



**National Council of
Women of New Zealand**

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Wahine O Aotearoa

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**Submission to the Ministry of Health on Improving Mental Health:
the Second National Mental Health and Addiction Plan 2005-2015**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 42 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

Since 1902 NCWNZ has been urging various governments and their ministries to provide proper care for those deemed mentally ill. Approaches have ranged from better classification of mental illness, caring for returning soldiers as distinct from mentally ill patients, quality administration and funding of mental health services, the awarding of scholarships for post-graduate study in Psychiatric work, publishing of significant reports such as the Mason Report in 1988.

The following four resolutions indicate that in recent times we still have a significant way to go.

"That NCWNZ ask the appropriate Minister(s) to ensure that all special units for disturbed adolescents are retained at least until a comprehensive review process of services is completed." (1991)

"That NCWNZ urge the Ministers of Health, Youth Affairs, Social Welfare and Education to establish and implement a national policy with resources to achieve the goal of significantly reducing the high levels of youth suicide in New Zealand." (1993)

"That NCWNZ request the Minister of Health to recognise and make provision for people who, on a short or long term basis, require a place that provides 24-hour supervised care for their own wellbeing and the safety of the community. (1995)

"That NCWNZ urge the Minister of Health to ensure that all relevant information about a person with mental illness be supplied to the caregiver(s) or appropriate family member(s) at their request." (1998)

Members of the Health Standing Committee and other interested parties were asked for their input into this document. The following is a summary of their comments.

Consultation questions

1. Do you agree with the proposed vision?

Yes. A holistic approach to dealing with mental illness, attempts to destigmatise mental illness, the provision of a support system for those with a mental illness and improved accessibility to services are worthy ideals. The definition of mental health on p63, with its emphasis on good mental health could be more fully developed in paragraph 1, page 1.

In the last paragraph on page 1 it is stated that, "Those that influence mental health and wellbeing in any environment are part of the wider mental health system because their collective actions





determine the mental health of New Zealand.” It is NCWNZ’s belief that this will only happen, to good effect, if there is good communication between agencies and by agencies with the public. Only this way can a cohesive rather than a competitive structure be maintained.

NCWNZ is pleased to see the inclusion of alcohol, other drugs and gambling included in the vision. There must be a serious effort made to ensure that all sectors of the mental health system are aware of dual diagnosis, addiction and co-existing mental illness combination, as cited on page 22 under addiction services.

While it is agreed that the vision is commendable it is important to recognise the need for adequate and sustainable funding for the organisations dealing with mental health/illness.

2. Have any key principles been omitted?

It would appear that the principles as stated are comprehensive.

3. Should any of the 13 principles identified be modified to better reflect developments and trends in the health sector, mental health services and/or wider society? If so, how should they be modified?

While most respondents were satisfied with the principles, concern was expressed about housing and refugees.

Housing, for at least the 3% of the population who are likely to be severely affected by mental illness, needs to reflect the Mason Report (1996) which recommended the adoption of Campus style apartments (Sheltered Villages) with the provision of 24 hour care services for the residents together with on site activities to give the appropriate structure of daily needs. This is particularly important when considering that an ex forensic client’s main difficulty is in obtaining appropriate accommodation. The majority come with no fixed abode, are transient and with major medical and dental problems.

A need for community / hospital-based care will always be essential for high needs clients, when for approximately 1% there is no recovery.

Principle 7 states that, “Services are culturally capable and options exist to accommodate cultural diversity.” The concern was raised as to how these services apply to the very specific needs of refugees.

An article in the “Waikato Times” October 2000, referred to the trauma suffered by many refugees and the fact that existing services did not have the mental facilities to cope with these people. It was pointed out too, that not only WINZ and CYF, but also police doctors and real estate agents need to be trained to deal with people from refugee backgrounds. From more recent comments it would appear that not a lot has changed.

4. Are these principles reflected adequately in the rest of the Plan?

There was unanimous, positive agreement.

5. What should the title of the Plan be?

A suggestion made by one of our members is, ‘ENHANCING MENTAL HEALTH: Collective Actions to Promote Good Mental Health’.

6. Do you agree with the objectives and actions proposed for Strategic Direction 1 : More and Better Specialist Services?

Agreement was unanimous.



7. Which objectives or actions do you think need to change?

Objective 1.1 To continue to implement the “Blueprint for Mental Health Services in New Zealand (1998)”: Concern was expressed at the very few people, 3%, who are going to be able to readily access specialist mental health services. “Severe” mental illness may well depend on who is doing the assessment. The problem then arises when people are slipping through the cracks or being put on hold because they are not considered “sick enough”.

Targets are all very well but playing with numbers seldom solves the problem.

Action 1.3.4 A national database could more readily help to identify patterns and common causes of mental illness and evaluate the efficacy of the services provided.

Objective 1.4

NCWNZ agrees that services for children must be specialised and separate from that for adults. Early intervention is critical and there must be adequate staffing and funding for this.

It is important to identify children at risk at an early stage. NCWNZ believes that there should be action taken to introduce guidance counsellors into all primary/intermediate schools. A 1993 resolution states, “That NCWNZ urge the Minister of Education to recognise the need for trained counsellors to serve a ‘cluster’ of primary and intermediate schools and to seek joint funding of such a service through collaboration with the Ministers of Health, Justice, Social Welfare and the ACC”.

Action 1.4.5 It is hoped that taking the whole-of-health policy approach, regarding the provision of support to families / whanau with children with severe health or disability, will counter the current problems that make it difficult for caregivers to receive such support.

Objective 1.8

NCWNZ views it as essential that dual diagnosis units are available at both regional and local levels. With an increasing trend to use drugs and alcohol as an adjunct to a night out (“Party Pills” *Listener*, 23-29 October 2004, pp29-30) and with the continuing use of harder drugs this service may become more widely used. Currently some addicts are being turned away because of the alcohol and recreational drugs they are taking which interfere with prescribed medications.

Specialist forensic mental health services

It is gratifying to see that the mental health sector, the Police, the Courts and the Corrections system are working together to collaborate to improve forensic mental health services, an action which could assist in reducing re-offending.

9. Do you agree with the objectives and actions proposed for Strategic Direction 2: More and Better Services for Maori?

NCWNZ agrees that it is essential that Maori have input and be part of the treatment for Maori for better long-term outcomes. The same could be said for Pacific Island people.

10. Which objectives or actions do you particularly endorse?

Objective 2.3

To ensure, through active participation by Maori in the planning, development and delivery of mental health and addiction services, that services reflect Maori models of health, are responsive to Maori need, and are aimed at improving mental health outcomes.



Despite improvements in Maori health over the past four years, Maori still remain disproportionately the highest of the population entering the acute services, often displaying more severe symptoms with lower levels of functioning.

It is essential therefore, that there be active participation by Maori to reflect Maori models of health with particularly acknowledgement of the importance of Spirituality and Maori Health.

11. Which objectives or actions do you think need to change? No comment.

12. Do you agree with the objectives and actions proposed for Strategic Direction 3: Responsiveness of Services?

Yes, there was unanimous agreement. In general, it was agreed that there needs to be an improvement in the responsiveness of services within the community. This applies to all sectors, Maori, Pacific Island, youth, the elderly, etc. Members were pleased to see this being proposed in terms of recovery-oriented services. However, given the definition of recovery is, "living well in the presence or absence of mental illness and the losses than can be associated with it", NCWNZ is concerned that assessments of "living well" are based on the actual situation of each person rather than a one-size fits all version.

13. Which objectives or actions do you particularly endorse?

Members agreed with the holistic assessment of needs based on the development and provision of services that meet the "cultural" needs and provide culturally safe services for tangata whaiora and their whanau.

Objective 3.4

To improve responsiveness to people from diverse cultures and ethnic groups.

NCWNZ recognises that refugees are particularly at risk and that their mental health needs are extensive. One of the biggest challenges the mental health system faces, is to come to terms with how it can better respond to the needs of these people and so help them to integrate better. Responsiveness for these people will mean working with other sectors in the community to deal with other contributory factors such as language difficulties, racism, identity conflict, social and labour market rejection, etc.

14. Which objectives or actions do you think need to change?

Action 3.1.2 It was noted that as in 1.4.5 above there needs to be an improvement in access to respite and carer relief services. July 2008 may well be too far down the track for many caregivers who will, themselves, be in need of mental health services due to lack of support.

15. Do you agree with the objectives and actions proposed for Strategic Direction 4: Systems Development?

Again, there was unanimous agreement. New Zealand needs a far greater experienced workforce that will meet the needs of the service users. Building this workforce is fundamental to the overall development of the mental health system. Without an adequate workforce the entire programme will founder. This workforce will also require support structures.

The 5 strategic imperatives that were listed are essential to achieving this development.

These are:

1. infrastructure development
2. research and evaluation
3. retention and recruitment
4. training and development
5. organisational development.

**16. Which objectives or actions do you particularly endorse?**

Decision making must be the result of all available information being supplied and assessed at all levels.

The accuracy, timeliness and comprehensiveness of information related to service use and outcomes for service users/tangata whaiora must be readily accessible to all decision makers.

Some concern was expressed about a top down only approach to the remediation of mental health services rather than a bottom up. Concerns about unwieldy bureaucracy and overkill with paperwork rather than quality time with clients could also become an issue. In enabling an information system to be available it is hoped that needs of the system are well defined and adequately funded.

Families must be included in all aspects of the care and decision making. Consultation is still left wanting, e.g. the Mark Burton case is the “tip of the iceberg”.

17. Which objectives or actions do you think need to change?

Concern was expressed about developing shared information systems, e.g. forensic and mental health data with other service providers. With regard to patient files and history being electronically based, privacy must still be the optimum objective.

18. Do you agree with the objective and actions proposed for Strategic Direction 5: Mental Health in Primary Health Care?

Yes, unanimous agreement.

19. Which actions do you particularly endorse?

Action 5.1.1 There needs to be a focus in the Primary Health Organisations (PHOs) on training staff to the appropriate skill level and knowledge to recognise and treat the early onset of mental illness. Each PHO should have a practitioner with particular skills in this area and there should be ongoing training and development within the practice. Adequate funding is vital.

The WHO predicts depression will be the highest ranking disease by 2020 – currently 1 in 4 per capita. The outcome of drug addiction cannot be reliably measured given the unknown number of social/recreational drugs and side effects that continue to appear on the scene. Unfortunately, because some anti-depressant drugs are available over the counter and some people do not attend doctor's surgeries a number of people with early clinical features of mental illness may be missed altogether.

While members believe these actions to be commendable, concern was expressed that the timeframes may be unrealistic.

20. Which actions do you think need to change?

Members believe that there should be compulsory mental health modules developed in Universities and Medical Schools. Medical practitioners need ongoing training to remain up skilled in this field.

Action 5.1.1 “Developing the primary care workforce” is admirable but there appears to be no plan of how this is to be done. An action plan that is a ‘wish list’ is not going to show the improvement that this document is discussing. There is already a desperate shortage of doctors.



21. Do you agree with the objective and actions proposed for Strategic Direction 6: Mental Health Promotion and Prevention?

Yes, although members were concerned about the heading that implies mental health prevention. Surely this should be, “and the prevention of mental illness”?

Mental health education, to enable individuals to improve their own mental health and wellbeing, in order to take control of their own lives, is commendable. This is particularly necessary for rural people whose access to services is much more difficult than for urban dwellers.

Developing a national campaign to improve mental health literacy is fine as long as the information on seeking assistance when signs indicate early mental illness problems is also readily available.

There is an ongoing need for up-dated education in the area of prevention, i.e. suicide and depression, particularly after a community has suffered adverse situations such as the floods experienced this year by farming communities in the Manawatu and Bay of Plenty areas.

More work needs to be done in promoting the possible adverse effects of the recreational drugs on the market and their possible effect in rebating suicide and depression rates in the community.

22. Which actions do you particularly endorse?

Sadly society undermines much of the good work done by such promotions as “Building on Strengths”. The media must be held responsible for scaremongering and creating a climate of fear and mistrust that is counter-productive in producing a healthy society.

NCWNZ would like to see a continuation and further development of advertising strategies similar to the “Like Minds, Like Mine” campaign.

23. Which actions do you think need to change?

None at this time, except to say that a great focus on promotion of mental health strategies for the rural community would be advantageous. However, because of the isolation of many people, NCWNZ believes that coping strategies should also be promoted.

24. Do you agree with the objectives and actions proposed for Strategic Direction 7: Social Inclusion – Removing Social and Economic Barriers to Recovery?

There was unanimous agreement although these objectives probably apply to the 17% rather than the 3%.

25. Which objectives or actions do you particularly endorse?

NCWNZ would like to support the information provided in Table 1 on page 59. There are many ways in which government departments can influence wellbeing generally, and mental health in particular, in society. It is important that these functions are seen to be being addressed rather than lip service being paid to them.

Objective 7.1 To remove institutional barriers to recovery

NCWNZ recognises that social inclusion addresses the broad social and economic impact on mental health recovery and that there is a serious need to address the stigma attached to the mentally ill population.



7.1.3 That the Ministry will work with other key sectors around specific issues for children and young people.

It cannot be emphasised too strongly that there is a need for services to be provided for children and young people separately from older members of the community. These young people are still part of this country's future.

Objective 7.2 Removing the barriers of stigma and discrimination faced by people with experience of mental illness or addiction-related problems

As with Strategic Direction 6 this is most important for people to function well in society irrespective of their medical history.

26. Which objectives or actions do you think need to change?

There needs to be more emphasis on adequate and sustained funding, which is needed for most objectives in this programme. Members noted that there is no mention of proper provision of care for those in the community but needing supervised care. This has never been adequately funded.

27. Do you have any other comments about the second National Mental Health and Addiction Plan as a whole that you would like to make?

NCWNZ would like to commend the effort that has gone into producing this plan. However, it would appear that to date there have not been enough facilities and funding to treat those already in the early stages of any medical illness. In the press there are still stories of people who fall through the gaps, who are not bad enough for urgent treatment and so receive no treatment until a crisis occurs. Reports abound of inadequate provision of supervised care and accommodation in the community.

In these terms this plan would not appear to be starting from the vantage point of a level playing field for all with mental illness. This plan will have to address the problems that have not already been addressed in the first plan, before applying the proposed plan.

There is also no mention of the need to protect society at large from the small number of patients who are a danger to themselves and others, or how this will be done.

While it is probably not within the scope of this document, concern has been expressed about the repeat prescriptions that are dispensed without question, i.e. sleeping pills and anti-depressants ("the quick fix"). There needs to be some form of accountability so that clients cannot simply ring in for repeat prescriptions again and again with little or no attempt being made to examine the cause, as opposed to just dispensing a cure. This group of people need just as much care as those taking part in formal programmes.

NCWNZ would accept that there has been extra funding allocated for this plan, but it is not the only Ministry affected, see Strategic Direction 7, Table 1, page 59. This means that extra funding will be required for the Ministries responsible for Education, Housing, Justice, Work and Income, Child Welfare and Protection and Employment. One responsibility that should also be included in this list is that of Immigration and how they fund plans for refugees.

NCWNZ thanks you for this opportunity to make comment on this document and look forward to seeing the final plan in action.

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