

# Kua Tīmata Te Haerenga | The Journey Has Begun

Key findings from our monitoring report

Webinar 19 June 2024

Presenter	Topic
Guy Baker, Principal Advisor Māori Lived Experience	Karakia and welcome
<ul style="list-style-type: none"> <li>• Katie Sherriff</li> <li>• Guy Baker</li> <li>• Dr Ainsleigh Cribb-su'a, Director- Te Tūrangawaewae Manahau Research &amp; Evaluation, National Hauora Coalition</li> <li>• Natalie Horspool</li> <li>• Sonya Russell</li> </ul>	Introductions
Sonya Russell, Director Mental Health and Addiction System Leadership	Overview
Natalie Horspool, Principal Advisor Mental Health and Addiction System Leadership	Understanding key findings and our recommendations
Facilitator: Katie Sheriff, Principal Advisor, Population Groups Engagement	Questions and answers, discussion
Guy Baker	Karakia



# Overview

# Te Hiringa Mahara: our role and focus

- Contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa
- Independent Crown Entity
- We are Kaupapa driven and committed to being grounded in Te Tiriti o Waitangi
- Key functions:
  - System-level oversight and leadership
  - Monitoring and reporting
  - Advocacy for collective interests of People with lived experience and whānau who support them



# He Ara Āwhina (Pathways to Support) framework – Summary

Our Goal: A whānau dynamic mental health and addiction system

Kei te whānau te mana rangatira o tōna oranga. We lead our wellbeing and recovery. All whānau can navigate distress, reduce harm from substances and harm from gambling.

## Te Ao Māori Perspective

**Mana Whakahaere** – We (whānau) experience tino Rangatiratanga and feel that Te Tiriti o Waitangi is actively embedded in the mental health and addiction system and services.

**Mana Motuhake** – We lead and self-determine our pathways to pae ora, mauri ora and whānau ora.

**Manawa Ora / Tūmanako** – We have the right to choose supports and services that respond to our experiences, needs, and aspirations.

**Mana Tangata / Tū Tangata Mauri Ora** – We have a mental health and addiction system that is culturally, spiritually, relationally, and physically safe.

**Mana Whānau / Whanaungatanga** – We have access to supports and services that enable connection to our whānau, whakapapa, hapū, and iwi.

**Kotahitanga** – We want supports and services to work collectively and cohesively to make a meaningful difference for us.

## Shared Perspective

**Equity** – We (tāngata whaiora) want a mental health and addiction system that supports all of us and our whānau equitably.

**Participation and leadership** – We lead and self-determine our pathways through distress, substance, or gambling harm to wellbeing and recovery.

**Access and options** – We have the right to choose supports and services, when and where we need them, that respond to our experiences, needs, and aspirations, and believe in our capacity to thrive.

**Safety and rights** – We want a mental health and addiction system that understands and upholds our cultural, spiritual, relational, and physical safety, and our human rights.

**Connected care** – We want supports and services to work collectively and cohesively for us, and see us as valued members of whānau, communities, and society.

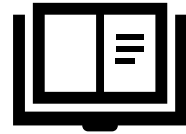
**Effectiveness** – Supports, services and policy must make a meaningful difference in our lives, so that we are self-determining and thriving.

Mental Health and Wellbeing Commission





# He Ara Āwhina monitoring: suite of outputs



## Kua Timata Te Haerenga | The Journey Has Begun

- Main monitoring report with key commentary
- Access and options domain
- Draws on quantitative + qualitative data
- Not a summary of all available data
- Includes calls to action & recommendations



## Voices report

- Thematic analysis of what we heard in the qualitative data
- Provide richness and depth
- Honours the perspectives we heard



## Infographics

- Key data on each of our advocacy areas visually presented
- Rangatahi & youth, Kaupapa Māori services and Reducing Coercive practices



## Dashboard

- All 12 domains of He Ara Āwhina
- All available data displayed in interactive format
- Shown over time and by ethnicity and age groups

# Updated dashboard

[www.mhwc.govt.nz/dashboard](http://www.mhwc.govt.nz/dashboard)



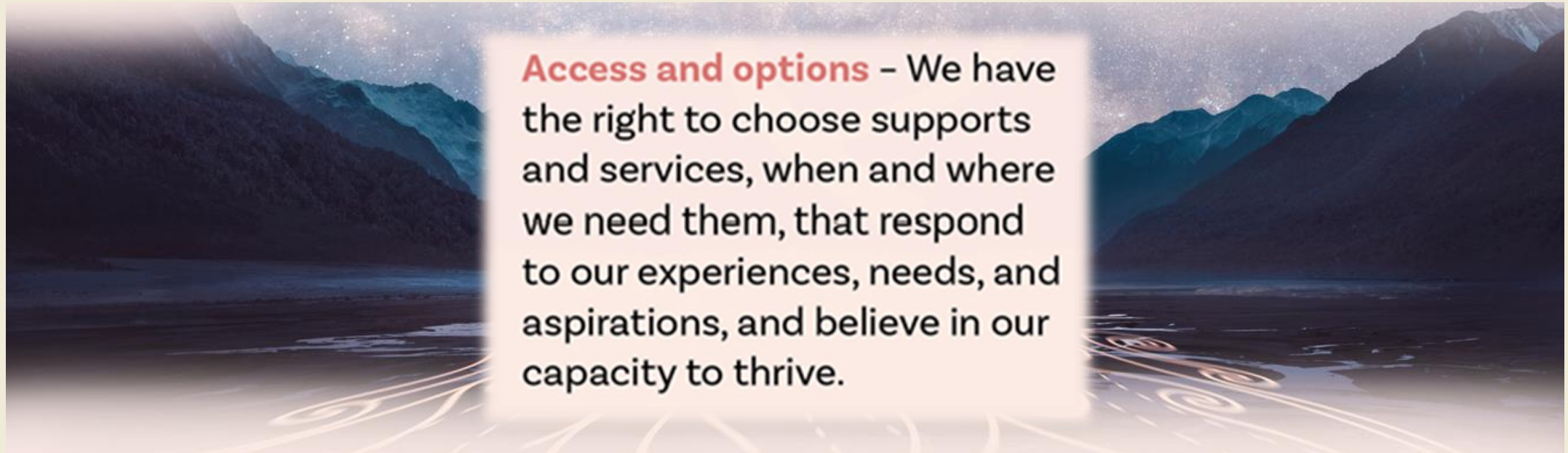
## He Ara Āwhina

	<b>Mana Whakahaere</b> We (whānau) experience tino Rangatiratanga and feel that Te Tiriti o Waitangi is actively embedded in the mental health and addiction system and services.	<b>Mana Motuhake</b> We lead and self-determine our pathways to pae ora, mauri ora and whānau ora.	<b>Manawa Ora / Tūmanako</b> We have the right to choose supports and services that respond to our experiences, needs, and aspirations.	<b>Mana Tangata / Tū Tangata Mauri Ora</b> We have a mental health and addiction system that is culturally, spiritually, relationally, and physically safe.	<b>Mana Whānau / Whanaungatanga</b> We have access to supports and services that enable connection to our whānau, whakapapa, hapū, and iwi.	<b>Kotahitanga</b> We want supports and services to work collectively and cohesively to make a meaningful difference for us.
Mana Whakahaere Mana Motuhake Manawa Ora / Tūmanako Mana Tangata / Tū Tangata Mauri Ora Mana Whānau / Whanaungatanga Kotahitanga Equity Participation & Leadership Access and Options Safety and Rights Connected Care Effectiveness	<b>Equity</b> We (tāngata whaiora) want a mental health and addiction system that supports all of us and our whānau equitably.	<b>Participation and Leadership</b> We lead and self-determine our pathways through distress, substance, or gambling harm to wellbeing and recovery.	<b>Access and Options</b> We have the right to choose supports and services, when and where we need them, that respond to our experiences, needs, and aspirations, and believe in our capacity to thrive.	<b>Safety and Rights</b> We want a mental health and addiction system that understands and upholds our cultural, spiritual, relational, and physical safety, and our human rights.	<b>Connected Care</b> We want supports and services to work collectively and cohesively for us, and see us as valued members of whānau, communities, and society.	<b>Effectiveness</b> Supports, services and policy must make a meaningful difference in our lives, so that we are self-determining and thriving.

Pātai?




# He Ara Āwhina | Pathways to Support





# Kua Tīmata Te Haerenga | The Journey Has Begun



## Kua Tīmata Te Haerenga *The Journey Has Begun*

Mental health and addiction service  
monitoring report 2024: Access and options



## Voices report: *Accompanying report to Kua Tīmata Te Haerenga*

Mental health and addiction service  
qualitative report 2024: Access and options

# Scope & the data we used

- Monitoring covers the five-year period from 1 July 2018 to 30 June 2023
- Scope - Vote Health & emergency responses:
  - Health NZ specialist services
  - NGO services
  - National telehealth and online platforms
  - Primary care services (including GP, Access and Choice programme, and primary mental health initiatives)
  - Emergency responses (ambulance, Police, and emergency departments)
- Both quantitative and qualitative data



**40**  
quantitative  
service measures



**300+**  
online form responses  
(lived experience and whānau)



**4** focus groups



**52** workforce interviews

# Putting the monitoring in context

Significant large-scale shifts have occurred over the five years the monitoring report covers:

- **Shift one:** He Ara Oranga and 2019 Wellbeing budget
- **Shift two:** Global pandemic
- **Shift three:** Health and disability system reforms

# System level changes

## Calls to action in the following areas:

- Increase access to services
- Increase choice of services
- Strengthen connections
- Improve data and insights

## Recommendations:

1. Workforce plan
2. Action plan to meet the needs of Māori
3. Guidance for acute options for rangatahi & youth
4. MHA data plan
5. Collection of prevalence data



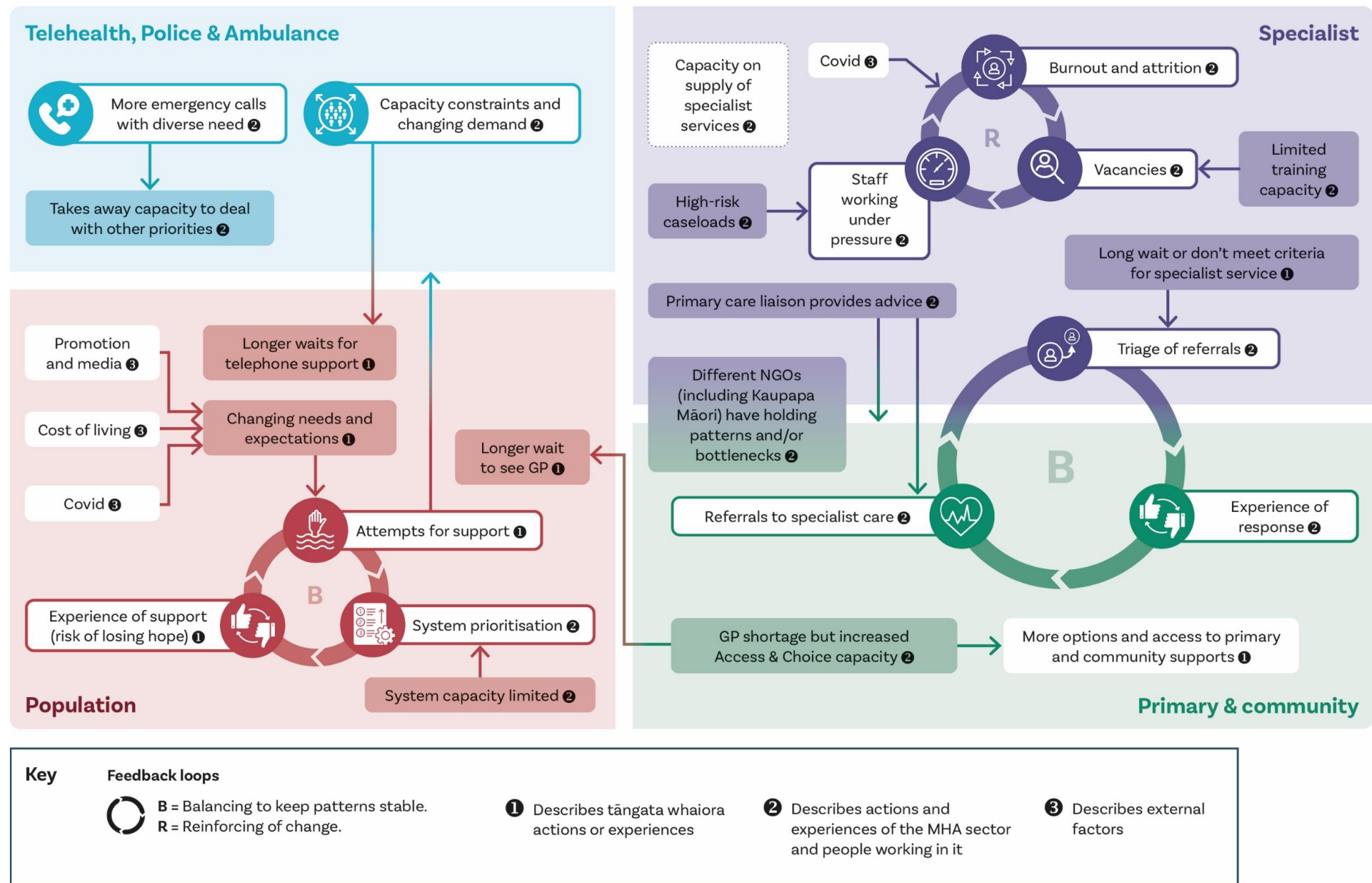


# Key findings

# Kua Tīmata Te Haerenga | The Journey Has Begun

- Increased investment in primary care (through Access & Choice) has significantly increased access and expanded options for some people.
- Fewer people are accessing specialist mental health and addiction services. We heard about difficulty accessing specialist services.
- Specialist services under increased pressure due to changing needs and chronic workforce shortages.

Figure 1: High-level visual picture of access to mental health and addiction services



# Level of need for services

## Growing psychological distress

% of population aged 15 years and over reporting high or very high psychological distress in the previous 4 weeks:



“

There are a lot more complex issues ... it's not within just one area of their life. If we're thinking Te Whare Tapa Whā, every pou has been affected.

”

*Primary sector—Māori*



“

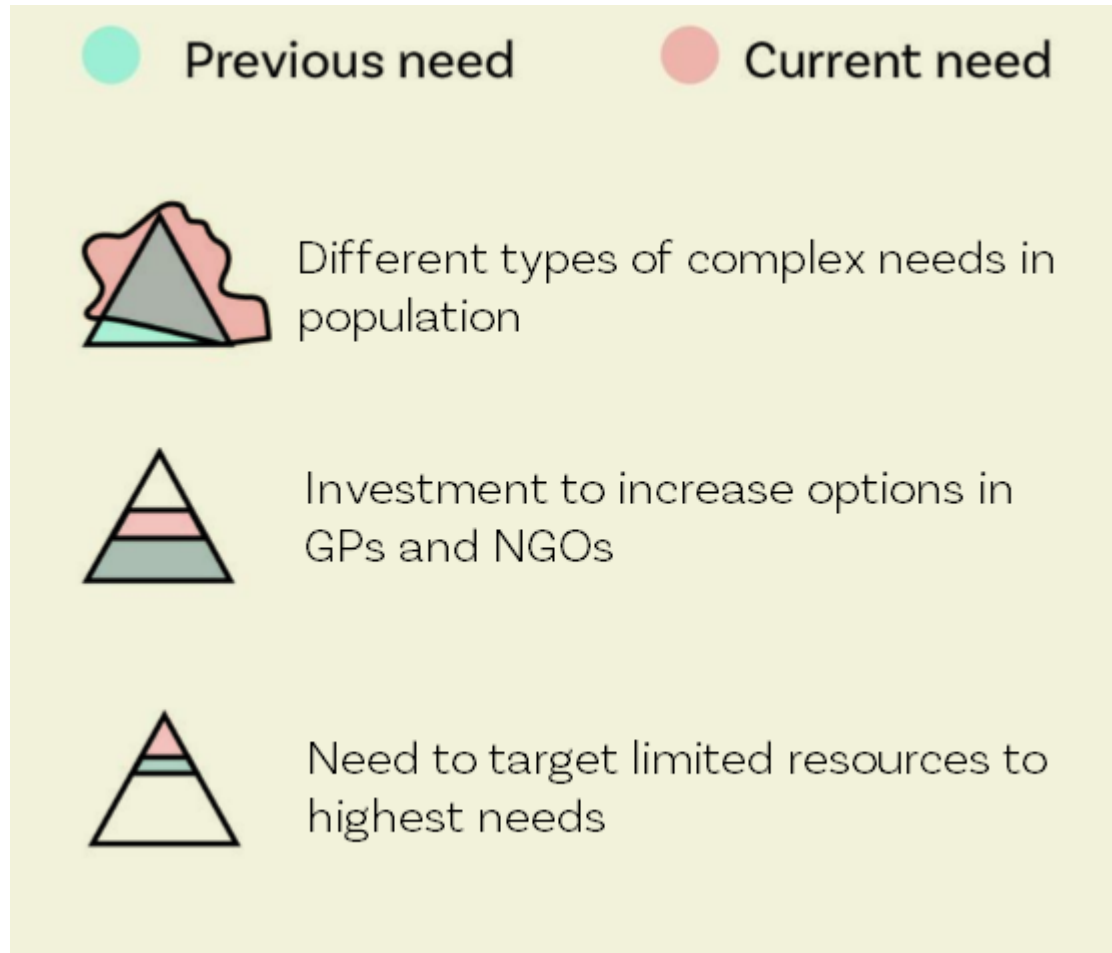
We are seeing a gain, an increase, in anxiety and depression ... stress with the increased cost of living. People can't access or do the things that bring meaning into their life or that would've normally been a coping strategy.

”

*Primary sector*



# Changing needs and service responses



“

Some people with higher needs (moderate to severe) have told us they have not been able to access specialist services in a timely way.

”

# Access to primary and community services has increased

**185,632 people**  
**(3.6% of the population)**

used Access and Choice programme services in  
2022/23



“

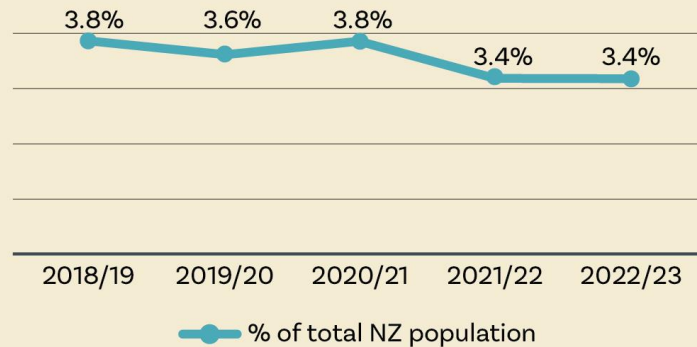
Our HIP is amazing ... I can say, ‘Hey, I’m going to introduce you to her.’ And my patients going on my trust, and her ability, that she can provide lots of help.

”

*Primary sector – Māori*

# Access to specialist services has decreased

## Specialist service use has decreased over the five years of monitoring



## This decrease is especially marked for addiction services

% decrease over 5 years:

**15.9%↓**  
Addiction  
services

**3.1%↓**  
Mental health  
services



“

[Access was] very difficult. Many police phone calls, hospital visits, only to be told he did not fit the criteria. Lots of meetings just to get him into a centre.

”

*Whānau, family, and supporters online form*



“

I think there's inconsistencies in what the expectation is for access and who should access the service. ... It shifted and it seems to be that there has to be an imminent risk or they have to have acted on that risk in order to actually get the support that they need.

”

*Primary sector*

# Other service types - health



Average wait for national telehealth services:

2018/19

1min 20secs



2022/23

6mins 6secs



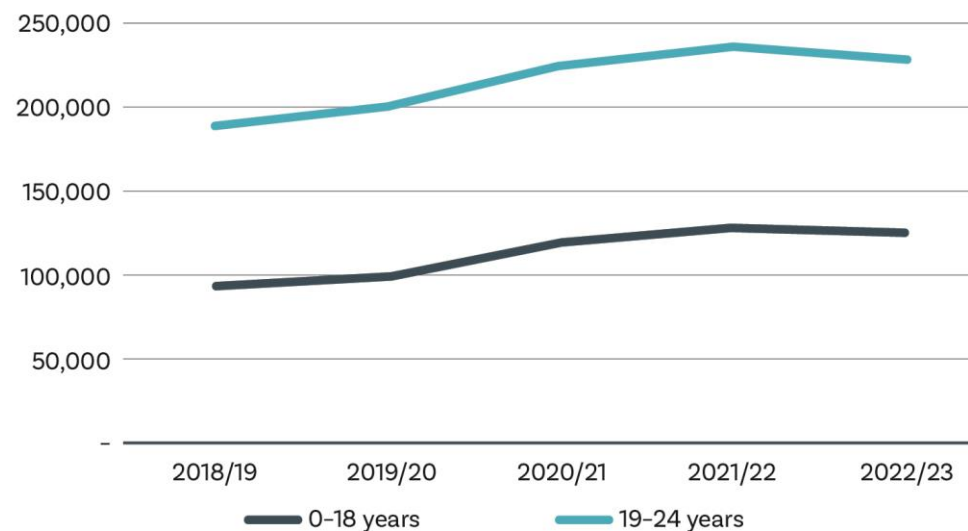
“

Our referrals to our brief intervention [PMHI] have dropped off significantly ... about 20 to 40 per cent. But the reason for that is we encourage people to see their HIP as a first port of call and then they might have a follow-up session with them, or a couple, and that's enough.

”

Primary sector

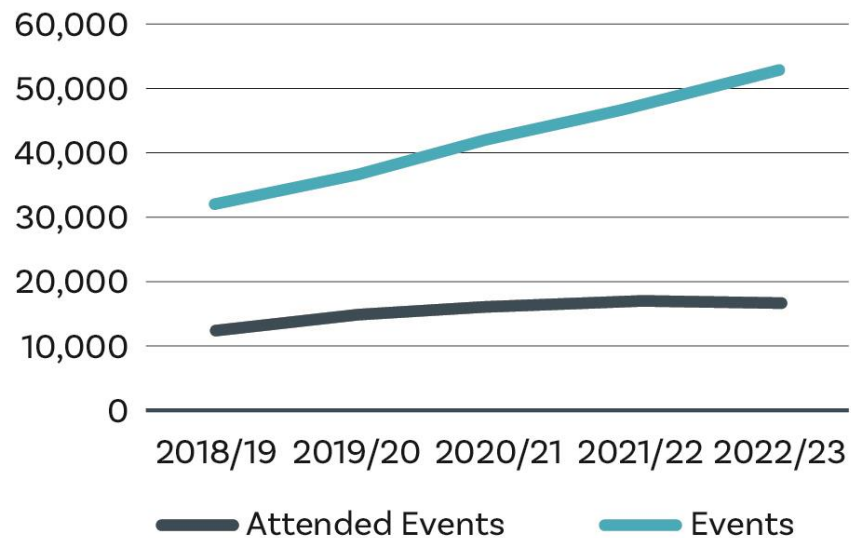
Figure 5: Total initial dispensings for mental health medications for young people, 2018/19 to 2022/23





# Other service types – emergency responses

Figure 2: Number of Police calls that were mental health events and number attended (code 1M), 2018/19–2022/23



Average wait for ED transfer to mental health bed:

2018/19  
3hrs 46mins



2022/23  
5hrs 27mins



“

I went to ED with mental health crisis. Took many hours before seeing a psychiatrist and had to wait overnight and until afternoon before being admitted to inpatient unit.

”

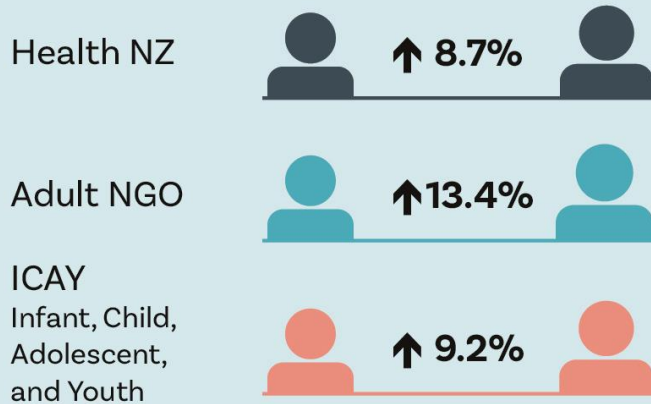
*Lived experience online form*

# Workforce

## Workforce is growing, but so are vacancy rates

Total 15,534 full-time equivalent (FTE) staff across mental health and addiction services in 2022/23.

### FTE growth (employed and vacant) from 2018/19 to 2022/23:



### Vacancy rates in adult specialist services:



“

We have a shortage of a workforce ... we've got a nursing workforce shortage, we've got a doctor workforce shortage, we've got a mental health workforce shortage, an urgent care workforce shortage.

”

*Primary sector*

# Service flow in specialist services

## Service access is changing in response to workforce challenges and complex needs

Average length of stay in an inpatient unit has increased:



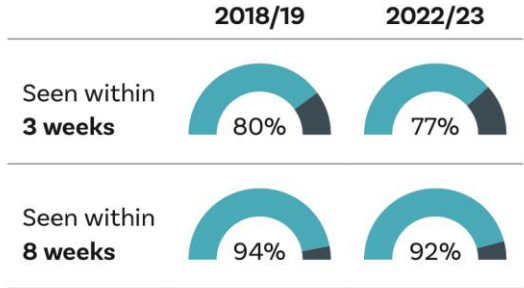
“ We heard the workforce challenges are constraining the responses of specialist services, which are prioritising those with highest need. ”



“ I would suggest that we’re getting less inappropriate referrals ... more ones that quite clearly meet our complex threshold. ”

” Health NZ service

## Wait times have become longer for specialist Health NZ mental health services over the last 5 years but have levelled off over the last year



# Meeting the needs and aspirations of Māori



“

My past experience being turned down when I asked for help has really shaken me and had long term consequences in terms of making me afraid to ask for help again.

”

*Lived experience online form – Māori*



“

It's become easier because you have ... Whānau Ora navigators and mental health support workers and all the different aspects like a wraparound korowai that it's become more accessible for whānau locally to access support if need be.

”

*Māori focus group*



“

Having a wairua practitioner on hand ... ensuring that the wairua is tau in those spaces ... healthier and conducive way of healing oneself in the hinengaro. So yeah, that's what it would look like in paradise for me

”

*Kaupapa Māori service*

# Rangatahi and young people need to be a continued focus



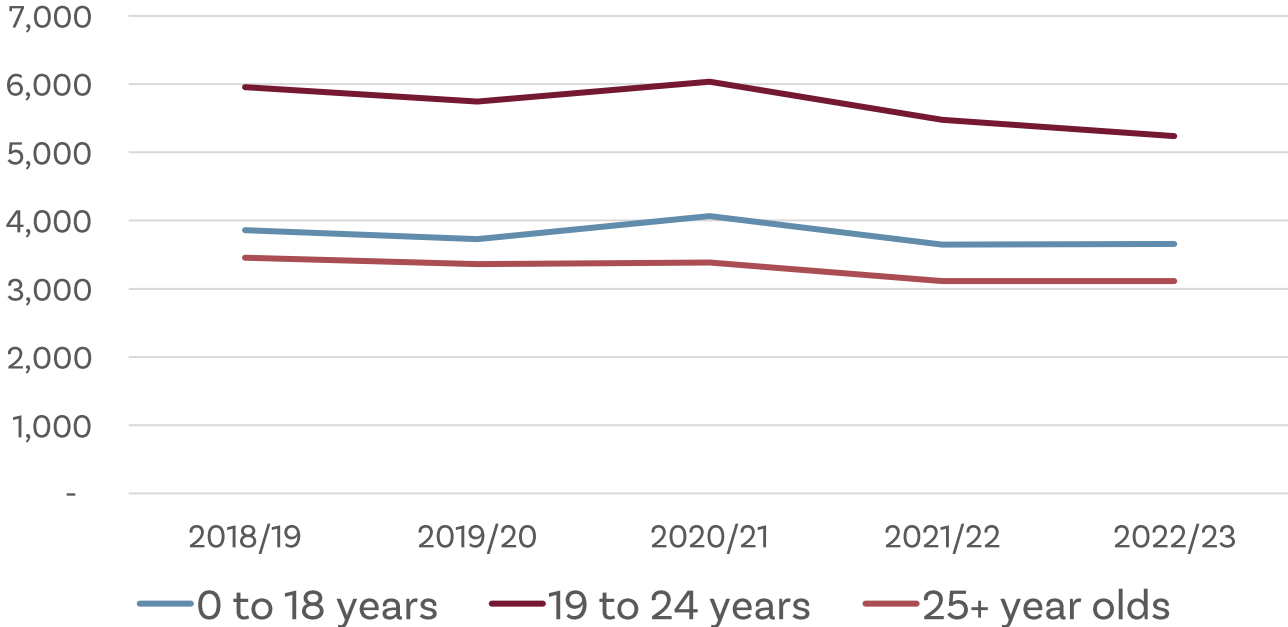
“

It is for us, those really high-end clients that we really need support with, but it's challenging when that's met with, 'We've got an eight month wait list.'

”

*NGO youth service provider*

Rate of access to specialist services (per 100,000 population)



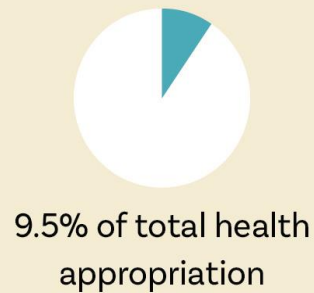


# Investment into services

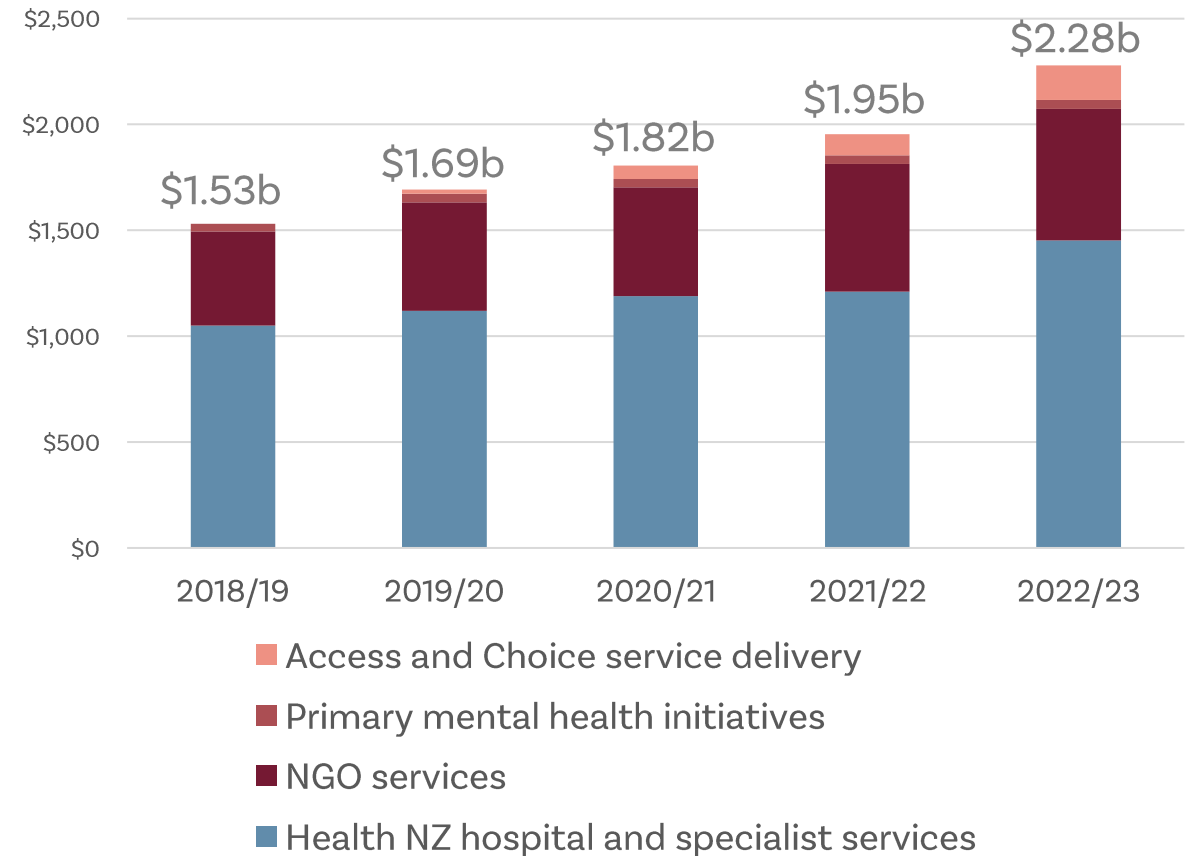
Overall investment in mental health and addiction services has increased

2018/19  
**\$1.53b**

2022/23  
**\$2.28b** ↑



Expenditure on mental health and addiction services (\$ million)



# Innovative practice & what's working well

Some examples:

- Access & Choice programme
- Primary care liaison roles
- Multi-agency co-response teams
- Earlier Mental Health Response



“

We have a roving rural mental health specialist or GP liaison covering those [smaller] practices ... they actually manage people in the community. ... Keep people away from secondary services. It's actually a really good role and the GPs value it.

”

*Primary sector*



# Moving forward

## Our recommendations

# Our recommendations

1. **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).
2. **Health NZ** develops an action plan by June 2025 to meet the needs of Māori and whānau accessing specialist mental health and addiction services.
3. **Health NZ** provides guidance for the delivery of effective acute community options tailored to meet the needs of rangatahi and youth by June 2025.
4. **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.
5. **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.



# Questions and answers

Facilitated by Katie Sherriff

## Panel:

- **Sonya Russell** (Ngāpuhi) Director Mental Health and Addiction System Leadership, Te Hiringa Mahara
- **Guy Baker** (Ngati Porou) Principal Advisor Māori Whānau Lived Experience, Te Hiringa Mahara
- **Dr Ainsleigh Cribb-Su'a** (Ngāti Maniapoto, Ngāti Tamaterā, Ngāti Kauwhata) Director—Te Tūrangawaewae Manahau Research & Evaluation, National Hauora Coalition



# Ngā mihi Thank you

## Presenters:

**Sonya Russell**

Kaiwhakahaere Hauora Hinengaro, Waranga  
Director Mental Health and Addiction Sector  
Leadership

**Natalie Horspool**

Kaitohu Mātāmua mō te Wāhanga Hauora  
Hinengaro, Waranga  
Principal Advisor Mental Health and Addiction  
Sector Leadership

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