Mental health and addiction overview

November 2023

Te Kāwanatanga o Aotearoa
New Zealand Government

Te Whatu Ora
Health New Zealand

Purpose

1. Further to our joint briefing with Ministry of Health and Te Aka Whai Ora, we wanted to provide additional information on Mental Health and Addiction (MH&A) services that are delivered and commissioned by Health New Zealand | Te Whatu Ora, including challenges, opportunities and the connections we see with the Government's commitments.

2. We welcome the establishment of this ministerial portfolio, and the positive signal it will send about the importance of MH&A services to the wellbeing of New Zealanders.

3. We are responsible for the operational delivery of MH&A services that were provided by the previous 20 District Health Boards. We are also responsible for commissioning primary and specialist community based MH&A services. We are in the early stages of post-merger integration of these functions so that they work in a cohesive way for people who use services at a local and regional level. This includes recruitment for a national Chief Clinical Lead for mental health and addictions and regional operational leaders.

4. The Te Whatu Ora Statement of Performance Expectations 2023/24 specifies a total of $2,1113 million ringfenced funding for MH&A. This includes $1,409.9 million for Hospital and Specialist Service and $632.1 million for Primary and Community Commissioning. It should be noted that the full funding sum available for 2023/24 is still being confirmed between the Ministry of Health and Te Whatu Ora.

Summary

5. While access to MH&A services has increased, demand for services continues to grow, particularly for young people, resulting in all services being under significant pressure.

6. The annual cost of the burden of serious mental illness, including addiction, in New Zealand is an estimated $12 billion or 5% of GDP.

7. The most significant matters in our work programme aim to improve access to and effectiveness of services by:

    a. Addressing workforce shortages, which pose the greatest risk to service delivery. Although gains have been made, ongoing effort and investment is required.

    b. Implementing the MH&A System and Service Framework (SSF) to provide nationally consistent investment and address unwarranted variation in service provision, access and effectiveness.

Mental Health and Addiction Need

8. There has been no MH&A epidemiological study since the early 2000s, which means our understanding of the population prevalence of MH&A issues is outdated. However, we do know from The New Zealand Health Survey (2021/22) reports that:[1]

    a. There has been a large increase in self-reported psychological distress among people aged 15-24, according to the New Zealand Health Survey. For children aged 0-14,

[1] The differing time-periods across the figures provided are due to the differing points at which reporting via the New Zealand Health Survey began for each question.

there has been an increase in anxiety disorders and emotional/behavioural problems, both of which have roughly doubled from 2011/12 to 2021/22. These increases disproportionately affect Māori given the younger population profile.

b. 11.2% of adults experienced high or very high levels of psychological distress in 2021/22; this was higher in disabled people (32.8%) as compared to non-disabled people (9.2%).

c. 8.8% of adults reported an unmet need for professional help for their emotions, stress, mental health or substance use, compared to 4.9% in 2016/17. This was highest in young adults (16.2% for those 15-24 years, and 15.6% for those 25-34 years).

d. 18.8% of adults had hazardous drinking patterns; this is highest for Māori (33.2%) and Pacific Peoples (21.7%). The rate has remained stable since 2015/16.

e. In 2018, one in five New Zealanders reported experiencing gambling harm in their lifetime due to their own, or someone else's, gambling.[2]

Government priorities

s 9(2)(f)(iv)

s 9(2)(f)(iv), s 9(2)(j)

MH&A service continuum

Hospital and Specialist MH&A Services

12. Most specialist clinical MH&A services are delivered in community settings and supported by inpatient acute (child and adolescent; adult and older adult), rehabilitation, general forensic, forensic intellectual disability, and addiction/detoxification units.

13. There is also a range of crisis respite, acute inpatient alternatives and residential support services delivered by NGOs in partnership with clinical services available nationally.

14. There is significant variability in the range and levels of service available. Addressing this unwarranted variation is a key part of the SSF implementation (further discussed below).

[2] New Zealander's Participation in Gambling: Results from the 2016 Health and Lifestyles Survey (2018).

15. Since 2020, there has been an average of 1,365 acute inpatient admissions and 10,631 people accessing specialist community services every month.

16. Wait times for children and young people are longer than we would like due to a range of issues including increasing demand for services and workforce shortages. However, we want to emphasise that when a young person who needs acute care for mental health issues is referred to a specialist service, they are always prioritised and seen urgently.

17. There are significant rehabilitation, community, and forensic service capacity constraints that impact the flow of patients into and out of acute settings.

18. A major challenge is insufficient inpatient capacity. Almost all 79 inpatient units consistently operate above recommended patient occupancy and staff capacity levels. See Appendices 1and 2 for a summary of inpatient services and their locations.

19. An estimated 40 inpatient units are in the process of being rebuilt or require refurbishment, reconfiguration and/or anti-ligature upgrades to be fitfor purpose. There is a Mental Health Infrastructure Programme (MHIP) that we will provide you with separate advice on.

20. Operational MH&A activity is governed by legislation and international conventions e.g., the Ombudsman inspects all inpatient units where people are detained to check their treatment, conditions and protect their rights.[3]

21. Ombudsman inspections highlight serious concerns about many facilities and the lack of progress on providing appropriate physical environments for the delivery of safe inpatient care. Action plans to address highlighted issues have been developed for each facility.

Primary MH&A services

22. Primary MH&A services are designed to respond to mental distress early, supporting those with mild and moderate needs. The services are delivered NGOs, Primary Health Organisations and other community agencies.

23. In order to ensure a greater focus on recognising and responding to mental distress early, recent new investment has focussed on increasing access to primary MH&A services across a range of settings. This includes services in schools, tertiary education institutes, general practice, youth specific and other community settings.

24. Uptake of new services is high and increasing monthly, with over 180,000 people seen in 2022/23. We are on track to meet our aim of having 325,000 people accessing these services annually by the end of 2024/25. In many areas, demand is already exceeding capacity, particularly for youth services.

Addiction Services

25. A continuum of alcohol and other drug (AOD) services is delivered across the country by a mixture of Hospital and Specialist Services and NGOs. However, there is significant variability in the range and capacity of services.

26. Approximately 42,000 people accessed specialist AOD services in 2021/22.

[3] This is done under the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). Despite not being obligated to address concerns, recommendations are taken seriously as they relate to the clinical quality and safety of our services and outcomes for New Zealanders.

27. AOD issues often co-exist with mental health conditions, requiring an integrated approach between Mental Health and AOD services.

28. We are working to contract services at a local and national level to prevent or reduce gambling harm, particularly for groups with high needs. This is likely to result in a change in the mix of NGOs delivering services. We will provide you separate advice on this matter.

MH&A promotion

29. The MH&A service continuum starts with mental health promotion. Focussing on preventative and upstream contributors of mental distress can lessen the burden on mental health service delivery. WHO estimates a 10-fold return on investment for life course approaches[4] including prevention strategies to protect mental wellbeing from pre-conception onwards.

30. There are a number of mental health promotion activities underway, including:

- **Maternal mental health:** the early years sets the trajectory for lifelong mental wellbeing and that removing one toxic stress can make a huge difference. The National Public Health Service has a $1million community grants programme supporting innovators to find their own solutions for intergenerational wellbeing, and two projects addressing stigma and discrimination faced by young Māori and Pacific families.
- **Digital mental wellbeing tools** to validate people's experiences, and provide information, tools and strategies to supporting people to maintain, manage and improve their mental wellbeing
- **Nōku te Ao (previously named Like Minds, Like Mine)**: a nationwide programme to end prejudice and discrimination against people with experience of mental distress. Alongside community partners, there are various streams of work: a social movement, social action grants, research and evaluation, settings based education for change, media monitoring.
- **The Mental Health Foundation of New Zealand** is funded to provide a range of mental health promotion resources, actitities and initiatives.

Non-governmental organisations play a vital and significant role

31. The NGO sector delivers services across the primary, community and specialist MH&A continuum, and are the main providers of these services.

32. In 2021/22, 447 NGOs were contracted to deliver specialist services. There is a mix of small, medium and large organisations with the five largest NGO providers accounting for 28% of NGO funding, delivering services in multiple sites around the country.

33. At present, there is variability in prices paid to NGOs for the same type of services due to different local approaches that we have inherited. Furthermore, the level of some services available for populations or needs varies greatly. The implementation of the SSF will focus on addressing these issues.

[4] World Health Organization. (2019). A life course approach to health, human capital and sustainable development.

Current Priorities and Challenges

Workforce shortages are the most significant risk

34. Workforce shortages are long-standing, systemic, and not limited to New Zealand (particularly in regard to specialist MH&A). Shortages present a major risk to delivering services across the continuum.

35. The 2023 Mental Health and Wellbeing Commission monitoring report estimated an 11% vacancy rate in the total adult specialist MH&A workforce (increasing from 5.5% in 2018). This included all services; rates in hospital and specialist services are much higher, with particularly high rates in child, youth, forensic and intellectual disability forensic sub-specialties.

36. Legacy HR systems limit our ability to develop a national picture of the workforce, vacancies, and shortages.

37. For specialist MH&A there is an imminent risk in capacity to deliver some clinical services. In some instances where there is insufficient staffing to ensure staff and patient safety, it has been necessary to temporarily reduce service availability.

38. Additionally, workforce constraints will result in difficulties meeting the requirements of the proposed new Mental Health Act. We will work with the Ministry in identifying the elements of implementation that may be challenging and ensure realistic timeframes to achieve the broad objectives of the new legislation.

Addressing workforce shortages

39. Although vacancies remain high there has been recent success increasing the MH&A workforce:

    a. Increase of New Entry to Specialist Practice (NESP) for nurses from 150 prior to 2020 to 303 this year, with further growth expected for 2024.

    b. Increase of NESP for Allied Health practitioners, with 87 enrolled this year, an increase from 32 funded places in 2019.

    c. Trebling the number of funded clinical psychology intern places to 50 in 2024 (placements pending finalisation).[5]

    d. Four clinical psychology training hubs have been established (two in kaupapa Māori providers), and a further two are planned for 2024.

40. Work is also under way with the Royal Australian and New Zealand College of Psychiatrists to address barriers to increasing the number of psychiatrists. Further work is needed to address broader funding and systemic barriers that limit the number of psychiatric registrars and prevent some from progressing into employment within public services.

41. There is no quick fix to workforce challenges. Ongoing effort and investment are needed, including work with the tertiary education sector to address the pipeline constraints, along with targeted recruitment and retention programmes (both nationally and internationally).

[5] Some additional internships are funded directly by local Hospital and Specialist Services using vacancy/FTE funding.

We will work together with the Ministry to provide further joint advice around broader workforce issues and future plans.

Improving MH&A outcomes requires cross-agency collaboration

42. There are several cross-agency work programmes under way including work with:

    a. s 9(2)(f)(iv) [redacted]

    b. Oranga Tamariki to better address the needs of children and youth in care.

    c. The Ministry of Education to roll out school-based mental wellbeing programmes and enhance mental wellbeing supports in tertiary education institutes.

    d. The Ministry of Housing and Urban Development on homelessness pilots.[6]

    e. Department of Corrections and the Ministry of Justice to respond to the needs of those in the justice system.

Data and information constraints

43. At present, limitations in data and information systems that we have inherited compromise our ability to report on progress and make robust decisions on service planning and development. In many instances, data is collated manually, which is time-consuming and poses a high risk of error. While it will take time to implement, a key priority is the development of integrated financial, payroll, contract management and other automated data reporting systems.

Implementing the MH&A System and Service Framework (SSF)

44. The SSF sets out the core components of a contemporary MH&A service continuum with a 10-year view. Our role is to implement the SSF.

45. To do this, a stocktake of national investment by service type and location is under way and will be completed by early 2024. It will result in a current state map of services, providing information on availability generally and for specific populations.

46. The SSF will enable us to take a nationally consistent approach to investment and to removing unwarranted variation, including:

    a. Addressing variability in NGO pricing.

    b. Reducing or removing variation in both service availability across locations and access to services.

    c. Using a clear and consistent commissioning approach to reconfigure and stabilise existing AOD services and create a nationwide system.

    d. Guiding systematic investment in specialist inpatient unit bed capacity depending on national, regional and local population needs.

    e. Ensuring that specific communities and populations, such as rural communities and refugees have appropriate and targeted services available to them.

[6] This work is part of the New Zealand Homelessness Action Plan (2020-2023).

47. Key to implementing the SSF will be the establishment of networks, something we will prioritise in early 2024:

    a. The Mentally Well Strategic Design Network will help re-design MH&A services, drawing on lived experience from multiple different perspectives and groups.

    b. A national MH&A Clinical Network to drive change through the development of consistent national standards, models of care and by reducing unwarranted variation in service provision, access and outcomes.

48. Full implementation of the SSF framework will take a number of years and require additional and sustainable funding.

Next steps

49. We look forward to meeting to discuss how we can best support you to advance the Government's commitments.

APPENDIX 1 – Mental Health & Addiction Hospital Beds (November 2023)

Service Type	Sum of Resourced beds
Acute Adult	607
Acute Child and Adolescent	46
AOD medical detox	27
Eating Disorders	8
Forensic Acute	115
Forensic Kaupapa Māori	27
Forensic Rehabilitation	163
Forensic Youth	10
ID Forensic Adult	44
ID Forensic Youth	8
MHSOP	137
Mothers and Babies	9
Rehabilitation Adult	108
Grand Total	**1309**

Notes

1. There is some variation in data sets.
2. This is the most accurate and up to date information currently held centrally by Te Whatu Ora.
3. There are some residential beds operated by Te Whatu Ora, Hospital and Specialist Services, for example Eating Disorder beds in the Northern and Central Regions. These are not counted here.
4. MHSOP beds can be integrated into general medicine, acute adult mental health, HSOP or as a stand alone specialist service. Only designated specialist beds are included here.

APPENDIX 2 – Mental Health Inpatient Facilities Locations

Region	District	Service Definition
Northern	Counties Manukau	Acute Adult
Northern	Counties Manukau	MHSOP
Northern	Counties Manukau	Rehab Adult
Northern	Te Tai Tokerau	Acute Adult
Northern	Te Tai Tokerau	AOD medical detox
Northern	Te Tai Tokerau	MHSOP
Northern	Te Toka Tumai	Acute Adult
Northern	Te Toka Tumai	MHSOP
Northern	Te Toka Tumai	Mothers and Babies
Northern	Te Toka Tumai	Rehab Adult
Northern	Te Toka Tumai	Acute Child and Adolescent
Northern	Waitemata	Acute Adult
Northern	Waitemata	AOD medical detox
Northern	Waitemata	Forensic Acute
Northern	Waitemata	Forensic Kaupapa Maori
Northern	Waitemata	Forensic Rehab
Northern	Waitemata	Forensic Rehab
Northern	Waitemata	ID Forensic Adult
Te Manawa Taki	Hauora a Toi Bay of Plenty	Acute Adult
Te Manawa Taki	Hauora a Toi Bay of Plenty	AOD medical detox
Te Manawa Taki	Hauora a Toi Bay of Plenty	MHSOP
Te Manawa Taki	Lakes	Acute Adult
Te Manawa Taki	Lakes	AOD medical detox
Te Manawa Taki	Lakes	MHSOP
Te Manawa Taki	Tairawhiti	Acute Adult
Te Manawa Taki	Taranaki	Acute Adult
Te Manawa Taki	Taranaki	AOD medical detox
Te Manawa Taki	Taranaki	MHSOP
Te Manawa Taki	Taranaki	Rehab Adult
Te Manawa Taki	Waikato	Acute Adult
Te Manawa Taki	Waikato	Forensic Acute
Te Manawa Taki	Waikato	Forensic Rehab
Te Manawa Taki	Waikato	ID Forensic Adult
Te Manawa Taki	Waikato	MHSOP
Central	Capital, Coast and Hutt Valley	Acute Adult
Central	Capital, Coast and Hutt Valley	Acute Child and Adolescent
Central	Capital, Coast and Hutt Valley	Forensic Acute
Central	Capital, Coast and Hutt Valley	Forensic Rehab
Central	Capital, Coast and Hutt Valley	Forensic Youth
Central	Capital, Coast and Hutt Valley	ID Forensic Adult
Central	Capital, Coast and Hutt Valley	ID Forensic Youth
Central	Capital, Coast and Hutt Valley	MHSOP
Central	Te Matau a Maui Hawke's Bay	Acute Adult
Central	Te Pae Hauora o Ruahine o Tararua MidCentral	Acute Adult
Central	Te Pae Hauora o Ruahine o Tararua MidCentral	MHSOP
Central	Whanganui	Acute Adult
Central	Whanganui	Forensic Rehab
Te Waipounamu	Canterbury	Acute Adult
Te Waipounamu	Canterbury	Acute Child and Adolescent
Te Waipounamu	Canterbury	AOD medical detox
Te Waipounamu	Canterbury	Eating Disorders
Te Waipounamu	Canterbury	Forensic Acute
Te Waipounamu	Canterbury	Forensic Rehab
Te Waipounamu	Canterbury	ID Forensic Adult
Te Waipounamu	Canterbury	MHSOP
Te Waipounamu	Canterbury	Mothers and Babies
Te Waipounamu	Canterbury	Rehab Adult
Te Waipounamu	Nelson Marlborough	Acute Adult
Te Waipounamu	South Canterbury	Acute Adult
Te Waipounamu	Southern	Acute Adult
Te Waipounamu	Southern	Forensic Acute
Te Waipounamu	Southern	ID Forensic Adult
Te Waipounamu	Southern	MHSOP
Te Waipounamu	Southern	Rehab Adult
Te Waipounamu	Te Tai o Poutini West Coast	Acute Adult