He Ara Āwhina

Pathways to Support 2022

New Zealand Council Of Christian Social Services

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Ko wai au | Who we are:	The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on He Ara Āwhina – the service monitoring framework for the mental health and addiction system. NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches. Through this membership, NZCCSS represents over 250 organisations providing a range of social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith and Te Tiriti o Waitangi. Further details on NZCCSS can be found on our website www.nzccss.org.nz.

Tirohanga Whānui | Overview

NZCCSS supports the kaupapa of the Mental Health and Wellbeing Commission in developing He Ara Āwhina – the monitoring framework for the mental health and addiction system.

Our members are working across Aotearoa to meet ever-growing demand for such services. Walking alongside tamariki, taiohi, and whānau to navigate experiences across the mental health and addiction continuum. It has been evident for some time that transformation of the mental health and addiction system is needed to reverse the current trends in both service provision and outcomes.

Transformation will not be possible without the hope of something better. While we have concerns about He Ara Āwhina in its draft format, we do share the aspirations and outcomes underpinning this framework for all New Zealanders. Ultimately, we wish to see a system that inspires hope for tangata whaiora, whānau, and the mental health and addiction workforce. Each of these audiences is doing their best within a challenging system, during extraordinary times.

Our main points are:

1. **Use of dual perspectives encouraged**

We support the use of both Te Ao Māori and Shared Perspectives within He Ara Āwhina.

2. Elimination of solitary confinement and coercive practices

We support eliminating solitary confinement and coercive practices.

3. Concerns regarding ability to measure outcomes as drafted

We query the extent to which the broad and detailed nature of He Ara Āwhina makes it useful as a measurement tool.

4. Connected and collaborative approach key to achieving outcomes

A collaborative and connected approach from government is essential if the outcomes contained within He Ara Āwhina are to be achieved.

5. Recognition of specific audiences needed

He Ara Āwhina must recognise the distinct needs of specific audiences such as tamariki, taiohi and kaumatua and kuia.

6. Focus on access must align with known priorities

References to access within the framework must more explicitly link to urgent priorities such as timeliness of service and availability of appropriate workforce.

7. Focus on prevention and promotion needed

Greater focus on preventative measures is needed to recognise and address illness in its earlier stages.

8. Greater accessibility in language and format needed

The language and format of He Ara Āwhina makes is inaccessible for many within our population and the use of plain language is strongly recommended.

9. Use of broad, inclusive statements encouraged

Currently the framework lists conditions and services, this has the potential to lead to the exclusion of consumers and therapies.

10. Clarification of He Ara Āwhina implementation for service providers

We seek clarification of how this framework will impact service providers and what support will be provided to them during the integration and implementation phases.

Taunakitanga | Recommendations

We raise the following points and recommendations for consideration:

1. Use of dual perspectives encouraged

We support the adoption of a Te Ao Māori perspective and a Shared Perspective, noting that the two work together. This approach recognises Article 2 of the Treaty which speaks to partnership between the Crown and Māori and rangatiratanga of Māori.

We are interested in the extent to which the Te Ao Māori framework will be influenced by the Māori Health Authority.

Recommendation 1: NZCCSS supports the integration of Te Ao Māori and Shared Perspectives in He Ara Āwhina.

2. Elimination of solitary confinement and coercive practices

We support the move to eliminate solitary confinement and coercive practices, recognising that they have a detrimental effect on patients which compromises their recovery. We note that this practice continues to affect Māori men disproportionately.

The elimination of this practice is overdue given the original deadline of 2020, and we are pleased to see it identified within this framework in recognition of the ongoing need for improvement in this area of practice.

Recommendation 2: NZCCSS supports the inclusion of the elimination of solitary confinement and coercive practices within He Ara Āwhina.

3. Concerns regarding ability to measure outcomes as drafted

NZCCSS believes that the broad, aspirational, and detailed nature of the He Ara Āwhina framework impacts its usefulness as a measurement tool. We suggest that a simplified, principles-based approach to this framework would be more appropriate.

The proposed framework paints an aspirational picture. It encompasses the breadth of participants and drivers that contribute to tangata whaiora and whānau experiences within the mental health and addiction system. 65 outcomes, split between Te Ao Māori (33) and shared (32) range from central government to the communities within which service users are located, across 6 focus areas.

Whilst these points reflect the complexity and interconnectedness of user experiences and system drivers, it leads us to question the extent to which the stated outcomes can be usefully measured and subsequently influenced by the Mental Health and Wellbeing Commission. Statements such as:

> "*Policy and laws effectively minimise the social, economic, environmental, and commercial determinants of mental distress, gambling, and substance harm, and enable wellbeing.*"

and

> "*We experience connection and belonging in inclusive communities that celebrate our humanity, pride, diversity, and recovery stories.*"

are highly admirable but hugely multifaceted. As heard during the co-define phase of this mahi, carried out by the Initial Commission,

> *"There needs to be a distinction between what the mental health system (services) focus on and can provide, versus an ideal world that we would all like to live in"* (Initial Mental Health and Wellbeing Commission, 2020).

We are deeply interested in understanding how the Mental Health and Wellbeing Commission will measure progress towards achieving each of these outcomes.

By contrast, a principles-based approach to system monitoring provides greater accessibility for consumers of all ages. This allows flexibility of the diverse nature of mental health experiences and services, as well as specific areas of priority at a given point in time. We point to Te Whāriki, the Early Childhood Education curriculum, which is based on principles of whakamana, kotahitanga, whānau tangata and ngā hononga, as one example of an accessible and flexible evaluation framework.

Recommendation 3: NZCCSS recommends that He Ara Āwhina be simplified into a principles-based measurement framework.

4. Connected and collaborative approach key to achieving aspirations

The aspirations and outcomes outlined in He Ara Āwhina can only be achieved, or progressed, through a collaborative and connected effort from government. To what extent will other agencies within government work in concert with the Mental Health and Wellbeing Commission to achieve the outcomes aspired to in this framework and how will change be funded?

We hope that we will see an approach that "joins-up" the respective efforts of the various government entities. When we look at statements such as,

> *"Policy and laws effectively minimise the social, economic, environmental, and commercial determinants of mental distress, gambling, and substance harm, and enable wellbeing",*

we question the extent to which the Mental Health and Wellbeing Commission will be able to influence or mandate change in these areas based on its findings.

We note that there is a responsibility within this framework to monitor the performance of central government, as much as the progress made within community-based mental health and addiction service providers and the wider community. We are interested in a commitment to transparency, alongside collaborative work, particularly in relation to key issues that impact mental health and addiction, such as housing, social welfare, and justice.

Recommendation 4: NZCCSS supports transparency in relation to a comprehensive government commitment to achieving the outcomes identified in this framework.

5. Recognition of specific audiences needed

He Ara Āwhina does not adequately recognise the distinct needs of different populations and intersections within the tangata whaiora population. We note that there is no specific reference to varied demographic categories within the framework such as children, youth, older people or people with disabilities.

Further, we note that there is no specific links to existing Government strategies / frameworks, such as the programme of action identified in the *Child & Youth Wellbeing Strategy* regarding increasing support for mental wellbeing, the service principles set out for *Mental Health and Addiction Services for Older People and Dementia Services,* or the N*ew Zealand Disability Strategy on Health and Wellbeing* (The Department of the Prime Minister and Cabinet, 2019) (Ministry of Health, 2011) (Office for Disability Issues, 2016).

The current framework appears to take a one-size-fits-all approach to outcomes, at the risk of diluting or losing that which is unique to specific demographics. As an example, youth mental health is an area of great concern and as such we believe that He Ara Āwhina must place specific focus on this audience. This includes recognising the voice of youth in service design and delivery and targeting the barriers to effective service which are unique to a youth audience. We highlight Judge Becroft's comment:

> *"Youth mental health and wellbeing is emerging as one of the great issues our time. Governments will be seen to take this need seriously. Their commitment will be demonstrated by their funding of effective and appropriate services, and ensuring access to them."* (Becroft, 2021)

We believe a monitoring framework should more explicitly measure the extent to which targeted outcomes for various audiences are achieved. When we know that these audiences are disproportionately represented in the affected population or have unique rights that must be maintained within the provision of mental health services, this becomes even more crucial. We expect that targeted outcomes would be reflective of the priorities and solutions identified by those specific audiences they relate to, so that a greater sense of ownership of this framework can be achieved.

Recommendation 5: NZCCSS urges the Mental Health and Wellbeing Commission to place greater emphasis on unique audiences within the measurement framework.

6. Focus on access must align with known priorities

He Ara Āwhina focuses on access but fails to identify urgent barriers to access that exist within the mental health and addiction system today. The language relating to access is heavily focused on the right to choose, meaningful choice, and the types of support one should have access to. What is not spoken to in the framework is the responsiveness or timeliness of service provision, currently an issue of longstanding and now urgent concern.

References to workforce within the document focus primarily on ensuring equitable recruitment, and reducing bias within the workforce, but do not speak specifically to the much-needed recruitment and retention of our mental health and addiction workforce.

Our members report concerns in both of these areas, noting the impact each aspect has on the ability to adequately meet the needs of clients. Whilst these issues could be reported on under another outcome within the framework as it stands, the absence of a specific reference to these aspects of access raises concerns that they will be overlooked.

We would expect to see these crucial areas identified more explicitly within such a detailed framework, demonstrating a clear intent to track progress and influence change on these issues of urgency.

Recommendation 6: NZCCSS recommends that urgent priorities such as timeliness of service and staffing are clearly addressed in He Ara Āwhina.

7. Focus on prevention and promotion needed

NZCCSS wishes to see a focus on prevention and promotion within He Ara Āwhina. The fact that there is currently no reference to 'prevention' or 'promotion' within the framework is surprising and at odds with efforts to imagine an ideal system. We must ensure the continuum of mental health and addiction experiences are reflected within this framework, not just the experiences of those most severely affected.

As it is currently written the framework appears to be tailored to tangata whaiora and whānau who are experiencing relatively severe forms of mental distress and addiction. A strategy for early recognition and intervention is essential if we are to reverse current trends. Barriers to early identification of mental distress and addiction must be examined and addressed. In particular, the challenges of the past two years have taken a toll on the wellbeing of many New Zealanders and disrupted established support systems for people seeking help. An example of this is the barrier to accessing GP services presented by COVID-19 (Annual Update of Key Results 2020/21: New Zealand Health Survey, 2021).

Now more than ever we must look at how promotional and preventative measures can support people in the early stages of illness and reduce the prevalence of more severe distress and addiction that we currently see across the motū.

Recommendation 7: NZCCSS urges the Mental Health and Wellbeing Commission to include a focus on preventative and early-intervention strategies in this framework.

8. Greater accessibility in language and format needed

He Ara Āwhina is a detailed framework that uses language which may limit its accessibility. Given the application of this framework to all ages and demographics of the population we would expect to see the use of plain language and clear concepts.

The language and format used makes it inaccessible for tamariki and taiohi, but also for many in our adult population. We know that almost half our working age population has a reading age of 11-12 years and would struggle with jargon and phrases such as "*whanāu dynamic*" and "*It lends to*" contained in the document (Mitchell, 2018).

We strongly urge a plain language approach is adopted to simplify this framework and ensure it is accessible for the people it seeks to support.

Recommendation 8: NZCCSS recommends the use of plain language within the framework.

9. Use of broad, inclusive statements encouraged

We also note the categorisation of mental health, addiction, services and supports used within He Ara Āwhina which have the potential to exclude the experiences of some consumers. Statements such as "*Our options include kaupapa Māori, peer-led, trauma-informed, and family-based supports,*

harm reduction approaches, and access to community and home-based support" and "*Communities are enabled to develop and deliver their own responses to distress, trauma, harm from alcohol, other drugs, or gambling*" limit recognition of experiences that sit outside of these definitions and present a risk that other supports that lie outside of these descriptors are not adequately recognised within the system.

We believe the use of broader, inclusive language, rather than lists, is needed to ensure that this framework is genuinely inclusive and recognises the complexity and uniqueness of both mental health and addiction experiences and pathways to support.

Recommendation 9: NZCCSS suggests that lists of mental health and addiction conditions and services be replaced with broader, inclusive statements.

10. Clarification of He Ara Āwhina implementation for service providers

NZCCSS seeks clarification as to how He Ara Āwhina will be implemented and what will be expected of service providers to operate and report within this framework. We note that a new measurement model typically brings increased compliance, which has the potential to impact on or constrain service provision.

This change is compounded by previous system changes which have contributed to a stretched workforce. It als comes amid major reforms with the introduction of Health NZ and the Māori Health Authority. Whilst this presents an opportunity to integrate the He Ara Āwhina focus within these new entities, we must be mindful of the impact of systemic change on the recruitment and retention of the workforce needed to realise this vision.

We query the extent to which service providers will be resourced to adapt service provision and reporting mechanisms to align with the vision outlined in this framework. We suggest a long lead in time in recognition that our mental health and addiction services are already overwhelmed by demand for services.

Recommendation 10: NZCCSS seeks clarification of the implementation process and timeframe for service providers.

References

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