

Submission on the Government Inquiry into Mental Health and Addiction

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Introduction

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMH appreciates the opportunity to comment from a public health perspective on the Government Inquiry into Mental Health and Addiction.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. This submission sets out particular matters of interest and concern to the Public Health Service, NMH, particularly in relation to the adopting a social determinants approach to mental wellbeing; targeting specific groups for suicide prevention; and the need for specific alcohol harm reduction strategies.

General Comments

4. NMH welcomes this Inquiry to look at the provision of mental health and addiction services from a broader determinants of health perspective. NMH strongly supports having a multi-sectoral approach in order improve wellbeing and mental health. Mental health is influenced by a wide range of environmental, social and behavioural factors beyond the health sector. Initiatives to improve mental health outcomes and overall quality of life must also involve organisations and groups outside of the health sector.
5. NMH would like to emphasise that any review of services must have a strong emphasis on integrating Treaty principles and targeting actions that lead to better health outcomes for Māori and vulnerable populations.
6. Social economic disadvantage is a key risk factor for mental health issues and suicidal behaviour.¹ Therefore the broad determinants of health which influence mental health such as education, housing and employment are needed to also be considered in any review. The World Health Organization places emphasis on the importance of addressing this area stating that *“the greater the inequality, the higher the inequality in risk. In order to reduce these inequalities and reduce the incidence of mental disorders overall, it is vital that action is taken to improve the conditions in everyday life”*.² The Suicide Prevention Strategy 2017 recognised the impact of these influences on more vulnerable population groups by stating *“living in an area of high socioeconomic deprivation is also strongly linked to higher suicide rates among Māori and Pacific peoples”*.

¹ Samaritans. (2017) *Dying from inequality: Socioeconomic disadvantage and suicidal behaviour. Summary report 2017*. Samaritans, Surrey

² World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, World Health Organisation, p. 43

7. Given the above, NMH considers that the Inquiry needs to include targeted actions focused on reducing social economic disadvantages such as low income, debt, poor housing, lack of education and unemployment. This would require commitment from a range of both government and non-government organisations to deliver a series of actions to reduce social inequalities resulting in greater wellbeing, better mental health and a reduction in suicide rates.
8. In addition to considering the social determinants of health, NMH recommends that the Inquiry also includes ways to address risk factors identified in the body of evidence relating to Adverse Childhood Events³ which are known to significantly impact health outcomes for children.
9. NMH supports the holistic approach taken by the Inquiry and recommends that the health promotion framework, Te Pae Mahutonga⁴, that was developed by Mason Durie, is incorporated into the delivery of mental wellbeing services
 - Mauriora / Cultural identity
 - Waiora / Physical Environment
 - Toiora / Healthy Lifestyles
 - Te Oranga / Participation in Society
 - Nga Manukura / Community Leadership
 - Te Mana Whakahaere. / Autonomy and self-government

This framework incorporates the determinants of health and shows clear areas where services need to be delivered so that people can flourish. This type of wellbeing system would focus on equity, building on strengths and improving long term life and health outcomes.

10. The Ministry of Health commissioned an external provider to create *The New Zealand Suicide Prevention Outcome Framework*.⁵ NMH recommends that the Inquiry adopts the type of methodology that was used in the framework to clearly identify the targeted populations, population indicators, the outcomes, strategies, and monitoring for each of the proposed action areas. Adopting this outcome framework will mean that there is a clear coordinated mental wellbeing strategy with prioritised actions that are measurable and deliverable which will result a broader range of services and improved quality of life.

11. **Mental Wellbeing Programmes and Services**

Consideration should be given to mandating government agencies to work together to deliver and fund coordinated mental wellbeing programmes. This mandate is imperative for services

³ <http://www.hrc.govt.nz/sites/default/files/Professor%20Terrie%20Moffitt%202.pdf>

⁴ <http://www.hauora.co.nz/resources/tepaemahutongatxtvers.pdf>

⁵ Haggerty & Associates. (2016). A refreshed New Zealand Suicide Prevention Outcome Framework - applying the outcome framework and service landscape tool. Wellington

to work successfully. It is important that government agencies and NGOs be adequately resourced so that they are able to achieve the targets that the Inquiry will set.

12. It is important that children and young people have access to programmes that build positive wellbeing. Such programmes could be built into school based and education programmes for students. Evidence has shown that these activities are best delivered when they are fully integrated^{6,7} into the New Zealand Health Education curriculum; this could be done through the Positive Behaviour for Learning Stream and cover identity, culture, gender, relationships and social and economic determinants of health and wellbeing in primary school and secondary school.
13. Supporting those in distress requires adequately resourced crisis intervention services which are able to respond in a timely manner. Demand for services can often fall outside of work hours therefore help can be very difficult to obtain for people in distress, this is particularly true in smaller centres and rural areas. The coordination of mental health services at a national level are vital to ensure individuals obtain the right service at the right time throughout the country.
14. NMH recommends inclusion of activities to increase access to counselling services extends beyond e-therapies and counselling services for youth. It is important that people are able to access free community and counselling services as costs can be a barrier for many of those in need. NMH was pleased to see that the Government has set aside \$10 million to pilot free counselling for 18- 25 year olds.

15. **Suicide Prevention**

Many suicides occur as a result of situational distress, such as relationship difficulties, social isolation or job loss as opposed to mental illness. Often suicide prevention strategies lead through to mental health specialists for diagnosis and treatment. While this approach may help people who have a mental illness, it is of limited use to people at risk of situational suicide.⁸ NMH believes that the Inquiry needs to consider actions such as providing support services for those experiencing situational distress such as relationship breakups and suffering from alcohol or drug harm. Currently many secondary providers need to provide support services out of hours because the community and primary services are under resourced to respond especially during after hours.

⁶ Adrienne Alton-Lee (2003) *Quality Teaching for Diverse Students in Schooling: Best Evidence Synthesis* Ministry of Education, Wellington)

⁷ Aitken, G. & Sinnema, C. (2008). *Effective Pedagogy in Social Sciences Tikanga ā Iwi Best Evidence Synthesis Iteration (BES)*. New Zealand Ministry of Education

⁸ Ashfield, J., Smith, A., Macdonald, J. (April 2017). *A Situational Approach To Suicide Prevention*. Australian Institute of Male Health and Studies

16. Gender is a social determinant of suicide risk, almost three-quarters of the people who die by suicide are male⁹. Research suggests that most suicide prevention strategies are more effective at preventing female suicide than male suicide.¹⁰ Strategies that target people who are thinking about suicide and invite them to talk are more effective at helping women. Male-friendly approaches to suicide prevention generally recognise that men are less likely to report having suicidal thoughts, but men will respond positively to practical, self-directed, problem-solving approaches to health promotion and suicide prevention¹¹. Therefore more investment needs to be given to targeting support services for men who are experiencing the situational distress that is known to increase their risk of suicide such as issues with relationships, work and money.¹²
17. There are a range of groups with markedly higher rates of suicidal behaviour and work needs to be done to tailor suicide prevention activities specific to the following population groups:
- Maori and Pacific peoples (particularly of a certain age and/or those living in areas of high socioeconomic deprivation)
 - Mental health service users and those admitted to hospital for intentional self-harm
 - Migrants and refugees
 - Lesbian, gay, bisexual, transgender and intersex (LGBTI) population
 - The elderly population
 - Individuals serving custodial sentences
 - Rural communities and farmers
 - Military personnel and first responder personnel
 - People with disabilities
 - Children up to age 14
18. NMH recommends that basic suicide prevention training strategies be also offered to community agencies and non-governmental organisations. By extending the training, there would be more people able to support people in need as well as relieving the pressure on crisis resolution services. It is important that people who are providing support services also have appropriate support and education for them to deal personally with the effects of suicide. Anecdotally many first responders who deal directly with suicides often have suicidal ideation. Therefore adequate support mechanisms are needed to help both professional and volunteer first responders.

⁹ <https://www.health.govt.nz/publication/strategy-prevent-suicide-new-zealand-draft-public-consultation>

¹⁰ Lester D. (2014) *Preventing Suicide in Men Versus Women, Chapter 23 of Suicide In Men: How Men Differ in Expressing Their Distress*, Charles C Thomas Publisher, Ltd

¹¹ Ibid

¹² Poole, G. (2016) *The need for Male-friendly approaches to Suicide Prevention in Australia*, Australian Men's Health Forum

19. Alcohol

Alcohol use has a negative impact on mental health, both to the individual drinker and to those impacted by the drinking of others. Being exposed to a heavy drinker can double the risk of anxiety and depression, and lead to financial and physical harms that impact mental health. In individuals, hazardous drinking can cause depression, violent behaviour, exacerbate existing mental health problems, and lead to suicidal thoughts. It has also been found to be the strongest modifiable risk factor for the onset of dementia, which is particularly relevant to our region's (Nelson Marlborough) ageing demographic.

20. NMH recommends that the Inquiry makes recommendations *specifically* in relation to reducing alcohol related harm in New Zealand society. Alcohol use requires specific matters to be addressed that should not be subsumed within the general umbrella of mental health.
21. In order to reduce the mental health harm from alcohol there is a range of strategies that need to be included as part of the broader scope of the Inquiry. These strategies are included in the position statement¹³ that was developed collaboratively by the South Island Public Health Units and represents the South Island DHBs collective position. The strategies are
 - Reduce alcohol accessibility
 - Raise the alcohol purchase age
 - Raise alcohol prices
 - Reduce marketing and advertising of alcohol
22. In addition to the strategies listed above, targets in relation to reducing hazardous drinking should be established. In the past five years for example, New Zealand has witnessed increasing rates of hazardous drinking among adults and many subgroups, including women, have shown marked increases in drinking.
23. NMH also recommends that targets are established to ensure progress is made in relation to equity. The impact of alcohol is most prevalent in our most vulnerable communities and is often used to mask underlying issues.
24. Understanding the potential risks associated with alcohol use could include mandatory warning labels on all alcoholic products, including the wording "use of alcohol can damage your mental health".
25. NMH also recommends early identification of Foetal Alcohol Spectrum Disorder and appropriately-resourcing referral pathways.

¹³ <https://www.cph.co.nz/health-professionals/position-statements/>

Conclusion

26. NMH is strongly supportive of the Inquiry into Mental Health and Addiction and thanks the Inquiry for the opportunity to comment.

Yours sincerely

A handwritten signature in blue ink, consisting of a large, stylized 'P' followed by a long, horizontal, slightly wavy line that ends in a small loop.

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