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Ministry of Health

Wellington

Via email, mhaengagement@health.govt.nz

The Mental Health and Addiction System And Service Framework 2022-2032 - Changing Minds Submission.

Thank you for the opportunity to provide feedback on the Draft Systems and Services Framework. Changing Minds are happy to have a kōrero about any aspect of our submission with you and are happy for our information to be included in any OIA requests.

In reading the draft framework and in speaking with people with Lived Experience of mental distress and/or addiction in Aotearoa, we have three key concerns:

- the need to partner with people with Lived Experience,
- the need to take definitions and concepts within the framework from concepts to actions, and
- the need for clarity on the goals and practical application of the framework.

We have heard and felt a sense of frustration, disappointment, and fatigue that the System and Services Framework draft, like other consultation projects before it, speaks of the need for transformative action, without setting out the basic accountabilities, definitions, and goals to truly embed person-centered transformative change with Lived Experience values, philosophy, and practices.



As the Ministry and Health New Zealand work to plan the next steps, we challenge you to consider how the definitions and ‘shifts’ outlined in the Systems and Services Framework can be translated from abstract ideas to accountable actions to support implementation and then to measurable goals to monitor progress and outcome. This will enable Tāngata Mātua ā-wheako (people with Lived Experience of mental distress and/or addiction), Service Providers, Funders and Clinicians to implement the framework in a consistent and way.

Changing Minds can lead kōrero with the Lived Experience community to inform the part of the next stage of the framework design and we are happy to work with you further to ensure we have a clear path to a transformed mental health and addiction system.

Our Key Concerns

Lived Experience As Equal Partners

The Systems and Services Framework positions power within the system and services and not mutually, or equally, with people. In this regard the framework is system and service centred, not people-centred, and we are concerned this will not achieve the goal of transformative action within the mental health and addiction sector.

Our expectation is that people-centred system and service development and implementation will be the “how” of a future health system. While we acknowledge this shift may not be easy, embedding people throughout the development , implementation and application of the framework will mean people are ultimately leading better health outcomes for Aotearoa.

In our view, being people-centred means empowering and enabling people, whānau, and communities to be equal partners in health systems, services and care.



Defining Our Concepts And Goals

The framework needs to establish clear expectation and accountability to ensure implementation, or the 'how to', delivers the national and regional consistency that is desired. This requires shared understanding and expectation relating to each principle and critical shift. At present there is likely to be a different interpretation and use of these common expectations.

In talking with Lived Experience thought leaders and our community we asked how they understood or interpreted some of the concepts within the framework and we have summarised these in Appendix 1.

It is clear that there is a range of concerns and that collectively, we are yet to achieve a shared understanding of how these concepts will be translated into action and change.

Clarity On How We Will Achieve Transformative Action.

We understand that the objective of the System and Services Framework consultation is to seek the thoughts of the sector to inform later discussions and acknowledge that the timing of this consultation comes at a time of significant change for the Ministry and the sector as we approach the launch of Health New Zealand.

However, in our view, discussing how and when people-centered implementation of services can and should be achieved would not only provide structure and clarity for systemic thinking, but provide Tāngata Mātua ā-wheako with the confidence that the System and Services Framework, and the design of our health system more generally, is something they are a central part of.



Critical Shifts: Commitment To Choices, And Going Beyond Intervention-When-Ill.

Commitment To Choices And Access

We strongly support the inclusion of *Critical Shift 3: Build Peer-Led Transformation* and the changes to:

- Include peer support specialists in all specialist mental health and addiction services;
- Provide a greater range of peer-led services across the service landscape;
- Strengthen Lived Experience Leadership; and
- To expand the primary mental health and addiction workforce.

However, to adopt a people-centred approach, means allowing people – peers – to inform what peer-led is. Changing Minds, through our community and network can support the Ministry and Health New Zealand to inform and influence this.

Peer-led transformation must go beyond providing peer-support within clinical settings, to include Lived Experience leadership, governance, development and delivery of system and service change. Peer-led transformation must be grounded in our values, philosophies and practices.

Partners In Access To Choice

As stated above we believe than embedding inclusion and partnership people with Lived Experience of mental distress specified within the national level of the services landscape is critical to achieving access and choice.

As currently drafted, we do not believe *Critical Shift 6: Choice and Control* will adequately or effectively translate to people-centred services. While empowering our Mental Health



workforce to listen to feedback is a step in the right direction, the implication is still that a person seeking help for their mental wellbeing must choose from a pre-determined “clinical” selection.

Entrenched Inequities

As the framework is currently drafted, some inequities within system practices will persist without further changes. For example, while we understand the existing funding and planning rational to ‘quantifying demand’ within a system, this is not indicative of the need within our society.

“Quantifying of demand” within the document, such as *“in all areas where there is a sufficiently large XXX population...”* stands out as one particular example where existing thinking can entrench inequities, and creates questions around genuine access to options and alternatives, such as un-met needs resulting from virtual offerings.

In many cases, a virtual alternative may not meet the mental, cultural or access needs of an individual and this approach will perpetuate existing challenges for those outside of main centres to access mental health and addiction services.

While virtual services provided solutions for many during the isolation of COVID-19, including our own Whakatau Mai programme, we still hear from our community that they are not a total replacement for the connection created from direct support, nor might they fully meet the needs of the individual.

If, as stated on page 12 of the consultation document, all or part of the solution to these population challenges is multi-purpose teams and multi-skilled staff, significant investment in the mental health workforce and network is required. Here again, clarity on implementation of the framework is needed to ensure access to services are not lost on the road to 2032.



Networks Within The Framework

2022 to 2032 is a significant period of time, and this consultation provides no guidance on when or how these critical shifts will be implemented. Changing Minds, and many other organisations like ours are successfully delivering proven peer support initiatives. We would like to clearly see in the updated framework, how local, or in some cases regional, services will be supported to run and expand these services within a national framework.

As currently drafted we believe that the draft Systems and Services Framework lacks clarity and conviction to bring about change to barriers that maintain a siloed health and wellbeing approach and service or support choices for recovery.

Looking Beyond Intervention When Ill

The Framework treats mental health and addiction as an illness, not as a journey to wellbeing. This is evidenced by the dominant use of medical intervention; however, we do not believe that this was the intent. As we summarised above, we believe that creating agreed definitions and clear actions for implementation will resolve much of the confusion within the framework

Therefore, the Framework needs to show that, because of applying the principles and making shifts, service-users and people moving towards wellbeing will have options. Critical to this is making clear the importance of services to support employment and housing which heavily influence peoples' wellbeing. A member of our Lived Experience community framed this nicely when they said “we need to change our mental model of the health system”

Research and policy guidance in Aotearoa New Zealand and globally, on the connection between social determinants of health and mental wellbeing is extensive and clear. To make tangible positive changes to the delivery of mental health and addiction services in



Aotearoa we cannot consider a systemic framework which is silent on the roles safe and healthy housing, workforce development, education and, physical health supports.

We would like to see in the updated framework an implementation plan for how Tangata whai ora – people seeking wellbeing – will be supported in accessing causal and secondary services which impact their wellbeing (such as Kāinga Ora, ACC and financial services).

We challenge the Ministry and Health New Zealand to provide an answer to how a transformative health system would make a difference to the following scenario, which was provided to us recently from a member of our Lived Experience community:

Lived Experience Example – Need For Holistic Wellbeing Care

- This person was living in a rural community and did not have a secure living arrangement.
- They did not have their own means of transportation and there was no accessible services that met the individual's needs within their community/area.
- Due to employment challenges, at the time they experienced a moment of acute mental distress they did not have any financial resources.
- On being discharged from hospital care they resorted to hitch hiking to return home.
- Their family and whānau supports faced experienced their own wellbeing and financial challenges and were located several hours away from this person.

To make this framework a transformative document a conscious shift must be made to move away from a focus on the mental health system being intervention led, to a holistic partnership with an individual and their whānau.



The task of preparing the Systems and Services Framework is considerable and complex. We believe that the matters we have set out are fundamental to a change of experience and outcome for people interacting with the health system.

We would like to see:

- A much stronger statement of and accountability to the changes that will enable the necessary critical shifts, supported by clear expectations.
- A requirement for Mental Health and Addiction systems and services to connect with and provide health and social determinant support to address known inequity. This must include – and specify – physical healthcare, support and care for whanau, employment support, and housing.
- A commitment to service options that go beyond the current ‘intervention when ill’ approach.
- A commitment to mental health and promotion and education, for the young and as people journey through recovery.

We would be happy to discuss any aspect of our submission with you further, and to facilitate additional feedback and engagement with the Lived Experience community. Please contact communications@changingminds.org.nz in the first instance.

Nāku iti noa, nā

Kevin Harper

CEO, Chief Enabler

Changing Minds



Appendix 1: Feedback and Insights on Concept Definitions

The System and Services Framework refers to people-centred principles and lists system wide considerations. These are open to different interpretation and application. What does people-centred mean to you and what expectation or behaviours would show you that the system has changed?

- To be people-centred is to respond to issues inherent in a system and service dominated approach, many of these are acknowledged in the System and Services Framework by referencing *He Ara Oranga* and resulting policy documents, but those of greater concern to a Lived Experience perspective include power imbalance, risk, clinical precedence, coercion, racism discrimination and prejudice.
- Also, we need to be clear who we are referring to. Person-centered seems to maintain an individual perspective. However, a person may be supported by whanau, carers, and different members of the workforce, health and otherwise. All of these people need to center the individual and feel centered or enabled by the system and services. Therefore, a person-centered approach should include more than the service-user. The relationships between system and service and the people centered within will be critical to a people-centered experience.
- A people-centered experience needs to be defined for action at a national level. It is complex but should be flexible, responsible, simple, local, holistic, high-trust and relationship-based regardless of the population group or level of need. Also, a people-centered experience will consider wellbeing and must include social determinant supports, especially employment, housing, financial security, physical



and nutritional health. The framework does not reflect how people live or what they need to survive.

- The framework needs to provide people with the confidence that there is a clear way in and a way out of the support they want and need in the time and place they want and need it; services must be resourced to go to people and not just expect people to come in. The framework does not show this change, especially in the service landscape diagram.
- Transforming to meet people-centred expectations will not be easy. Therefore, it is crucial that we build a people-centred learning system and services. This means careful consideration of evidence and performance measures used for system and service development. But, it is critical that these relate to clear people-centred expectations and accountability.

The System and Services Framework highlights action is needed to *design out inequities*.

What action does the system and services need to take to do this?

- There is considerable concern that the translation of this shift for action and accountability reinforces more of the same approach. The system is inherently inequitable and so we need means and accountability to drive how we collect, support, incubate, test, evaluate, scale and sustain new (and old) ideas that add value.

It is great to see a critical shift to *build peer-led transformation*. However, the described meaning and change may not reflect a peer view. What is your definition and expectation of peer-led? Do you consider this shift to be limited to or greater than peer support considerations?



- We should now include the Lived Experience in all things system and service, but the value is not understood and appreciated, and so the distinction between Peer and Lived Experience is problematic. Critically, Lived Experience describes way of seeing, knowing and doing in order to make change to the system, in policy and within services. This means resources for Lived Experience-led organisations, research, evaluation and design.
- Reference to peer-led seems to emphasise peer roles within services and some misunderstanding of these, or a preference for them to be defined by people others than peer leaders. This highlights a prejudice and discrimination that must be named and responded to as part of this critical shift. Peer-led is not just peers within multi-disciplinary teams, it is peers leading those teams. It is not a single peer within a service, but a team with its own governance, peer leadership and supervision. It is not a primary workforce “including people with common experiences of overcoming adversity”, it is expanding, supporting and properly resourcing peer-led organisations.
- Peer-led must be inclusive of peer-led services and a range of peer roles, including but not limited to consumer advisors, peer advocates, peer educators, peer supervisors, peer support workers. The CPSLE Workforce Development Action Plan provides direction for peer-led workforce development. Critical to this are peer values, philosophy and practices that underpins peer work. Not all peer services apply these values and practices; therefore, not all peer services are peer-led.

Critical shift 5 seeks to *create locally driven networks*. The shift describes a networked system and services, possibly for the benefit of services, but what are your expected benefit for people, including whanau?



- The document is using the language of network in particularly unhelpful and confusing ways that are not people-centred. The emphasis is on system and service connections. However, for people a network offers safety, trust, resource, support connectedness and wisdom.
- Locally driven networks for me are both lifeblood of prevention and a lifeline in times of crisis as being connected with people you trust who have your back will support you when needed, you trust because you've spent time on whanaungatanga and gifted your own time, knowledge, and support reciprocally to others.