

## Briefing

### Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

<b>Date due to MO:</b>	28/08/2024	<b>Action required by:</b>	4/09/2024
<b>Security level:</b>	UNCLASSIFIED	<b>Briefing number:</b>	BN2024-018
<b>To:</b>	Hon Matt Doocey, Minister for Mental Health		
<b>Copy to:</b>	[REDACTED]		

### Contact for Telephone Discussion

<b>Name</b>	<b>Position</b>	<b>Telephone</b>
Karen Orsborn	Chief Executive	[REDACTED]
Stuart Allan	Director Corporate Services	[REDACTED]

### Minister's Office to Complete

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Approved            | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted              |
| <input type="checkbox"/> Needs change        | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by event |
| <input type="checkbox"/> See Minister's note | <input type="checkbox"/> Withdrawn |   |

Comment:

# Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

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<b>To:</b>	Hon Matt Doocey, Minister for Mental Health		

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## Purpose

1. The purpose of this paper is to provide a proposed agenda and key discussion points for a meeting with you, Hayden Wano, Board Chair and Karen Orsborn, Chief Executive of Te Hiringa Mahara - Mental Health and Wellbeing Commission (the Commission) on Wednesday 4 September 2024.

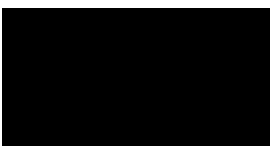
## Proposed agenda

2. We propose the following items for discussion.
  - i. Kua Timata Te Haerenga | The Journey has Begun monitoring report and recommendations
  - ii. Budget 2019 to Budget 2022 investment in mental health and addiction report
  - iii. Insights Paper on Acute Options for Mental Health Care
  - iv. Government Policy Statement on Health (GPS) and Mental Health priorities
  - v. Future Excellence Horizon and strategy.

## Recommendations

We recommend you:

- a) **note** the contents of this briefing. **Yes / No**
- b) **note** the Commission intends to proactively release this briefing as part of our proactive release policy. **Yes / No**



Karen Orsborn  
Chief Executive  
Date: 28/08/2024

Hon Matt Doocey  
Minister for Mental Health  
Date:

# Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

## Kua Timata Te Haerenga monitoring report and recommendations

1. In June 2024 we published [Kua Timata Te Haerenga | The Journey Has Begun – Mental Health and Addiction Monitoring Report 2024](#).
2. This report focused on access to services and options available over the five years from July 2018 to June 2023. It was supported by a Voices Report (thematic analysis of qualitative data gathered), an update to our online dashboard, and a series of infographics.
3. A briefing discussing this report was provided to your office on 16 August 2024 [BN2024-009].

### Key findings

4. The new Access and Choice services have increased access and expanded options for people with mild to moderate mental health and addiction needs. However, many people are having difficulty accessing specialist mental health and addiction services. The proportion of the population accessing these services has declined over the last 5 years, largely due to the increased workforce vacancies and people presenting with more complex needs.
5. Urgent action is needed by Government and health agencies to accelerate improvement in a range of critical areas, particularly addressing workforce pressures in specialist services.

The report made five recommendations, which detail the ‘who needs to do what’.

- i. **Health NZ** develops a mental health and addiction workforce plan to address service capacity and workforce shortages by June 2025 (inclusive of clinical, peer and cultural workforces, Māori and lived experience leadership, and across primary, community, and specialist services).
- ii. **Health NZ** develops an action plan by June 2025 to meet the needs of Māori and whānau accessing specialist mental health and addiction services.
- iii. **Health NZ** provides guidance for the delivery of effective acute community options tailored to meet the needs of rangatahi and youth by June 2025.
- iv. **Health NZ** develops a mental health and addiction data plan by June 2025 that ensures information systems are integrated and enables collection of quality and timely data.
- v. **Government** commits to funding a planned programme of work to collect mental health and addiction prevalence data by June 2025, to enable improved services and ensure value for money.

6. We will monitor progress against these five recommendations and will request progress updates from the relevant entities.

## Budget 2019 to Budget 2022 investment in mental health and addiction report

7. On 28 August 2024, the Commission published a report on [Budget 2019 to Budget 2022 investment in mental health and addiction](#). This outlines where Budget 2019 to Budget 2022 key mental health and addiction investments, including the priority *Taking mental health seriously*, have been spent as of 30 June 2023.
8. A briefing discussing this paper was provided to your office on 16 August 2024 [BN2024-017].

### Key findings

9. As of 30 June 2023, \$1,797.6 million (92 per cent) of Budget 2019 had been spent on or committed<sup>1</sup> to the intended initiatives. \$163.8 million (8 per cent) remained unspent, however, for several initiatives, remaining funding was committed to ongoing service delivery or implementation in 2023/24. Of the total investment package on mental health and wellbeing, 57 per cent went to Health, which includes key initiatives such as the \$455.1 million Access and Choice programme. The rest of the package went across social and justice sectors, including 24.3 per cent into Housing and Urban Development, 7.3 per cent to Social Development, 6.6 per cent to Corrections, 3.5 per cent to Internal Affairs, and the remaining 1.3 per cent to various government initiatives.

## Insights Paper on Acute Options for Mental Health Care

10. On 22 August 2024, the Commission published an [Insights Paper on Acute Options for Mental Health Care](#). The paper highlights the range of options that could and do (in some cases) make up the acute continuum.
11. A briefing discussing this paper was provided to your office on 13 August 2024 [BN2024-016].

### Key findings

12. We heard tāngata whaiora want to see increased access and more options, particularly when they are in crisis – including more accessible community-based acute options, such as Kaupapa Māori services, youth-orientated services, and peer-led services, all of which include holistic supports. The range of services available in

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<sup>1</sup> 'Funds committed' accounts for funding from 2019/20 to 2022/23 that may have been committed in a contract to be spent after 1 July 2023. This funding is in addition to the actual expenditure incurred (paid) up to 30 June 2023.

the community (both acute and non-acute) have a large impact on the pressure and demand for inpatient services. Reliable data on acute options delivered in the community is unavailable. Further work is required to provide a detailed list of the range of acute services available to help understand the variation of acute options across Aotearoa, and to better understand what acute options work best for whom, and under what circumstances.

## GPS and mental health priorities

13. The Board noted and discussed the GPS at their last meeting. The GPS contains measures that overlap with our role, including the five mental health targets, access rates, expenditure and FTE numbers. We are considering how we reflect the GPS as an input into our 2024 strategic refresh and development of our Statement of Intent 2025-2029.
14. The Minister of Health, Hon Dr Shane Reti, has written to the Chair offering to meet to discuss how we are considering the GPS in our work. We have responded accepting the invitation.
15. Following your announcement of mental health and addiction targets in the GPS, we are looking at how we can support this work and provide a broader context. This is part of our mandated function to independently monitor mental health and addiction services. We are looking at balancing measures (potential unintended consequences) and contributory measures to provide insights into trends and better understand access to services. We will brief you further on this work later in the year.
16. Following our previous discussions, and as outlined in our Statement of Performance Expectations for 2024/25, we are considering how we can best support suicide prevention efforts across government. The current government Suicide Prevention Action Plan runs to 2024, and we understand development of the new plan is underway. However, in recent working-level meetings, the Ministry of Health was unable to let us know the timeframes, or details of the content of the refreshed plan.
17. The Commission could be well placed to support and potentially monitor outcomes related to the Suicide Prevention Action Plan. We could also offer independent advice, and - if appropriate - endorsement of the plan. This would be supported by our early and ongoing engagement and involvement in the preparation of the plan. Your support for this would be helpful.

## Future Excellence Horizon and strategy

18. You met with our Future Excellence Horizon interviewers to discuss the key themes from the Future Excellence Horizon and provide your feedback [BN2024-013]. We are currently finalising the Future Excellence Horizon, which is a key input to the development of our Strategic Plan 2025-2029.

19. We are developing our strategic framework with a view to completing our Strategic Plan 2025-2029 by December 2024. This will support the drafting of our Statement of Intent 2025-2029.

## For noting:

### Meetings

20. We met with the newly established Mental Health and Addiction Assurance Group on 8 August. The group indicated they would like to meet with the Commission regularly.
21. We met with the Cross-Party Mental Health and Addiction Wellbeing Group on 20 August 2024.

### Board appointments

22. Interviews have been held for the current Board vacancy and the appointment is progressing. We also note three members have terms ending in February 2025 and we are keen to progress discussions on Board membership.

### Accountability documents

23. Your office has received a final copy of our Statement of Performance Expectations 2024/25 and our updated Statement of Intent 2022-2026. We will provide hard copies for tabling alongside our Annual Report 2023/24 in late in 2024.
24. Our first draft of our Annual Report 2023/24 is going to Board at their September meeting, and we will provide you with a draft to review in line with the Crown Entities Act.

### Further consultation on Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill

25. The Bill is progressing through the house. We broadly welcome these changes, including the preservation of our independence, and note the Select Committee's further recommendation that the Commission need not be consulted on the development of the Strategy, but that the Minister responsible be required to have regard for our views. If the Bill is passed, we will have a keen interest in the development and content of the Mental Health and Wellbeing Strategy.
26. We will monitor the Strategy's development and provide you independent advice on it, for you to consider as outlined in the Bill. We are committed to working with the Ministry of Health to contribute to the development of the Strategy. This would allow us to make a more informed view, and to help shape the Strategy in a way that will best achieve improved mental health and wellbeing outcomes, and which we can endorse as or where appropriate. We would like to discuss your support for, and expectation that, the Ministry should engage meaningfully with us as this work formally gets underway.

## Update on repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992

27. We previously submitted on the repeal and replacement of the Mental Health Act in 2022. We note there have been no further updates on the progress of the draft Mental Health Bill since July 2023.

### Next steps

28. We will continue to keep you abreast of our work programme and strategic direction through briefings and monthly meetings.

**ENDS**

