

Briefing

Te Hiringa Mahara | Mental Health and Wellbeing Commission – update on work

Date due to MO:	29/11/2024	Action required by:	NA
Security level:	UNCLASSIFIED	Briefing number:	BN2024-020
To:	Hon Matt Doocey, Minister for Mental Health		
Copy to:	[REDACTED]		

Contact for Telephone Discussion

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Minister's Office to Complete

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|--|------------------------------------|---|
| <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 Withdrawn | |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

Security level:	UNCLASSIFIED	Date:	29/11/2024
To:	Hon Matt Doocey, Minister for Mental Health		

Purpose

1. The purpose of this paper is to provides you with an update on our work following cancellation of our meeting on 27 November 2024. This meeting has since been postponed to early 2025.

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: 29/11/2024

Hon Matt Doocey
Minister for Mental Health
Date:



Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

Access and Choice Programme monitoring

Literature scan

2. We have commissioned a literature scan on primary mental health and addiction models and services and their impact. The purpose of this scan is to provide insights into range of international primary mental health models and the impact and achievements of these. The scan reviewed 27 models to understand their reach, effectiveness, and value for money.
3. We are intending to publish the report in February 2025.

Update on engagement Access and Choice Monitoring 2024-2025

4. We have been engaging with providers and clinical leaders as part of our monitoring work on the Access and Choice programme. The purpose of these engagements was to understand their experiences with the programme, including what worked well, what needs improvement, and information on their outcomes and reporting.
5. **Kaupapa Māori Service Leaders** - Between 30 September and 18 October, we attended nine engagements with Māori Service Leaders (and providers) responsible with implementing the Access and Choice Programme across Aotearoa New Zealand. These included Te Waharoa and Tūranga Health in Te Tairāwhiti, Te Waka Whaiora, Te Menenga Pai, and Ngā Kete Aronui: Ora Toa Collective in Wellington, He Waka Tapu and Purapura Whetu in Christchurch, the National Hauora Coalition and Ruapōtaka Marae in Auckland, Te Toi Ora in Kāwhia, and Poutiri Trust (and collective) in Te Puke.
6. **Pacific services and Youth services** - Between 19 September and 8 October, we held three talonoa with three Pacific services, and two focus groups with Youth services funded through the Access and Choice programme. The Youth services focus groups were attended by people working for eight services around the country.

Submission on draft Suicide Prevention Action Plan

7. On 31 October we participated in the Ministry's consultation process, and on 1 November we provided a written submission directly to the Ministry's on the draft Suicide Prevention Action Plan. [Our submission is available on our website.](#)
8. While the plan provides some useful elements, it is limited in scope and action. We appreciate the intent to design and deliver a focused plan, but there are gaps that should be addressed as outlined below.



9. Key actions from the 2019-2024 Suicide Prevention Action Plan should be included to deliver workforce, monitoring and evaluation, and national research plans. These will guide future action. Additionally, we note:
 - i. Critical analysis of the 2019-2024 Plan's actions and impact should be made available, to shape the draft 2025-2029 Plan;
 - ii. Action to address inequities based on evidence of needs to be added - particularly for Māori;
 - iii. Action should be included on the factors that affect suicide risk, underscored by a "suicide prevention in all policies" approach;
 - iv. The desired outcomes, measures, and actions should be strengthened to better monitor impact and support oversight and leadership.
10. As discussed with you on 23 October, we are keen to be further involved in the finalisation of the draft Plan.

Mental health and addiction workforce plan

11. We welcome the release of the mental health and addiction workforce plan in September 2024. This was one of our five recommendations made in our monitoring report *Kua Timata Te Haerenga | The Journey has Begun*, published in June 2024. We will be reporting publicly on progress against the five recommendations after the deadline we set in the monitoring report of June 2025.
12. We have engaged with Health NZ to discuss our feedback on the mental health and addiction workforce plan. Overall, we support the dedicated focus to address service capacity and workforce shortages in mental health and addiction services. We support the actions to address the pipeline of people coming from education and training facilities to work in mental health and addiction.
13. We have identified some gaps in the workforce plan which we have provided feedback to Health NZ on. We would like to see a clear vision for the future mental health and addiction workforce that includes the strengthening of Māori and Lived Experience leadership. We would also like to see actions to support the wellbeing of the workforce and address retention issues. We understand that some of these areas will be addressed in the overall health workforce plan yet to be released. We are working with Health NZ to understand the alignment between the workforce plan and the existing workforce development plan for the Access and Choice programme. We will provide further feedback and a formal assessment of the Mental Health & Addiction Workforce Plan against our recommendation after June 2025.

Targets

14. As noted in our last Briefing, we are embedding the five mental health and addiction targets within our work. While other health entities are tasked to monitor the targets, we are taking a wider view of system performance as part of our independent



monitoring function. We will monitor the targets alongside other measures to provide a deeper analysis of key issues and trends. We are taking a staggered approach to incorporating the targets within our work-programme.

15. We have started with the specialist mental health and addiction wait times target, as this is the measure already part of our monitoring and is well established. As you will know, Health NZ has made calculation changes to this specialist wait times target. The new calculation method deviates from other wait time targets in health (which are waiting times to first specialist assessment). The new calculation method now includes all referrals (rather than referrals for 'new clients'), has added non-clinical activity (e.g. peer support and advocacy), and continues to exclude mental health NGO services. With the calculation changes, the target threshold of 80% of people seen within 3 weeks has been achieved at a national level for the 2023/24 year. We would like to discuss further with you how the target can improve access to specialist mental health and addiction services.
16. We have positioned the specialist wait times target amongst a broader set of balancing measures (to check for unintended consequences) and contributory measures (the operation of the system to achieve the target). Our two balancing measures are: wait times to third appointment; and % of declined referrals. Our five contributory measures are: number of people using specialist services; % of population using specialist services; number of employed FTE in specialist services; % of population accessing Access and Choice programme services; and expenditure in specialist services.
17. We will publicly report on this broader measure set around the specialist wait times target in an access to services infographic by June 2025 (to cover data up to end of 2023/24 financial year).

Approach to the Mental Health Bill

18. We were pleased to see the Mental Health Bill had its First Reading in the House and encouraged to hear cross-party support to enact modern rights-based mental health legislation. We congratulate the Minister on this milestone and his commitment to He Ara Oranga recommendation that Government repeal and replace the current Mental Health Act.
19. We wrote to the health select committee outlining our concerns that the timeframe for submissions provided a very short window for people to engage with the committee and note the extension for the closing date by the select committee from 6 December to 20 December.
20. We are preparing to make a written submission on the Bill. We intend to submit on key areas in the Bill that align with our advocacy positions, presenting both our support and feedback on areas that can be strengthened. We are engaging with lived experience organisations to understand what is most important to them in the Bill so we can amplify their views in our submission.



For noting

TheMHS 2025 conference

21. We are working with The Mental Health Services (TheMHS) to co-host a New Zealand based one-day conference in late 2025. The purpose is to hold a New Zealand event to bring people who have an interest in mental health, addiction and wellbeing together to connect, share and learn.

Crisis responses

22. Further to our last briefing, we continue to engage with Police, the Ministry of Health and Health NZ to follow the implementation of the transition to a multi-agency response.

Board appointments

23. We also note three members have terms ending in February 2025 and we are keen to progress discussions on Board membership.

2024 strategic refresh

24. We are close to finalising our strategic refresh and completing our 2025-2029 Strategy. We will provide an outline of our strategy to you at our next meeting.

Next steps

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

ENDS

