.[23] Local authorities are stewards over the local environment and can help ensure streets are designed to be walkable, neighbourhoods have access to greenspace and the needs of pedestrians and cyclists are prioritised when developing new infrastructure.
- Reducing alcohol accessibility is one of the most effective measures that can be taken to reduce alcohol-related harm.[24] Local Alcohol Policies need to consider alcohol outlet density, particularly around sensitive sites and in communities experiencing higher levels of harm. Efforts need to be made to protect the development and implementation of Local Alcohol Policies to make it difficult for the alcohol industry to challenge policies that protect the health and wellbeing of citizens.

5.3 Strengthening community action

- Funding and strategic direction for social services and mental health services should follow a model which encourages collaboration rather than competition between agencies. This will ensure the best outcomes for our communities because services will be working together, refer to one another and communicate about shared issues.
- Existing funding for collaborative community programmes should be continued (e.g. CAYAD).
- New and novel ways of engaging community in local government, local policy and community action need to be encouraged and resourced.
- Greater weight should be placed on evidence of harm and community views in alcohol outlet licensing decisions and in the development of Local Alcohol Policies.

[23] Maller CJ, Henderson-Wilson C, Townsend M. Rediscovering Nature in Everyday Settings: Or How to Create Health Environments and Healthy People. EcoHealth. 2009; 6: 553-6.

[24] Sellman D, Connor J, Robinson G, McBride S. Alcohol reform–New Zealand style: Reflections on the process from 1984 to 2012. Psychotherapy and Politics International. 2017 Feb 1;15(1).

5.4 Developing personal skills

- Mental health promoters are essential for developing personal skills and building social capital. We recommend that a mental health promotion workforce is developed and funded which is culturally competent, responsive to the needs of Māori and Pacific people, and uses kaupapa Māori frameworks.
- Ensure we have programmes that prepare young people and adults with life skills, including skills to cope with stress and chronic health issues through schools, workplaces, and the community. Interventions that build and promote resilience have been shown to be particularly effective at reducing the risk of developing mental health problems.[25]

5.5 Reorienting health and social services towards prevention of illness and promotion of health

- Health and social services processes and systems should be re-oriented to encourage collaboration, cooperation and data exchange. The Social Investment Agency has created an Integrated Data Infrastructure that can be used at national and local levels, to better inform policy and practice around complex issues, and sharing information between providers at the local level.
- All government agencies will be required to understand their role in preventing mental ill health and promoting mental wellbeing to allow collaboration to be meaningful and successful.
- Our health and social services need to have sufficient capacity to treat and prevent mental health illness and addictions. It is our view that services focused on promoting mental health in the community or supporting people in distress, need to be sufficiently resourced. This extends to advocacy services and agencies that provide emergency relief such as food and housing.
- Addiction-related harm can be reduced by increasing the funding for alcohol and drug early intervention services and improving integration with non-health services (e.g. social services and justice) so that individuals with alcohol or drug issues are referred to the appropriate health service.[26]
- Develop new models of mental health support in primary care and in the community that increase access for low to moderate severity mental health treatment (e.g. talking therapies), that support both the mental health needs and the physical health care needs of consumers, and that integrate with other services to address the wider context (e.g. income security, smoking cessation, domestic violence, education and literacy, housing, food security, discrimination, and social supports).
- Ensure all services are culturally competent, reflect whānau ora, and are easy to access.

[25] Reavley N, Bassilios B, Ryan S, Schlichthorst M, Nicholas A. Interventions to build resilience among young people, a literature review. Victorian Health Promotion Foundation, Melbourne 2015.

[26] Health Promotion Agency. Early Intervention Addiction Plan 2013-2017. Health Promotion Agency, Wellington 2014.

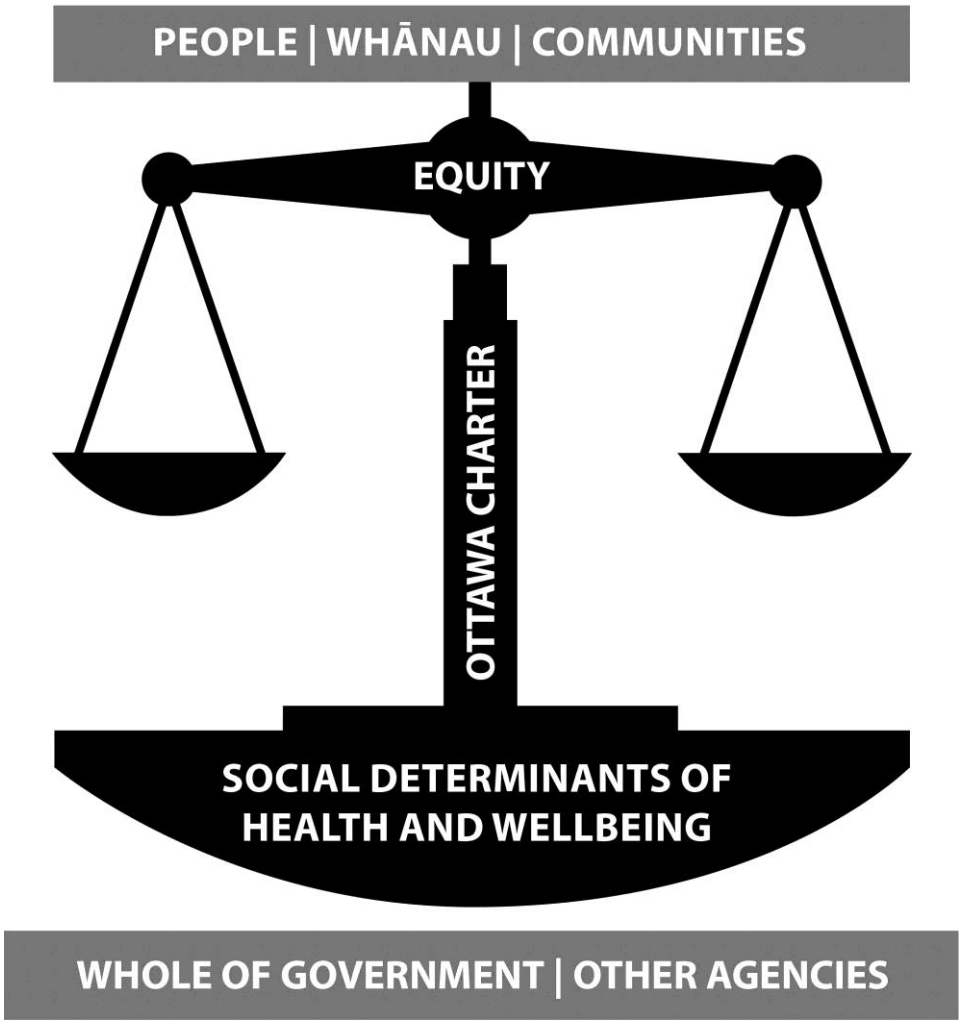

Figure 1. Anchor of mental health promotion

Summary of key recommendations

- Develop a whole of government strategy for the treatment and prevention of mental illness with actions framed around the Ottawa Charter and an equity lens applied to all government policies;
- Consider how the wider determinants of mental health and the influencers of mental health throughout the life course can be addressed (particularly before birth and early childhood);
- Ministry of Health, Ministry of Education, Ministry of Social Development, and Ministry of Justice should a cross ministry leadership and governance group to address mental health and wellbeing and to facilitate cross-ministry collaboration;
- Enable better systems for information sharing at the national and local level and;
- Support cooperative funding environments and increased investment for mental health promotion and providers.