Access and Choice Programme: Report on the first two years

Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mō te rua tau tuatahi



Overall summary

This report provides an update on how the implementation of 'Expanding Access and Choice of Primary Mental Health and Addiction Support' (the Access and Choice programme) is going – it covers the first two years of the five-year programme, up to 30 June 2021.

The report answers the question of how the Access and Choice programme is performing compared with what the programme intended to deliver by 30 June 2021, including whether it has increased people's access to, and choice of, primary mental health and addiction services.

The Access and Choice programme was developed in response to He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga),¹ which found there was an urgent need to provide better access to, and more choice in, services – particularly for people with mild to moderate, and moderate to severe, mental health and addiction needs (Government Inquiry into Mental Health and Addiction, 2018).

The 2019 Wellbeing Budget (Budget '19) invested \$664 million over five years to roll out the Access and Choice programme nationally. The Access and Choice programme set out to provide 325,000 people (6.5 per cent of the total population) with mild to moderate mental health and addiction needs with free and immediate support. To do this, \$516.4 million is being invested to support four new national services, which are:

1. Integrated Primary Mental Health and Addiction services (IPMHA services):

services provided in general practices that are accessible to everyone enrolled in those practices.

2. **Kaupapa Māori services:** whānau-centred services delivered by Māori, for Māori.

3. **Pacific services:** Pacific-led services incorporating Pacific values, beliefs, languages, and models of care.

4. **Youth services:** flexible services delivered in spaces that are acceptable and accessible to young people.

Also included in the Budget '19 investment was \$99.7 million for workforce development, as well as \$48.2 million for system enablers, including engagement and collaborative design, IT infrastructure, evaluation, implementation support, and the Ministry of Health's (the Ministry) capacity and capability.

This report describes the services and initiatives invested in over the last two years. It also provides information and commentary about how well the programme has progressed compared with what was intended after two years.

Our conclusion is that the programme has put much-needed investment and services into primary and community care in line with many of the recommendations in **He Ara Oranga**.

¹https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/

2

A lack of detailed planning intentions for the programme has made it difficult to assess whether the implementation of specific services is on track. This has meant we have had to look at funding commitments relative to funding allocated (with the focus on the 2023 / 24 ongoing funding path), workforce recruitment, and uptake of services at an aggregate level to assess progress.

Data quality issues have limited our ability to understand if services are meeting the needs of people accessing care, or whether they are making a positive difference. The Ministry is working with the sector to improve information systems, which will allow more comprehensive reporting in the future.

Overall, the programme is on track in terms of population coverage and people seen at the end of June 2021. However, there have been delays with implementing the Kaupapa Māori, Pacific, and Youth services and we encourage the Government to prioritise the ongoing rollout and development of these services.

Workforce recruitment and development has been a challenge for many services, particularly Kaupapa Māori and Pacific services.

We note that some of the actions to address the recommendations of **He Ara Oranga** are in the early stages of development. There needs to be further investment to fully address the recommendations relating to access and choice, and the broader recommendations of **He Ara Oranga**. This includes wellbeing promotion, growth in the peer support workforce, and more investment in community settings for people experiencing acute distress. It is also critical that future service design is undertaken in collaboration with communities, as called for in **He Ara Oranga**.



IPMHA services

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Kaupapa Māori services

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Pacific services

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Youth services

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3

