Te Hiringa Mahara
Mental Health and Wellbeing Commission

4 October 2024

# Submission on Draft Strategy to Prevent and Minimise Gambling Harm 2025/26 to 2027/28

Te Hiringa Mahara, the Mental Health and Wellbeing Commission (the Commission), welcomes the opportunity to make a submission on the Draft Strategy to Prevent and Minimise Gambling Harm 2025/26 to 2027/28 (the Strategy).

The Commission was established as an independent Crown entity following the *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Our role is to:

- Assess and report on the mental health and wellbeing of people in New Zealand, and the factors and approaches that affect them.
- Monitor mental health and addiction services and to advocate improvements to those services.
- Advocate for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them.

These roles and responsibilities underpin our submission on this Bill. Our submission is further supported by our engagement with communities, and the findings of our own mental health and addiction service monitoring reports.

## Key points

We broadly support the direction of the strategy, in terms of how services and supports could be delivered. There are elements included that we would recommend are strengthened and prioritised further. In particular, the strategy and plan could better prioritise prevention, remove barriers to early access, and grow the peer- and lived-experience, and cultural workforce at all levels.

## Feedback on the proposed strategic goal outcomes, actions, and system priorities

### Outcomes

The outcomes appear a good fit for the Strategy. However, as is discussed further below, access to services is inequitable, and a variety of barriers exist. Reflecting this need, we would recommend including 'accessible' in the first outcome: *There is a*

*spectrum of accessible, effective services and supports to prevent and minimise gambling harm - from prevention to early intervention to specialist support.*

We note that access is a key part of the plan and its actions, so reflecting it here will better align the two parts of the document, and reduce conflict when prioritising efforts in the future.

### Changes in environment

The Strategy's problem definition raises the concern about the growing incidence and burden of online gambling harm in Aotearoa. However, the Strategy and plan are relatively light on responding to this. While the environment, including the legislative responses, are dynamic, more can and should be done to mitigate the growing harm from this form of gambling – especially for rangatahi and young people.

The prevention and early intervention measures outlined in the Strategy's plan should, where possible and appropriate, include explicit reference to online gambling, to ensure progress is made over the course of the strategy.

As your needs assessment notes, video game problems and betting on game enhancements may lead to or indicate a risk for problem gambling later. Research[1], including our own[2], shows that online platforms and social media are woven into young people's lives. Making this safe and supportive includes providing online safety guidance and regulations for caregivers, family and whānau to support young people to be safe online; promotion and prevention involving communities and schools; and regulating online channels – these same approaches could inform the Strategy's response.

### Priority populations

We strongly support the Strategy continuing to "focus on supporting population groups who experience inequitable outcomes and gambling harm". As you reflect, the evidence shows that inequity remains an issue, particularly for Māori, Pacific, and Asian communities, and that culturally-relevant responses are an effective way of addressing this inequity and their different experiences of problem gambling.

We have heard through our engagement for this submission, about the need for services – not just promotion efforts – that are accessible for young people. We have been told that you have to be 14 years old to access some gambling services, but that

[1] NZCER-Youth-gambling-report-FINAL.pdf (tuturu.org.nz)
[2] Youth Wellbeing Insights Report | Te Hiringa Mahara—Mental Health and Wellbeing Commission (mhwc.govt.nz)

children as young as 11 gamble online, and young people affected by family-members' gambling need to know they can access help and support.

We have also heard through our engagement of the concerns, particularly from Māori, that the Gambling Act 2003 itself is not fit for purpose. Changes to address the inequitable distribution of gambling venues and gambling harm across communities, which is recognised in the needs assessment, would make a meaningful improvement to better and more equitable outcomes.

### Relationship to other strategies and plans

The Strategy could be strengthened by referring to, and where appropriate aligning with, other relevant strategies. In particular, the Suicide Prevention Action Plan is also being refreshed; the Mental Health and Addiction Workforce Plan has just been released; and the new Mental Health and Wellbeing Strategy is expected next year to work alongside the existing strategies for Māori and Pacific Health. Many of the same issues we note below will need to be expanded on and addressed through those strategies.

The links between these pieces of work, and the benefits from aligning them should be made clear in the draft strategy.

Similarly, the Strategy could benefit from clarification of the respective roles of the Department of Internal Affairs and the Ministry of Health. If the public health approach remains split, the fragmented response is likely to be less successful than what could be achieved by a combined group.

## Feedback on the plan and actions

Due to the overlapping nature of the issues and the responses to them, we have grouped our feedback on the plan, actions, and commitments together under access and workforce; and prevention and early intervention.

### Increasing access and growing the workforce

We appreciate the recognition of workforce challenges in providing accessible, effective services and support. This should be strengthened further in the Strategy, particularly with a greater focus on peer- and lived-experience workforce at all levels, and more culturally-specific services, which we can expect to help improve outcomes and equity.

We have heard from engagement with the lived-experience community that gambling often flies under the radar, in comparison to alcohol and other drug addiction, and to mental health more broadly. This poses challenges in recognising

the problem, both at a societal level, and for individuals themselves. Poorly recognising the problem may lead to under-utilisation of services or supports, and unmet need.

Peer support services are therefore important, because they support someone to acknowledge the problem and destigmatise by virtue of accessing support from someone who has also been through the same issues. We heard from our engagement that knowing the person opposite you understands what you are going through, including mis-identifying the problem, and won't judge you for it is invaluable.

Recognising this need and response, we support the workforce efforts of the Strategy, but suggest the Strategy's plan and outcomes go further, to explicitly pursue greater inclusion of peer- and lived-experience workforce at leadership and governance levels, as well as on the frontline. This can be expected to help design and shape services to better support people and improve uptake.

Further, we heard that mistrust between some communities and government services poses further barriers to accessing services; community-led support is one way of addressing this challenge. We support the investment in, and would like to see growth in, options for support that meet peoples' specific needs, including Kaupapa Māori, Pacific and Asian community approaches, as well as a range of services appropriate to individuals' beliefs. We have heard that there isn't enough resource to provide needed support in communities – the investment made must match the level of need.

However, we have also heard from organisations in the sector that there are already workforce issues that need to be addressed in the sector – across different cultural workforces. We have heard about problems retaining staff, and the challenges related to meeting expectations for salary, training, and time to build competencies. The detail below the level of the draft plan will need to deal with these issues, and the workforce pipeline required to provide future services, and have appropriate funding to do so – we do not have a clear idea if the proposed budget is sufficient to do this.

It is worth reflecting that the needed skills are not always transferable – the support provided by gambling harm and addiction services differs from alcohol and other drug addiction services; and the cultural competencies required for supporting, for example, the Asian community will differ from those embedded in te Ao Māori. The efforts under the plan will need to provide an appropriate level of detail, and again – resourcing, for these varied needs if it is to be effective.

## Prevention and early intervention

While we recognise there are constraints to the operating environment this strategy is produced in and for – including which agencies it sets priorities and actions for – ideally, the strategy would include greater consideration of the broader determinants of health that contribute to the incidence and burden of problem gambling in Aotearoa.

In lieu of meaningful effort on the determinants that affect problem gambling – including the distribution of gambling venues and reliance on gambling grants for community wellbeing – the effort outlined in the Strategy will have a limited impact on harm, and on wellbeing.

The Strategy generally outlines an ambulance at bottom of cliff, individualised response, to problem gambling. Broader work on the determinants that affect problem gambling is vital – including on the inequitable distribution of gambling venues in communities. With the context of the Strategy in mind, we recommend strengthening the prevention elements of the Strategy.

To inform the prevention approach, and future strategies, the research and evaluation described in the Strategy should be focused on 'gambling harm' and community-level responses, rather than problem gamblers and individual-level responses, to support prevention and minimisation of harm. Given the points raised above, research on the addiction services workforce, including the ' workforce pipeline' and how it could be supported, would provide useful contributions to ongoing support services.

Our 2022 report on the Access and Choice programme[3] showed that people experiencing substance harm, gambling harm, or addiction do not appear to be seeking support from integrated primary and mental health and addiction (IPMHA) services. People with lived experience indicated that they were not aware of the new primary and community services available to them and do not know where they are or how to access them. Very few people accessing IPMHA services are seeking support for alcohol and other drug (AOD) issues, gambling harm, or addiction issues (1.6% of people in a 3-month period). People with lived experience also indicated that they want services that are free and provided outside of medical settings.

Greater effort is required to reduce stigma, increase awareness, and ensure a range of relevant accessible services are available when and where people need them. Effort, as in the plan, to engage with young people at school is positive. Opportunities to work with other agencies to reach at-risk groups could also be picked up. Two

[3] FINAL-Access-and-Choice-Report-Overall-Summary-2022-PDF-.pdf (mhwc.govt.nz)

opportunities highlighted to us are: working with immigration, to ensure new migrants recognise the risk of harm from gambling; and working with DIA and gambling providers to raise awareness and compliance of the risks, obligations, and protective support available, within gambling environments.

We appreciate that the plan includes effort on "national public health promotion and de-stigmatisation". Part of the successful prevention and early intervention will require supporting the infrastructure that reaches people in their communities. This includes the need for readily accessible resources in a range of languages.

We have been told that this also means ensuring the messages provided are culturally relevant – translation alone is insufficient. This means that funding for services needs to include time for cultural support (eg, supporting people in the Asian and migrant communities can take longer and requires extra support, including translation). A one-size-fits-all response does not account for higher burden of need for some communities. In short, we have been told that mobilising communities isn't as easy as people think it is – particularly when the stigma of gambling is so high: resources and support for each different community will be needed, alongside nation-wide efforts.

## Feedback on the proposed levy

We do not have specific feedback on the levy calculation, except to note that the number of people who do not seek help, and the burden experienced by non-gamblers, implies that a weighting more towards prevalence than burden may be more appropriate. If efforts to raise awareness and reduce stigma are successful, we would expect the prevalence and burden levels to close.

It is worth noting that improving awareness of problem-gambling without developing suitable service and support options will potentially lead to increased pressure in our mental health and wellbeing systems. We trust that the levy and budget outlined will address these risks.