TE WAIORA Nelson Marlborough Health

Ministry of Health: Mental Health and Wellbeing Long-Term Pathway

24 March 2021

This response has been contributed to from several agencies and services across the MH&A continuum, including secondary, primary, kaupapa Maori, NGO, MSD and public health.

For more information please contact:

Jane Murray
NMH Public Health Service
Email: jane.murray@nmdhb.govt.nz
Phone: (03) 543 7805

Jane Kinsey
General Manager MHA&DSS
Jane.Kinsey@nmdhb.govt.nz

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 Tauihu. NMH appreciates the opportunity to comment.

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 for our Mental Health & Addictions (MH&A) services and partners system-wide and our Public Health Service, NMH. This includes the need to better meet demand in our community as well as the need to intervene early, and work to minimise or prevent MH&A issues form arises later in life. We are committed to addressing the inequity that exists and this includes the need to take a more person and whanau centred approach to providing services and support, as well as paying attention to adopting a social determinants approach to mental wellbeing; with more targeted approaches for vulnerable communities for issues such as suicide prevention; alcohol and other drugs harm reduction strategies and recognising past and present trauma as a key factor which impacts of people's wellbeing.

---

4. **Question one: In relation to each of these [Kia Kaha seven guiding principles] principles, what specific actions would you like to emphasise that would ensure they are upheld within future work to support mental wellbeing?**

a) Uphold Te Tiriti o Waitangi – the principles of Te Tiriti underpin all actions in Kia Kaha.

NMH recognises the need and has the commitment to strengthen the way we integrate Te Tiriti o Waitangi in the way we govern, plan and provide our services and supports. We have a commitment to achieving equity for Maori and we understand that the adoption of the Te Tiriti principles and targeting actions that lead to better health outcomes for Māori and vulnerable populations is critical to achieving this. Some ways we have identified which can begin to show our commitment to this includes:

- NMH supports the expectation to commit to ongoing and increasing investment into kaupapa Maori models of support and service provision.
- In addition, we recognise the need to address systemic racism, where our processes and pathways to support can be unequal for Maori and currently disadvantage Maori whanau from accessing the clinical care and support they may need.

- We support a focus on increasing the number of Maori in our workforce, right across all services; clinical and non-clinical and all disciplines. Setting a target to work towards is an expectation we are working on within NMH and recognise that this target may differ across DHBs.
- We also support the need to ensure Maori employees have good support where-ever they work across the system. This should include cultural support, as well as learning and development, employment relations, health, safety and wellbeing.
- We also support an expectation training our current workforce to access regular training to address unconscious bias, understanding of the Te Tiriti o Waitangi and increase our ability to speak and understand Te Reo Maori.

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

NMH supports the holistic approach taken by the Inquiry and recommends that the health promotion framework, Te Pae Mahutonga[1], 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

Social economic disadvantage is a key risk factor for mental health issues and suicidal behaviour.[2] 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*".[3]The

[1] http://www.hauora.co.nz/resources/tepaemahutongatxtvers.pdf

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

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

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"*.

Given the above, NMH considers that the Pathway 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.

NMH supports the work of the Royal Commission of Inquiry into abuse in care in order to transform the way care is provided to the most vulnerable people in our communities. We recognise the need to provide ongoing support for those who have suffered psychological and sexual abuse.

c) *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.*

NMH strongly supports this focus.

One key strategy to achieving this is how we work to provide support to people and whanau by utilising a well-trained and supported Lived Experience Peer workforce which follow intentional peer support practice.

NMH would support the development of a national framework to be developed for the Lived Experience Peer workforce to work in both 'mainstream' and kaupapa Maori services. NMH welcomes this approach as it demonstrates ways of working which enhance our ability to respond innovatively with a strengths-based approach. It is essential for this workforce to have access to consistent and high-quality training.

As example of service provision using Lived Experience Peer workforce is Kotuku Health Action's Kotuku House in the report on the Mental Health and Wellbeing Commission's website: https://www.mhwc.govt.nz/the-initial-commission/progress-reporting/

d) *Community focus – strong communities provide a foundation of support and connection which is vital for mental wellbeing*

NMH supports an increase in the number and regularity of provision of psychosocial support across our community. This can be provided several ways e.g. Psychological first aid courses with Red Cross, MH101, workplace wellbeing initiatives. These

courses in different settings are hugely valuable however there may be limited availability across the whole community, particularly rural.

Suicide prevention and postvention recognises that positive and trustworthy connections to people the vulnerable person interacts with are vital to mitigating suicide risk. Informal positive networks are often the most effective mechanism in helping keep vulnerable people safe. However, whanau and community don't always know what is helpful in keeping people at risk safe, and some guidance on evidence based practice is often important and necessary.

e) *Uphold human rights – human rights are central to implementing an effective, equitable and balanced future mental health and addiction system.*

Systems that treat all people with respect, fairness, kindness and compassion are a vital foundation to equitable responses.

Ministry of Health instigated a restorative justice approach to exploring the harm caused by surgical mesh use in Aotearoa New Zealand. https://www.health.govt.nz/system/files/documents/publications/responding-to-harm-from-surgical-mesh-dec19.pdf

NMH supports continuing strengthening our culture in line with Restorative Just Culture practices and approaches. This includes how we support wellbeing across our workforce, how we embed protective practices to strengthen wellbeing and guides our approach to responding when things go wrong, e.g. adverse events.

"Restorative practices are similar in nature to Wānanga hui practices, different perspectives can be expressed in a safe and respectful way. They are mana enhancing for all involved, with collective wellbeing at their core." (Wi Keelan, Kaumātua HQSC QIP)

NMH is engaging with HQSC to progress this approach with our project: 'Learning from adverse events and consumer, family and whānau experience'. Phase I is currently underway and Phase II, Restorative Practice, is starting this year.

f) *Collaboration – working together is vital to create stability, efficiency and enhanced support for New Zealanders.*

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.

The recovery pathway for people with MH&A is also dependent on access to safe, warm and affordable housing, employment and training and social connections. Working in partnership with Iwi and cross agency partners is critical to achieving this. NMH demonstrated what a collaborative approach can achieve with the provision of support for the most vulnerable people in our community during COVID 19 levels 3&4.

Suicide prevention and postvention relies on a wide range of community and statutory agencies, individuals and informal networks working together to build a safety net for the vulnerable person. While mental health services are one of the key components to this safety net, they are by no means the only component; often the informal networks can play a more sustained and compassionate role in reducing risk.

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

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

NMH supports improved national information sharing protocols to be developed between the key statutory agencies – Police, CASA, Coroner, Victim Support and DHBs. This will enhance both our suicide prevention work as it will increase our understanding of possible contributing factors in our local context for us to have more targeted prevention programmes and it will ensure we have strong postvention supports across the community, multiple agencies and services involved.

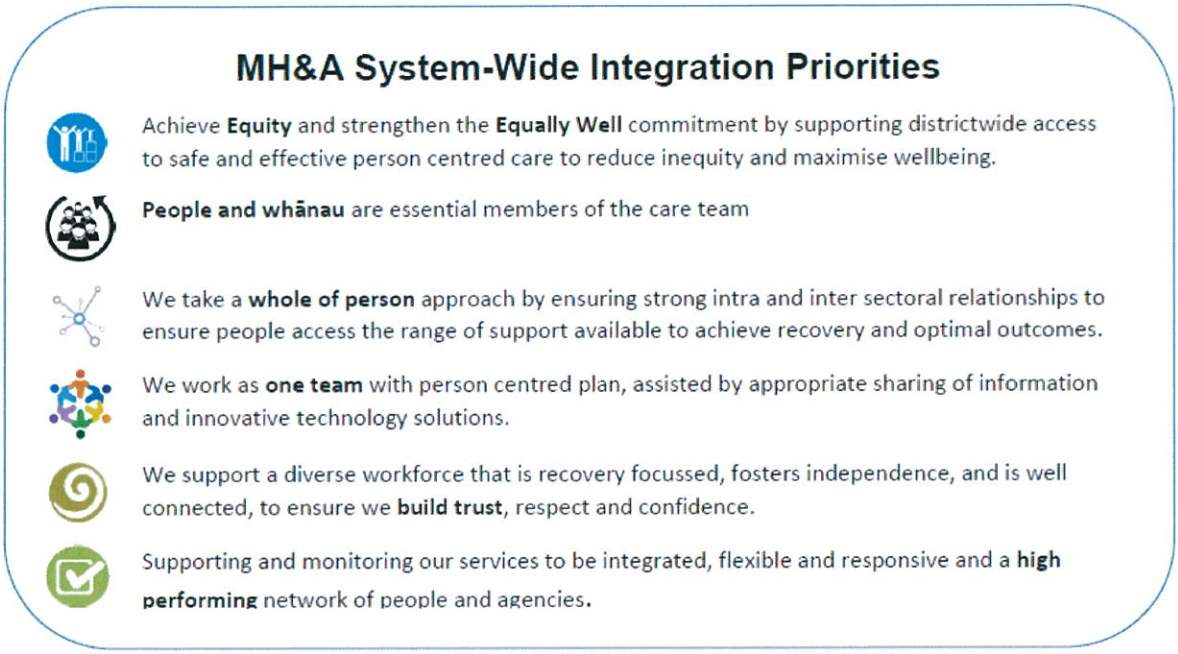
This would also assist an improved understanding of demand across our systems which could inform more joined up models of response to better meet demand e.g. family harm, homelessness, emergency housing, complex disability, mental health and addictions.

5. **What support is most needed to build the ability of communities to initiate and lead mental wellbeing initiatives?**

Access to evidence based information on what helps keeps people safe and well, what to look for in terms of risk, where to go for help and resources, what I can do to help an individual, knowing how to share information safely and appropriately. More resourcing; both financial and advice/support for communities wanting to develop local wellbeing initiatives. Communities knowing who they can go to for support and advice that uses evidence-based practice,

6. **What examples of mental health and addiction services are working well, and what makes these successful?**

NMH embarked on a **system transformation programme** to achieve improved integration across the MH&A continuum and across the health system using Quality Improvement methodology with co-design principles. We identified key system transformation principles by this process, and this has guided development since. This was further strengthened by the Te Ara Oranga inquiry and report.



This led to the development of a 3 to 5-year action plan to guide implementation of initiatives and programmes to achieve this. From this several improvement initiatives have adopted and been embedded. Some of these are included below:

Roll out of our **Wellbeing practitioners** across primary care is being very well received by our system. We have begun providing services in this way, aligned to the national Te Tumu Waiora model with good support from Te Pou. We have received excellent feedback from our primary care colleagues and we have begun to collect data which shows an increase in our services ability to reach the previously unmet demand, and we have data which shows a reduction in crisis calls from practices that have wellbeing practitioners based in their practice.

We have also found this programme works very well when have also trained practice nurses through the **Mental Health primary nursing credentialing programme** within the practice, as the practice confidence and ability to meet the needs of clients and whanau is greatly improved.

We are developing a **Stepped care model** for psychoeducation groups to be provided in the community on basic wellbeing skills, such as mood and anxiety management,

understanding and coping with emotions. This will be the first intervention for people who see their GP, and the groups will run repeatedly so that there is easy access. These groups will be useful for people while they are waiting to be seen by other services.

NMH has had a system improvement programme underway with our Emergency department, where we now have an all ages 24/7 Community Assessment Team, who are based in ED in the after-hours. We co-designed a pathway of care with consumers, ED and MH clinicians which we have called **Hinengaro pathway** - which services to guide a better pathway of care for people with mental health or addictions issues who present to ED. We also have had a MH Nurse educator in place who works to ensure the pathway is well followed, including training and support of the ED team to achieve this.

NMH partners with **Home Care Medical** who triage all calls into MH&A, except for some fast track referral systems from ED, primary care and Maori health services. We have implemented **the UK triage tool** across all our services which has improved consistency across our services.

We have partnered with the Wise group to implement **IPS Employment support** services across our teams. We began with a pilot in Blenheim and now we have employment specialists embedded in many of our MH teams; including Adult Wairau, Nelson and Tasman, Early Intervention and Maori Mental Health (with a dedicated Maori Mental health employment specialist appointed). This is aligned to the evidence with results which support this. Our teams have developed confidence over time with this model and see the benefits for our whanau.

We have developed a treatment programme for addressing **Methamphetamine addictions**, by adopting the MATRIX model for application in the New Zealand context, in partnership with our Kaupapa Maori service who also provide a programme.

We have worked to be more efficient with our paperwork and documentation. We have with the regional IS and IT team to transition MH&A notes to the same patient management system as the broader DHB with the aim to move towards having **one patient record** for people to remove the need to tell their story several times, and to ensure effective care no matter where a person presents in the health system.
We have developed a wellbeing plan with the aim to have 'one plan' no matter where in the health systems and we have refreshed our risk assessment documentation. We have developed these with Southern DHB aiming to have consistency across the South Island region.

We have begun a piece of work, supported by the MOH, to improve the process for developing bespoke packages of care for our **long-term inpatient's** clients. We are keen to progress the reporting of this, with a pathway to develop options of what might be possible and the desire to improve funding channels to support people with very complex needs.

NMH has recently established a residential service for younger people who have Wernicke-Korsakoff Syndrome.

We have focussed on developing the capacity of our **Maori mental health** team, with increasing resource and stronger integration with the wider Maori health team. The team are better supported and able to meet the support requests from the wider teams in order to better meet needs of whanau. We are also, over time, increasing investment into Kaupapa Maori services. The GM MH&A works closely in partnership with the GM Maori and Vulnerable Populations with joined up work plans and is part of leadership and quality improvement meetings.

NMH has had strong focus on **integration** of the teams across primary care, clinical services, CAMHS, Addictions, EIS, Adult and Older persons MH services to provide more comprehensive and less siloed approach to care. NMH has invested in having two Clinical Directors who work in partnership, one is a psychiatrist and the other a GP.

We have also led a co-deign process with whanau, community and services for **Nikau Hauora Hub,** which is a setting in Nelson central which aims to support people with complex vulnerabilities and guide them to the right supports to enhance their independence and recovery. We have developed an action plan to develop this model which is now a front facing lived experience peer support service, which is closely supported in partnership with Maori health and the MH&A teams, along with other agencies and services.

We have focused on developing strong connections and collaboration with **cross sector partners** and are progressing work to develop and implement a Whangaia family harm framework. This takes a collaborative wrap around approach to support people who are homeless and/or in housing first and emergency housing. We have developed an education programme for all agencies on how to better support people who may present with methamphetamine addictions and we have developed an approach to better supporting youth who are not in employment, education or training.

NMH has invested in development of **Older Persons MH** with a model which has strengthened their consult liaison ability for ARC, Hospital Clinical services and community teams. This reflects the increasing demand and earlier onset of dementia and Wernicke-Korsakoff Syndrome.

NMH has continued to develop the role of **health navigators** to support many initiatives. This includes recovery following emergencies, follow up with whanau to reduce the number of people who were not able to attend appointments and to support access to services.

We have included **trauma informed care** in our mandatory training for all MH&A staff and have now begun to offer it in our orientation to NMH for all new staff.

Investment into **Advisor roles**, such as Youth Advisor, whanau advisor, lived experience addictions and consumer advisor has helped to guide service development. They are members of quality improvement group and the leadership team.

NMH has invested in developing a more specialised **eating disorder** service due to the increasing demand. We have a collaborative model with the Paediatrics department and have dedicated psychology, health care assistance and working towards dedicated nursing to support the MDT.

The development of **resources** (wallet card size) that are widely and easily distributed across our community, including schools, workplaces, health and community settings.

It's OK Wallet Card for Adults

Nelson Marlborough Health

IT'S OK TO ASK FOR HELP

1737: Free phone or text 1737 to reach a counsellor

Healthline: Free phone Healthline to talk to a nurse 0800 611 116

Te Piki Oranga (Nelson Marlborough) 0800 ORANGA (672 642)

Talk to your general practice team: Contact your own GP or practice nurse

After-hours GPs:
Nelson: 03 546 8881
Marlborough: 03 520 6377
Motueka: 03 528 8866 or 03 528 8358
Golden Bay: 03 525 0060
Murchison: 03 523 1120

In an emergency:
Phone 111

FREE SUPPORTS AVAILABLE

Depression www.depression.org.nz 0800 111 757 or text 4202
Suicide Crisis Helpline 0508 tautoko 0508 828 865
The Lowdown www.thelowdown.co.nz team@thelowdown.co.nz or text 5626
Mental wellbeing www.mentemia.com
Youthline 0800 376 633 or text 234 talk@youthline.co.nz
Youth mental wellbeing tiny.cc/aroha
Sexuality and gender 0800 888 5463
Pregnancy & new parents www.depression.org.nz/pregnancy
Children's Welfare Oranga Tamariki 0508 326 459
Family Violence 0800 456 450 www.areyouok.org.nz
Women's Refuge 0800 733 843
Alcohol Drug Helpline 0800 787 797
Meth Help 0800 METH HELP (0800 6384 4357)
Gambling Helpline 0800 654 655 or text 8006
Supporting Families Nelson: 03 546 6090 Marlborough: 03 577 5491

It's OK Wallet Card for Parents, Children and Youth

TIKA Aroha – giving baby the best start in life

Touch and look
Your pēpē is calmed and reassured by watching your caring face and feeling your soothing touch. They love to see how your facial expression changes and reacts to what they are doing. They learn by watching you.

Identify your needs
You and your pēpē are strongest when your needs are being met. Never be afraid to ask for help. It takes a whānau to raise strong healthy tamariki.

Kōrero
Your pēpē loves the sound of your voice. They understand and respond to the tone of your voice more than the words you use. When you read to them they learn to share your world, and begin to understand the meaning of your words.

Aroha
Your pēpē knows they are loved when you respond to them with warmth and kindness. They understand that loving is normal when they watch all their whānau hug and kiss and laugh at the joy of helping them become strong tamariki.

Nelson Marlborough Health

IT'S OK TO ASK FOR HELP

Patua te Taniwha te "whakamā"! (Don't be embarrassed)

SUPPORT & ADVICE FOR PARENTS, CHILDREN AND YOUTH

Talk to your own GP or practice nurse
Te Piki Oranga 0800 ORANGA (672 642) Nelson Marlborough

Free 24/7 helplines
Free phone or text 1737 For support from a trained counsellor
Healthline 0800 611 116 To talk to a nurse
Plunketline 0800 933 922 Parenting advice and children's health
Kidsline 0800 543 754 (up to 18 years)
Youthline 0800 376 633 (up to 25 years)

In an emergency phone 111

FREE SUPPORTS AVAILABLE

Supporting Families Nelson: 03 546 6090 Marlborough: 03 577 5491
Oranga Tamariki 0508 326 459 Children's welfare
Parent Help 0800 568 856 9am–9pm
Family Services Helpline 0800 211 211 Find community services

Online resources
www.kidsline.co.nz
www.youthline.co.nz talk@youthline.co.nz or text 234, 8am–midnight
www.whatsup.co.nz Online chat for 5–18 year-olds, 3–10pm
tiny.cc/aroha Youth mental wellbeing
www.thelowdown.co.nz 0800 111 757 or text 5626. Helping young people with depression or anxiety
www.depression.org.nz/pregnancy For pregnant and new parents
www.greatfathers.org.nz Helping families, especially men, understand their baby's needs
www.skip.org.nz For parents of under 5's
www.kiwifamilies.co.nz Parenting information for all ages and stages
www.outline.org.nz 0800 688 5463 Support for LGBTQI+ whānau, 6–9pm
supportingparents.org.nz For parents, or children of a parent, experiencing mental health and/or addiction issues
www.skylight.org.nz For children, youth and whānau experiencing trauma, loss and grief
www.parent2parent.org.nz For parents of children with a disability
www.kidshealth.org.nz Children's health

Please contact Karen.Cameron@nmdhb.govt.nz if you would like stocks of either card.

Key elements to support effective improvement which we worked to cover in our 'system integration priorities' mentioned above:

- Focus in achieving equity
- Listen to the consumer voice e.g. co-design processes, complaints, AERs and feedback mechanisms, whanau involvement

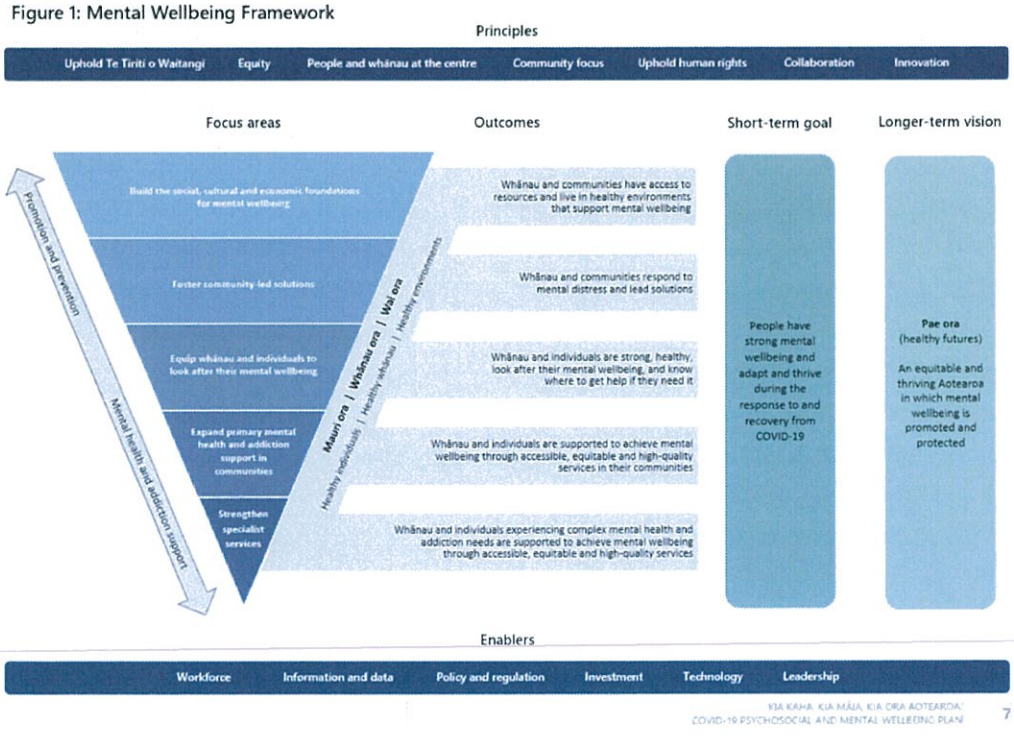
- Investment in workforce and wellbeing at work
- Support integrated models of care and support
- Co-design system improvement
- Be flexible and trust the workforce e.g. whanau friendly, flexible work conditions
- System-wide planning and investment
- Value partnerships kaupapa Maori services and NGOs e.g. shared access to records
- Invest in IT development and data analysis to convert data into information informed service development

7. **What are the key medium-term shifts (ie, in the next 3-5 years) you think are needed to transform mental wellbeing supports?**

The Ministry of Health commissioned an external provider to create *The New Zealand Suicide Prevention Outcome Framework.*[4] NMH recommends that 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.

NMH supports this 'Mental health and wellbeing Framework' model (depicted below) to describe and guide the framework for the MH&A system transformation. We see the enablers as critical elements to support this model and our annual plan and statement of performance for every DHB should reflect this.

Figure 1: Mental Wellbeing Framework



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

a) **Workforce** – *growing and supporting a sustainable, diverse, competent and confident mental health and addiction workforce with a focus on developing the peers support lived experience workforce.*

Increase Maori in our workforce – NMH is focused on building the number of Maori in our workforce, across the system, including Kaupapa Maori services, primary care and NGOs. This also requires comprehensive support for Maori in the workforce including supervision, clinical and cultural, and the development of career pathways to support progression over time.

Equity – workforce that understands and is confident in their approach to supporting Maori and achieve equity with comprehensive training on Te Tiriti o Waitangi, unconscious bias, systemic racism and Te Reo.

Acknowledging and addressing the impact of trauma - NMH recommends that methods to address risk factors identified in the body of evidence relating to Adverse Childhood Events[5] which are known to significantly impact health outcomes for children.

First 1000 Days – NMH supports a strong focus in increasing our capacity and capability to address wellbeing of infants and their caregivers across the system.

Equally Well – NMH recognises the need to continue to upskill MH&A workforce to have dual competency both in physical health and mental health, with the aim to reduce the gap in life expectancy for people with serious MH&A. Currently we have dedicated hours for a GP who is working to upskill the team in inpatients, medical and nursing.

Least restrictive practice – NMH continues to see the need to support least restrictive practice and minimise the use of seclusion.

Recruitment and retention – NMH recognise the need to ensure we have a well-developed recruitment strategy for people into MH&A workforce, which reflects our population and future workforce needs. Partnership with NMIT and other education should have a stronger focus on MH&A in the later part of the training e.g. nursing currently supports MH&A in second year only. There must also be a plan to ensure strong protective factors are n place to support the wellbeing of our workforce.

Care Management – further work required to support the expectations in roles such a care or case management to ensure we are following evidence-based practice to

[5] http://www.hrc.govt.nz/sites/default/files/Professor%20Terrie%20Moffitt%202.pdf

achieve recovery and independence. NMH would support working towards the development of a national framework.

System-wide planning and investment – NMH has invested and recognised the need to provide workforce development opportunities across the system including supporting access to training for NGOs, primary care and secondary care.

Lived Experience Peer Support Workforce – NMH is supportive of the development of a national Intentional Peer Support Workforce development framework which supports comprehensive training and supports the development of this workforce which is focused on intentional peer support practices and approaches.

b) ***Information and data*** – *timely, accurate and comprehensive information and data which can appropriately be shared across agencies and services will be crucial for longer-term success and the development of future collaborative models.*

c) ***Policy and regulation*** – *policy decisions and legislative changes set the framework within which on-the-ground services operate.*

The evidence base highlights the increased vulnerability of people with serious mental health and addictions should guide fully funded vaccinations for both flu and COVID

d) ***Investment:***

More resourcing; both financial and advice/support for communities wanting to develop **local wellbeing initiatives** in the community, schools and workplaces. We are aware not all employers offer access to confidential support such as EAP, and this is strongly recommended for all employers.

Keeping people well – ongoing investments and enhancements to existing funding arrangements will be critical for ensuring people in Aotearoa New Zealand have free and easy access to a range of mental wellbeing support.

Growing knowledge in our community - Communities knowing who they can go to for support and advice that use evidence-based practices and pathways to support access.

Parenting programmes – to support parents' skills, and resiliency throughout the child's development. This should also include focus on who to support safe access to on-line information and how to support healthy access and reduce gaming addiction and bullying.

Life skills – programmes which support people to understand, recognise and manage different emotions through different scenarios across the life course. This should be further developed for children in schools, workplaces, parents, and community. It

should include topics such as: mindfulness, life skills, how to manage conflict, dialectical behavioural therapy skills

Prioritisation of long-term inpatient clients – NMH supports the need to develop a responsive pathway to resource and support clients with complex needs who require bespoke programmes in the community. They often have co-existing needs which cross disability, MH&A, physical health, aging and early onset cognitive impairment. Currently NMH has a dedicated psychiatrist to help plan appropriate programmes of care required.

Facilities – NMH is reviewing the design of the inpatient unit and ED to facilitate best practice for both MH&A and COVID challenges.

e) ***Technology*** *– ensuring resources reach people with limited access to digital technology is a priority.*

Closing the digital divide - We need to ensure we invest in ensuring communities have access to technology (hardware and software) to avoid increasing inequity. This also supports a person-centred approach and facilitates wider whanau involvement.

Medication management – NMH is investing in a tool called Medi-map due to the recognition of the need to improve communication between services, prescribers, dispensers and clients. We are looking to introduce it for medication management for clients in residential support services, disability support services, methadone treatment and cardio metabolic monitoring.

f) ***Leadership*** *– effective communication, collaboration and guidance from leaders will help ensure responses are coordinated, mental wellbeing needs are met, and individuals and whānau feel supported.*

It is important the resources continue to be invested into front line services as well as the development of career pathways and succession planning for the workforce including support workers. There is also a need to support specialist workforce such as Nurse Practitioners, Clinical Nurses Specialists, MH Pharmacists, coordinators, Nurse educators, Maori health, cultural advisors.

Executive leadership – NMH supports the need for the GM MH&A to sit on the executive leadership team of every DHB to ensure equity.

i-CAMHS stepped care – it is critical that we further develop timely responsive services for infants, children and young people in a more stepped care approach. We acknowledge the current wait list is not ideal; however, there are limited alternative or more appropriate response in our community at lower levels (mild to moderate) of acuity.

Addictions stepped care - Increased focus on developing a stepped approach to supporting people with addictions – which includes a focus on prevention, early intervention.

Employment is a key element to supporting recovery – Strong focus on supporting people to stay in or get into employment by scaling up, in partnership with MSD the roll out of the IPS programme across the MH&A system.

Forensic services – NMH recognises the need to strength links with tertiary services and with corrections and police to better support whanau as they transition between services.

Health promotion – NMH recognises the importance of having strong leadership and investment into health promotion and school-based strategies which are evidence based.

Learning from Adverse Events – NMH is committed to restorative just culture which promotes learning from adverse events. We encourage a national framework to share these lessons.

8. What are the key longer-term shifts (i.e. in the next 6-10 years) you think are needed to support system transformation?

   a) As above

9. What else would you like to comment on that will support an effective long-term pathway for mental wellbeing?

   a) 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.

      Ensuring that the wellbeing curriculum is prioritised and delivered in every school should be a priority - building self-esteem, resiliency, communication skills, relationship skills, understanding grief and loss etc

      NMH has initiated the delivery of a school-based programme called Media smart – it is a prevention programme pilot which aims to reduce incidences of self-harm, eating

[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

disorders, bulling and raising self-esteem. We aim to progress this programme across our region.

b) Supporting those in distress requires adequately resourced crisis intervention services which can 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. This issue applies also to NGOs who provide some of the vital supports for vulnerable people - but often only on weekdays.

c) 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.

The recent funding for suicide bereavement via Aoekatera is also welcomed, but there needs more resource to cover the significant demand for bereavement support via Aoaketera, along with the government funding the delivery and not just the facilitator trained of the WAVES bereavement training. More counsellors skilled in both the screening for trauma symptoms and trauma informed interventions will also be vital.

Suicide Prevention

d) 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 supports 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 afterhours.

Situational distress applies to most suicides regardless of whether the person also has a mental health diagnosis or have endured trauma which reduces their resiliency and capacity to cope with the situation. We need all clinicians and MH services to be

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

trained to understand these issues so that they can respond appropriately and in a timely way.

e) Gender is a social determinant of suicide risk, almost three-quarters of the people who die by suicide are male[9]. 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 prevention[11]. Therefore, more investment needs to go 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]
More investment is required in those informal supports which men find safer and more accessible for them e.g. Men's Sheds, the Male Room, working groups etc. Also acknowledging the significant impact on men of sexual abuse and other childhood trauma.

f) 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 (particularly of a certain age and/or those living in areas of high socioeconomic deprivation and particularly rangatahi tane) Note Pasifika have lower rates of suicide risk than mainstream
    - Those who have been exposed to adverse childhood events and other historic or long-term trauma
    - Those who have had personal exposure to suicide
    - Those who mis-use alcohol
    - 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, particularly elderly isolated males
    - Individuals in the Justice system (may be coming up for sentence, leaving jail as well as being in jail -any transition point)

[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

- Rural communities

g) NMH recommends that basic (gatekeeper) suicide prevention training be also offered to community agencies and non-governmental organisations to a much greater degree than present. LEVA's Lifekeeper suicide prevention programme (funded by MoH) is excellent but vastly under-resourced. 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. Therefore, adequate support mechanisms are needed to help both professional and volunteer first responders. More advanced, nationally consistent and evidence-based training is urgently needed for those who are working in acute situations or are first responders.

Alcohol

h) 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.

i) NMH recommends that there are 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.

j) 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 statement[13] that was developed collaboratively by the South Island Public Health Units and represents the South Island DHBs collective position. The strategies are

   a. Reduce alcohol accessibility
   b. Raise the alcohol purchase age
   c. Raise alcohol prices
   d. Reduce marketing and advertising of alcohol

[13] https://www.cph.co.nz/health-professionals/position-statements/

k) 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.

l) 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.

m) 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".

n) NMH also recommends early identification of Foetal Alcohol Spectrum Disorder and appropriately-resourcing referral pathways. Alcohol plays a significant role in increasing suicide risk for vulnerable people (particularly males) - inhibiting access to alcohol could reduce our suicide rate significantly

Conclusion

10. NMH is strongly supportive of the Ministry of Health's consultation on the Mental Health and Wellbeing Long-Term Pathway and thanks the MOH for the opportunity to comment. We encourage you to get in touch should you have any questions or require any further information.

Yours sincerely

Lexie O'Shea
Chief Executive