changing minds
for better mental health
Te Pae Tawhiti o te Hinengaro

CHANGING MINDS SUBMISSION

To the Mental Health and Wellbeing Commission Bill

Tirohia te kakano o te rākau kia pūrangiaho ai koe ki tōnā ake whakapapa

December 2019

Committee Secretariat
Health Committee
Parliament Buildings
Wellington

re: Submission to the Health Select Committee on the Mental Health and Wellbeing Commission Bill

Kia ora mai tātou e te whānau

Changing Minds is grateful to the Lived Experience Community of Aotearoa who continue to gift us with the honour of presenting their voices on the establishment of New Zealand's Mental Health and Wellbeing Commission - an historical event in the history of Aotearoa New Zealand.

We have been charged for nearly two decades with supporting system improvement and representing the "consumer voice", but it has only been in the past few years, through the mana of our community, that Changing Minds has strategically gathered, articulated and activated this voice to create enduring positive change.

We recognise the enormous scope involved in the high-stakes task of "representing" those with Lived Experience, and we do not take that responsibility lightly, especially as we are not one homogenous group. Taking on this role is not only a huge undertaking for our organisation - as it sits outside our contractual funding and scope - it also highlights a gap in New Zealand for diplomatic, skilled and actionable advocacy. However, because we are passionate about this mahi and recognise the need, we have stepped forward to take on this mantle with pride.

We have brought the voices of those with Lived Experience and those who are passionate about supporting the wellbeing of Aotearoa together in a strong, united approach. We don't speak as one organisation, but rather a collective whānau who support those who have expressed their mana and tino-rangatiratanga through the kōrero.

We are humbled by our community, allies and partners who have given us their time and chosen to collaborate with us on this challenge – to articulate a future where all people can flourish. In particular, we would like to recognise our talented staff and Board, Platform Trust, OUTline, The Suicide Mortality Review Committee and the Mental Health Foundation for sharing with us what is also important to their communities.

Our submission, 'Tirohia te kakano o te rākau kia pūrangiaho ai koe ki tōnā ake whakapapa' ties back to Changing Minds' visual identity - a tree - which represents our belief that people can blossom even after experiencing extreme distress. Our submission speaks to the importance of understanding the story that is told through this document by our community; for when we understand this story, we can understand the needs of the people telling it. Our aim is to make clear recommendations to enhance the "Mental Health and Wellbeing Commission Bill".

We acknowledge those who have passed, and our wish to learn from the stories of our whakapapa in order create a better future for those to come, and we thank the Health Select Committee members themselves for holding this kōrero safely.

Ahakoa ko wai, ahakoa nō hea, ahakoa ngā āhua, he mea nui tātou, he tāngata!

No matter who we are, regardless of where we come from or our experiences, we are the most important thing in this world, we are people!

Taimi Allan, CEO Changing Minds

Anne Bateman, Chair, Changing Minds Trust Board

Nā te whānau nei o Changing Minds

December 2019

Submission to Health Select Committee from Changing Minds NZ on the Mental Health and Wellbeing Commission Bill

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He mihi maioha

Ka rere whakarunga te titiro ki te tuanui o te whare o te whanaungatanga e tū marumaru ana mō te kaupapa nei.

Ka heke iho mā runga i te kakano ki te tāhuhu o te whakaaro, ki a rātou mā kua whetūrangitia, e kore e wareware i te waihotanga e noho nei.

Ka rere iho tonu ki ngā heke e hongihongi ana ki ngā paetara e whakaahuatia nei ngā kōrero tuku iho ki ngā tukutuku hei ārahi i a tātou, arā ko te whanaungatanga, te kaitiakitanga me te manaakitanga anō hoki.

Kātahi ka tae atu mai ki te tūāpapa o tēnei mihi e tū nei mātou. Kei ngā pou whirinaki e tū taringa rahirahi nei, tēnā koutou.

Kei te poutokomanawa o te kāhui nā, te taonga tuku iho nō Ngāti Tūwharetoa me Waikato, e te whaea tēnā koe. E mihi ana i tōu manawanui ki ārahi i tēnei ara ki te pae tawhiti, arā te tika me te pono.

Ka tukuna atu tēnei kōrero i runga i te rangimarie e rangona ai e koutou ngā kare ā-roto, ngā wheako anō hoki o te hunga e ū ana ki te manaaki tangata, ahakoa ko wai, ahakoa nō hea, ahakoa ngā āhua.

Ka paeheretia e mātou ngā kōrero hei whakakotahi, hei whakapakari ake i te oro e rere atu nei ki a koutou i runga i ngā whakaaro pēnei, he mana tō te kupu, nā reira mā te kī tahi, ka ora tahi ai tātou.

Ko te tumanako ia, ka riro i a koutou te tino āhua o te kōrero, ka whakatinana ai hei ārahi i te ara whakamua. Ki te pērā, ka tino ora tātou.

Heoi, me noho ū tonu mātou ki ngā whakaaro e mōhiotia ana e te marea e titiro arotahi nei ki a koutou, ēhara rāwa te mahi nei i te māmā, he mahi rangatira rawa atu!

Nā reira, noho rangatira mai nā i runga i te mōhiotanga, kei konei mātou hei āwhina, hei tautoko.

Mō te hauora o Aotearoa, mō te pae tawhiti o te hinengaro te take

Tēnā koutou katoa

Tīmatanga kōrero - Introduction

Thank you for the opportunity to contribute to the Health Committee's work on the establishment of a New Zealand Mental Health and Wellbeing Commission.

This submission represents the views of Changing Minds New Zealand, a national not-for-profit organisation, operated entirely by those with personal experience of mental health and/or addiction issues. Our objective is to make a strong and positive contribution to improved mental wellbeing for all New Zealanders, by ensuring the voices of people with Lived Experience are represented and acted upon at all levels.

We contribute to system change, service development and shifting of attitudes towards mental wellbeing through advocacy, advice and policy work.

What we mean by 'Lived Experience'.
Lived Experience means people who have experienced or been affected by any level of mental distress, or mental illness, or harm from alcohol or other drugs.

This submission has been compiled with input from our extensive network, including 247 responses to an online survey conducted in the last week of November 2019, together with views collected from individual members of the Changing Minds community.

More information about the survey is included at Appendix 1 and quotes reflecting the views of our network have been incorporated throughout this submission (highlighted).

Our organisation would also welcome the opportunity to provide oral evidence to the Select Committee and to connect committee members with New Zealanders who have past and current Lived Experience of mental health and/or addiction challenges and their whānau.

Te take - Context

In our 2018 submission to the Government Inquiry into Mental Health and Addiction, *He Ara Oranga*, Changing Minds made a number of recommendations:

- A whole-of-government approach is required to significantly improve the wellbeing of New Zealanders. This includes public services and policies that are intentional and deliberate, and based on good evidence and partnership rather than political agendas, media, or pressure from vocal minorities.
- Significant investment is required in both initiatives that directly support mental health, and other public services that determine wellbeing.
- A diverse group of leaders with integrity – including mental health and addictions experts with lived experience, Māori, clinical mental health experts and social sector experts – are required for this transformation. These leaders must take a bold and critical approach; be constantly willing to learn, question, and challenge; and must draw on the considerable amount of information, expertise, and strategies that already exist.
- The process must be reflective, evaluative, self-critical, and transparent from the beginning.
- The focus must always be on valuing people and whānau, and creating a caring society

We are very encouraged that the Government's response to *He Ara Oranga* so strongly reflects these recommendations.

We are pleased with the transparent approach reflected in this request for input into the Bill and hope to see it mirrored in the Commission's future work.

We are delighted with the Government's commitment to and focus on wellbeing and were honoured to help launch the cross-party Mental Health and Wellbeing Group as a first step towards a better supported Aotearoa. We also note the cross-party support for the establishment of the Commission and hope that this will endure.

We are excited to see the first of many funding initiatives increasing access and choice for our communities and will be working in partnership with service providers to help them deliver the best possible care and supports.

Our firm belief is that all mental health and addiction services and supports must be underpinned by manaakitanga - 'the process of showing respect, generosity and care for others'.

The initiation of a Mental Health Commission is a critical step. We hope to see the bold and diverse leadership we have called for at its helm, working hand-in-hand with the diverse range of people who hold knowledge and expertise in mental wellbeing.

Diplomatic, skilled and wise Lived Experience leadership must be integral to all future wellbeing initiatives, including the establishment of, and operation of, the Commission.

It is the people most impacted by mental distress and addiction who hold the knowledge, skills and insights that will create a better, more responsive mental health and addiction sector and a society that promotes mental wellbeing and rejects prejudice and discrimination.

We urge the Committee to ensure that people with Lived Experience of mental distress and addiction and their families are at the heart of this legislation and the future Mental Health and Wellbeing Commission.

We endorse the recommendation of the current Mental Health Commissioner, Kevin Allen, that there should be a statutory requirement for a national mental wellbeing strategy. A national strategy would provide the necessary framework in which the Commission, service providers and relevant agencies would operate. The strategy would be a collective output of those agencies and providers, bringing in education, social welfare and justice as well as health. It should be led by and grounded in the voices of those people with Lived Experience and their whānau.

A national cross-Government mental wellbeing strategy would provide the long-term direction, clear objectives, timeframes and accountability mechanisms. One of the Commission's key functions should be to monitor and ensure delivery of the strategy, building on the recommendations of *He Ara Oranga,* and maintaining a common shared purpose.

In the absence of such a strategy, there is a risk the Commission, even with the best talent and intentions, will operate in an ad hoc and reactive way, rather than being central to an integrated, common framework for change.

We recognise the need to balance urgency in establishing the Commission with a robust process that will allow engagement and ensure we 'get it right'. We hope to see progress in implementing the wellbeing approach and

improving services while the interim Commission is in place and work to establish a robust and credible substantive body is underway.

In terms of improving the wellbeing of the people of Aotearoa, we believe this legislation has the potential to be one of the most significant in recent times. As the guardian of mental health and wellbeing, this Commission is faced with a huge and complex task and very high stakes. But, if it realises its potential, it will transform all of our futures.

The recommendations below were from our submission to *He Ara Oranga* and still stand as advice in the transformation process:

Whakarāpopoto kōrero - Summary of our feedback

Changing Minds supports the general form and function of the Mental Health and Wellbeing Commission, as outlined in the Bill. We support the Commission's purpose, and its status as an independent crown entity.

In this submission, we have made several recommendations to amend the wording of the Bill in order to strengthen the Commission's efficacy. These changes would ensure it can achieve its objective of contributing to better mental health and wellbeing outcomes for people in New Zealand.

We believe the Commission should have more extensive powers than its predecessor, so that it holds agencies and individuals to account, and that the radical transformation our country needs will take place.

We fully support the whole of systems approach and the emphasis on social determinants of mental wellbeing. This is the only direction that will achieve meaningful and long-term improvement in the prevalence of mental distress and addictions challenges facing our communities.

The Commission needs to be able to affect change in areas such as housing, employment, poverty and family violence and discrimination, with cross government powers and partnership working with the Health and Disability Commission, Te Ariwhiti, the Human Rights Commission, the Health Quality and Safety Commission, the Health Promotion Agency and others.

We wholly support the requirement that the Commission 'have particular regard to the experience of, and outcomes for, Māori' but believe its obligations in this area should be broadened and strengthened.

Based on the Commission's mandate and New Zealand's population size, the Commission should have eight members (with a minimum of five at any one time), who reflect the needs of communities and who have the necessary skills, diversity and support to carry out the Commission's functions and execute its powers.

We strongly believe there needs to be greater clarity around the Commission's monitoring functions and its ability to affect change. The Commission needs statutory powers to enforce action at all levels, not just within providers of mental health and addiction services, but in all Government ministries and related agencies.

The Commission should be charged with developing national specifications for providers of client-led mental health and addiction services in all parts of New Zealand, ensuring they meet the necessary standards of cultural competency, equity of access and outcomes, as well as clinical excellence.

The Commission should be a thought leader that develops and recommends potential improvements in approaches to mental health and wellbeing, as well as evaluating them. It requires transparent and specified accountability mechanisms and enduring resources in order to carry out these functions.

Finally, and crucially, Lived Experience should be at the heart of the Commission's processes and decision-making: ***'Nothing about us without us***.'

We should walk the talk in eradicating discrimination in Aotearoa by valuing the multitude skills, knowledge and experience held by people with Lived Experience, and demonstrate that by appointing people with Lived Experience to leadership and support roles within the Commission.

'The people most directly affected by mental health and addiction services should be at the centre of these decisions.'

This is our best opportunity to quell any remaining notion that people who have experience of mental health or addiction do not go on to have flourishing, impactful lives and lead powerful, transformational work. There is a wealth of suitably qualified and professional potential Commissioners and Commission staff with Lived Experience. We just need to create the environment where those experiences are valued and not hidden due to fear, prejudice or discrimination.

The experience of service users and their whānau, of people who best understand the Commission's purpose and potential, must be its foundation.

'It needs to include something around being directed by or collaborating with those with lived experience.'

Clause 3 Te Tiriti o Waitangi

We support Clause 3, but with strengthening of the Commission's responsibilities to Māori and to tackling racism and discrimination. In order to be a true leader in mental health equity, the Commission needs to be embedded in a Māori worldview from its founding, as a kaitiaki of the country's mental health and wellbeing.

We endorse the views of the Mental Health Foundation of New Zealand – that, more than simply upholding Te Tiriti o Waitangi, the Commission should be founded on the Treaty and, as recommended by the Inquiry into Mental Health and Addictions in *He Ara Oranga*, it should *actively promote* the Treaty.

We also support the Mental Health Foundation's recommendation that the Commission hold a Māori name from the outset and that advice should be sought from the Ministry of Health's Māori Mental Health Advisory Group as to the process for identifying an appropriate name.

Clause 7 (2) Commission Established

The Commission is a Crown entity for the purposes of section 7 of the Crown Entities Act 2004.

> *'The preferred option is to establish it as an Independent Crown Entity (rather than an Autonomous Crown Entity), primarily because this will give it the maximum amount of independence.'*

We support the Commission's status as a Crown entity, ensuring that it can hold the Government of the day and other decision makers to account and remain free from political interference.

> *'Independence and protection from political interference in the content of reports.'*

Whakarāpopoto kōrero

Based on and broadness of it's mandate, the Commission Board's membership should reflect New Zealand's diversity and population size, and the needs of community to effectively carry out functions and execute its powers.

Clause 8 (1) Mana whakahaere - Board of Commission

1.

Board should be comprised of eight members with a minimum quorum of five members

2.

Lived Experience a core requirement of all members *in addition to* other perspectives

3.

Prioritise Māori world view and ensure it is embedded in all work

Clause 8. Mana Whakahaere - Board of Commission

Clause 8 (1)

The Board of the Commission will consist of 2 to 5 members.

Clause 8 (2)

In appointing the members, the Minister must have regard to the need for members to collectively —

(a) have knowledge, understanding, and experience of:

(i) te ao Māori (Māori world view), tikanga Māori (Māori protocol and culture), and whānau-centred approaches to wellbeing; and

(ii) the cultural, economic, educational, spiritual, societal, and other factors that affect people's mental health and wellbeing; and

(iii) mental health services and addiction services; and

(iv) improving overall system performance; and

(b) have personal experience of mental distress; and

(c) have personal experience of addiction.

'Between two and five commissioners' is not enough for the scale of the task the Commission is required to undertake - particularly during a period of wider system transformation and our country's egregious mental health statistics. Overseas jurisdictions have a larger number of commissioners – for example, Ireland with a similar population to New Zealand, has eight.

If the Board can exist with only two members then it will be considered as meaningless. It must have a minimum of five with the power to add/co-opt expertise when needed.'

While we don't want a large or unwieldy Board, it needs to balance agility with inclusion. We believe eight members is more realistic for our population and demographic, and that five is the minimum number needed to represent the diversity of views and the complexity of experience for the Board to operate effectively, and ensure sufficient leadership capacity.

'Two people is totally inadequate. Even five people is not nearly enough to include people who can provide one or more of the above knowledge and experience criteria.'

In ensuring the mix of necessary skills and experience it is vital that we avoid tokenism or box-ticking by seeking, for example, one te ao Māori commissioner, one Lived Experience commissioner, one academic commissioner, one service provider, etc. Instead there should be explicit focus on finding commissioners who can hold several world-views at once.

'Māori are Treaty Partners and it is utterly appropriate for Māori to be properly supported by the Board - ideally with Lived Experience seats. However, Māori are not 'the Borg', and they do not have a collective voice -- they are many, and each voice is important. So having one or two members speaking "for Māori" would be tokenism. You need to think this part through pretty carefully.'

Those worldviews should be combined with an agnostic approach to the range of philosophies and modalities within the mental health and addictions sector and, ideally, understanding of and/or experience of human rights advocacy or legislation.

In order for the Commission to effectively advocate for the collective interests of people with experience of mental distress and their whānau, there is a strong argument for all Board members to have Lived Experience. This supports the directions of overseas commissions. For example, the South Australian Commission has recently been expanded to include a full-time Commissioner and two part-time Deputy Commissioners with Lived Experience.

As a minimum, we believe that Lived Experience should be mandatory for the majority of members of the Board.

'Increase the emphasis on a requirement to have a minimum quota of people who identify with Lived Experience of mental distress and/or addictions.'

We strongly recommend that every Board member should have knowledge, understanding and experience of te ao Māori, tikanga Māori and whānau-centred approaches to wellbeing, including the realities, experiences and impacts of social determinants for Māori communities.

'A board of two is too small. I would like to see Māori and Lived Experience co-chairs. The legislation could clarify if the commissioners are working commissioners (part or full time) or board commissioners.'

If mental health and wellbeing is a whole of government approach, then membership needs to move beyond mental health to ensure members do not solely have a health sector perspective. We recommend that Board members also have sound knowledge across wider government departments and/or parts of social and community systems, not just health.

The Bill should also include explicit mention of what the Board member roles entail - that these are paid Commissioner roles (full or part time), in order to be able to execute the functions of the Commission.

We expect that commissioners will also be provided with appropriate remuneration and support such as professional supervision, media training and access to a skilled secretariat and have the ability to co-opt expertise or additional resource from time to time, as specific pieces of work require.

Additional research, monitoring and secretariat functions also need to be adequately and appropriately resourced. New Zealand's previous Mental Health Commission had a board of twelve and a staff of 19. South Australia currently has one commissioner and six commission staff with plans to expand, while Canada has a 16-strong Commission Board, four executive officers and seven workstream directors together with secretariat staff.

All employed staff and advisory groups should also have diverse backgrounds, connections and influence across systems.

Whakarāpopoto kōrero

The Commission should have more extensive powers than its predecessor, so that it holds agencies and individuals to account. We fully support the whole of systems approach and the emphasis on social determinants of mental wellbeing.

Clause 11 Kawa - Functions of Commission

The commission should:

1.

Produce an annual report to Parliament which includes a financial analysis report (what money spent where to what outcomes)

2.

Have a responsibility to Māori and Equity and ensure the views of Māori are paramount in all its activities and outputs

3.

Assess and report on all parts of society that impact significantly on mental wellbeing

4.

Set national standards and service specifications for service providers

Whakarāpopoto kōrero

The Commission needs to be able to affect change in areas such as housing, employment, poverty and family violence and discrimination, with cross government powers and in partnership with other agencies.

Clause 11 Kawa - Functions of Commission (continued)

The commission should:

1.

Identify and share good practice information

2.

Collaborate with relevant national agencies with responsibility for equity, human rights, child wellbeing, health promotion, media reporting, quality and privacy

3.

Have oversight of national mental wellbeing strategy

4.

Have oversight of all relevant legislation and policy policy, to include mental wellbeing impact analysis

Kawa - Functions of Commission

Clause 11 (2)

(2) When performing its functions under this Act, the Commission must have particular regard to the experience of, and outcomes for, Māori

We believe it is important that the legislation reflects that the Commission should not only seek the views of Māori but ensure that these are paramount in all its activities and outputs.

Clause 11 3.

The functions of the Commission are:

(1) (a) to assess and report publicly on the mental health and wellbeing of New Zealanders;

(b) to assess and report publicly on factors that affect people's mental health and wellbeing;

(c) to assess and report publicly on the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing, (including mental health services and addiction services);

(d) to promote alignment, collaboration, and communication between entities involved in mental health and wellbeing;

(e) to 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.

(2) When performing its functions under this Act, the Commission must have particular regard to the experience of, and outcomes for, Māori.

Changing Minds supports the functions set out in the Bill, but we recommend that wording is expanded and clarified to demonstrate the Commission's broad reach and accountability.

We would also like to see additional functions included that will ensure that leadership and accountability for the Commission's stated objective of improving mental health and wellbeing outcomes for New Zealanders sits clearly in one place.

We welcome the breadth of the functions outlined and the recognition that social factors – environments, housing, education, employment and poverty

– are a key determinant of people's experience of mental distress and/or addiction and their experience of recovery.

'Mental health is not just a wellbeing issue; it's a social issue. The Commission also needs to promote, advocate, highlight social issues that feed into poor mental wellbeing.'

'Yes, as long as the "factors" that affect people's mental health and wellbeing include the real determinants, e.g. poverty, family violence, racism.'

The Commission cannot only be about what Government does or what mental health and addiction services do. The Commission needs to be able to assess and report publicly on all parts of society that impact significantly on the mental wellbeing of the population. We would like to see this explicitly stated in the legislation.

'It seems a bit toothless to me. We have so many over-seeing agencies. Where is the "requirement"? What will "require" primary care, secondary care, NGOs, Justice, Education, MSD, DHBs to provide for, protect and promote mental health and wellbeing?'

Issuing public reports on the state of mental health and wellbeing, the impact of social determinants of health and what's being done to improve mental health and wellbeing is laudable and ambitious, but without timeframes or status, is too vague. We believe the legislation should require that the Commission report annually and that the report be tabled to Parliament by the Minister of Health (or relevant Minister).

'Where does accountability come in; how is independence assured; how and where are these things reported?'

We also believe more detail is required in Clause 11 (c) in relation the Commission's function to assess and report on the effectiveness, efficiency and adequacy of mental health and addiction services.

The new Commission should have a broader role than the current mental health responsibilities of the Health and Disability Commissioner (HDC). This should include a service monitoring and inspection role, with regular assessments carried out against national standards and service specifications, including access and outcomes.

'I also would like to see an actual focus on Māori mental health outcomes. Because there's a lot of talk and no improvement.'

This function would need to include robust measures to ensure meaningful benchmarking and promotion of best practice. This should be underpinned by an improvement, rather than punitive, philosophy. Ireland's Mental Health Commission, for example, has the ability to inspect mental health and addiction services, not as an audit function but to break down silos and provide an opportunity for sharing good practice.

'It's a good start - but the functions will be toothless like in the past if they do not have a legal mandate for recommendations and guidelines they make. At the very least, the Bill should propose a timeline for the government to respond to the recommendations of the Commission with actions on progressing them.'

We believe it is also important that the Commission should have a leadership role in identifying and sharing best practice and innovation, not just in mental health and addiction services, but across all sectors, in order to promote wellbeing, address risk and harm, and tackle discrimination. Within its reporting remit should be identification of and sharing of that good practice.

'The Commission could be looking globally to describe what best practice could look like.'

We endorse the Commission's role in promoting collaboration and advocacy. The Commission must be a powerful advocate, capable of providing a credible and compelling voice at the most senior level in all settings and of influencing change both nation wide.

'To promote the rights and interests of people who experience mental health problems and use mental health services.'

We believe the expectation of a partnership with relevant national agencies that have responsibility for equity, human rights, child wellbeing, health promotion, quality and privacy should be made explicit in the Bill. In particular, wording should be amended to clarify where the boundaries of responsibility lie for 'watchdog functions' and complaints (either with the Wellbeing Commission or the HDC.) For example, it would be helpful to include mention in the Bill's explanatory note that the HDC will retain responsibility for managing mental health complaints processes as separate and independent from the powers of the Commission.

'Leadership function in mental health rather than just monitoring. Sharing and disseminating good practice in promotion of mental

wellbeing as well as best practice for services. Not just aligning but joining up the sector.'

Effective data and evaluation is critical in order for the Commission to carry out its functions. Programme for the Integration of Mental Health Data (PRIMHD) is one way for collecting service data, but it is limited, often incomplete, out of date and not used by organisations outside the health system. Thoughts need to be given on how information is collected and used, and there should be an explicit statement in the Bill that the Commission must be able to request or commission the necessary data or research in order to fulfil its responsibilities.

As mentioned, Changing Minds fully supports the current Mental Health Commissioner's recommendation that New Zealand have a mental health and addictions strategy to fill the void after *Rising to the Challenge*.

We believe a core function of the Commission should be as the guardian of that strategy – ensuring that it is co-produced in the same way as *He Ara Oranga*, and that relevant goals and deliverables are monitored and measured.

This should include a remit to assess and report on the impact of Government-allocated expenditure associated with mental health and wellbeing. This could take the form of a regular report on health economics, covering both value for money and analysis of how allocated funds have been spent.

'We have had these sorts of organisations where there is a lot of reporting done, but very little follow up and change. I think the Commission must have the power to make sure that issues are followed up and changes made, otherwise it will just be an information gathering entity with no power.'

A further function we would like to see included is oversight of all relevant policy and legislation, including of the Mental Health Act.

'It could provide independent systemic oversight of the use of the Mental Health Act. This is a glaring hole in our system. Some overseas commissions focus solely on this, but it could be added as a function with some of the so-called oversight role being removed from the Ministry of Health, which has a conflict of interest as the developers of the Act.'

This function would entail the Commission advising on and influencing all policy changes pertaining to mental wellbeing and requiring an impact assessment on all policy and legislation to ensure it supports mental wellbeing and prevents discrimination, as has recently been the case with climate change.

'It could be good to see it made explicit here that the Commission has a role in commenting on and/or critiquing proposed or actualised government policy, as it stands to impact mental health and wellbeing.'

In terms of wider public influencing, we also endorse the view of the SuMRC that the Commission has a national role in reviewing and advising on media and broadcasting as it relates to storytelling around suicide, mental distress and addiction challenges. As well as ensuring responsible reporting on suicide and related matters, and taking appropriate steps to protect and promote mental wellbeing.

Whakarāpopoto kōrero

There needs to be greater clarity of the Commission's monitoring functions and its ability to affect change. The Commission needs statutory powers to require action at all levels, not just within providers of mental health and addiction services, but in all Government Ministries and related agencies.

Clause 12 Mana - Powers of Commission

1.

The Commission should have the power to direct and mandate improvements in service providers

2.

Direct improvements in all agencies and organisations, including in private employers

3.

The Commission should have the power to request or commission necessary data or research

4.

The Commission's recommendations should be considered and responded to by Cabinet (or other appropriate decision maker)

Clause 12 Mana - Powers of Commission

The Commission will:

(a) publicly report on any matters concerning the mental health and wellbeing of people in New Zealand; and
(b) make recommendations to any person (including any Minister) on any matters concerning mental health and wellbeing; and
(c) obtain information in accordance with sections 14 to 16.

We support the powers set out in Clause 12 and endorse the views of current Mental Health Commissioner, Kevin Allen: *'The new Commission will have a critical role to play as a watchdog, monitoring and supporting the transformation in mental health and wellbeing that New Zealanders want and need. To do that effectively the Commission needs to be given sufficient powers and adequate resources. It is also important that Māori, people with Lived Experience and their whānau are at the table from the start.'*

'They should also have the power to mandate action in addition to issuing recommendations.'

The powers of the Commission need to be articulated clearly so that it can go beyond making recommendations to affect change in performance, behaviours and outcomes. Monitoring has to be translated into action where necessary, with tangible mechanisms to ensure change.

'It's not enough to have 'oversight'; the Commission needs the power to intervene.'

This includes the Commission's broader role in assessing and reporting in areas outside of health, such as housing, child welfare or justice, where it recommends remedial action needs to be taken.

'Should be more like the Commerce Commission which has powers to investigate, warn, fine, and issue directives.'

We appreciate that the focus of the Commission is on collaboration and influencing, rather than commissioning and implementation. However, influencing documents, guidelines and policy has limited impact unless there are other levers.

We believe the legislation should incorporate a requirement that ensures the Commission's recommendations can be mandated and adopted by Government, other agencies and service providers. Explicitly, we propose

that the legislation include a clause that recommendations of the Commission must be considered and responded to by Cabinet (or other appropriate decision maker).

'The recommendations must be legally binding in some way - i.e. the government must respond to recommendations with an action plan.'

In terms of standard setting and oversight of performance of mental health and addictions service providers, powers need to go beyond identifying and sharing good practice and promoting innovation to addressing poor practice. The Commission needs to have accountability for service standards and the authority and autonomy, not just to make recommendations but to warn, issue directions and mandate improvements.

'Needs to note what the powers are when those things are demonstrating poor outcomes - what will they do with the information being "accessed" ie; when monitored outcomes for Māori are continuing to get worse how will this be addressed; who is responsible for operationalising changes needed/suggested?'

The experience of Ireland's Mental Health Commission, for example, incorporates annual visits to mental health and addiction services providers which focus on the service user journey and any findings are used to make recommendations to national service change, transformation and provision.

'Able to direct - not just "make recommendations" (that can then be ignored).'

The Commission's responsibilities should extend to providing recommendations on mental health and wellbeing practices in workplaces outside the public sector.

Employers are a key enabler and barrier to health and wellbeing and should be explicitly mentioned in the Bill. The opportunity to influence mental wellbeing in the workplace can be undertaken in a partnership between the Commission and Worksafe NZ.

The Commission's power to request information from agencies need to be wide-ranging, without being hindered by the Official Information Act. We expect the Commission to operate within all the requirements of the Privacy Act, without this compromising its ability to be effective.

'Able to direct where needed - a commission with no power is useless.'

Whakarāpopoto kōrero

We should walk the talk in eradicating discrimination in Aotearoa by valuing the multitude skills, knowledge and experience held by people with Lived Experience, and demonstrate that by appointing people with Lived Experience to the leadership of the Commission and its all of its roles.

Clause 13 Whakawhanaungatanga - Mechanisms to seek views

1.

Employ a wide range of mechanisms to engage and ensure inclusion of diverse views

2.

Resource groups and organisations who already have mana with priority group populations to articulate and activate their voice

3.

Ensure the views of people with Lived Experience inform all decisions and work programmes

Clause 13 Whakawhanaungatanga - Obligation to establish mechanisms to seek views

(1) The Commission must establish mechanisms to ensure effective means to seek the views of:

(a) Māori;

(b) Pacific peoples;

(c) disabled people;

(d) other groups of people who have disproportionately poorer mental health and wellbeing;

(e) people who have experienced mental distress and the persons (including family and whānau) who support them;

(f) people who have experienced addiction, and the persons (including family and whānau) who support them;

(g) children and young people.

(2) Mechanisms may include appointing advisory committees or forming consultation forums.

'These "mechanisms" will need to be very carefully thought through - and the people in these groups will need to have the money, control and power to drive the changes they see are needed for their own communities.'

We wholly support the need for effective engagement and established channels to reach diverse groups. However, we feel the wording in Clause 13 is too passive and should be more directive in how the Commission will seek views.

'I think the mechanisms they use should be culturally-competent and led by the groups they are engaging with - there is not a one-size-fits-all approach that can work for all here.'

There also needs to be an explicit mention of how the Commission acts on the views it seeks – for example 'seeking and incorporating views' rather than just 'seeking'.

'Genuine engagement, not the token "co-design" we often see from government.'

There should be transparency on engagement and feedback mechanisms and appointing of advisory committees, as well as clear pathways for unheard and marginalised voices to provide the perspectives to the

commission. This is how we set in statute the requirement that the power to influence change and drive systemic improvement sits with the people who best.

'Want to seek the views of the spectrum of NZ society. This needs to include NZ's growing Asian population, new migrants and people from refugee backgrounds, in order that the wellbeing of all groups can be promoted.'

Advisory groups could play an important role, but they are not necessarily the right approach and they should not be relied on as a proxy for effective engagement.

'It is really important to not just rely on a single advisor or small advisory group (often cherry picked to be compliant!) - while advisory groups can be helpful, they don't represent the diverse communities. Also using broader groups, accessing existing networks and organisations, and use of consultation (surveys, hui, online engagement etc) for specific projects.'

Rather, advisory groups need to be supplemented with engagement through a range of channels on an ongoing basis including social media, independent research, and face to face events including regular hui with service users and whānau.

'I think it needs a mix of mechanisms - there's a danger in forming an advisory group and relying solely on feedback from that one group.'

There should also be an explicit statement on how the Commission engages with the Lived Experience community, including consumer advisors, peer roles, consumer organisations. In doing so, the Commission needs to connect with and properly resource established and trusted networks such as those co-ordinated through Changing Minds.

Ideally the Commission would appoint an independent group to seek and collate wide stakeholder views from the communities they are expert in engaging with.

Drawing on the input of a network of community representatives would offer an important conduit for two-way information sharing.

'Formally appoint independent bodies/organisations to represent and collate these world views through national community engagement, kanohi ki te kanohi (face to face hui)

surveys and subject matter expert panels (such as Platform for NGOs, and Changing Minds does unofficially) rather than appoint advisory boards full of the same people and perspectives all the time. Representation should be revolving and broad in perspective, and public engagement should happen on an ongoing manner to avoid stagnation.'

The Commission must also balance a focus on securing input from the marginalised, vulnerable and most at risk, with inclusion and ensuring that all people deserve a voice. The list at Clause 13, for example, could include older people, rural communities, men, new mothers, the rainbow community and refugees and migrants. Asian communities, for example, have a growing suicide rate, and have been identified by the Suicide Mortality Review Committee (SuMRC) as a priority group.

'Rainbow communities should be a named priority group.'

'Migrants and refugees. Our rainbow communities.'

Rather than attempting to create an exhaustive list, it is critical is to ensure comprehensive engagement mechanisms to ensure the full range of voices is heard.

'Rainbow community. Rural community. Suicide attempt survivors.'

We propose that the Bill is more prescriptive about the need for the Commission to have mechanisms for engaging with intersecting priority groups. Like Changing Minds does with its Lived Experience networks, other organisations and groups (such as Te Kete Ponamu, and OUTline) can mobilise the intersecting priority groups they identify with better than any government formed advisory group, due to the mutual trust and mana enhancing communication methods they employ.

An explanatory note to the Bill can clarify the intent to include all priority groups, including the compounding effects and unique needs of those with multiple experiences of marginalisation, based on ethnicity, socio-economic status, gender, sexual orientation or disability.

'Open submissions from anyone engaging/trying to engage with a service in the same way something like the broadcasting complaints board might do it. Have an easily accessible portal to submit feedback.'

Engagement must align with Te Tiriti o Waitangi and tino rangatiratanga, in that there is specific and adequate focus and resources given to the gathering of these perspectives.

'Regularly get around the country and meet clients and staff of health providers.'

Finally, attention must also be given to how the Commission will engage specifically with people who have experienced or are experiencing alcohol and drug-related harm and their whānau.

Additional wording could be 'seeking and incorporating views through a diverse range of mechanisms, drawing on good practice, trusted and established channels and ensuring the voice of all communities is heard, with specific regard to marginalised groups and those at greatest risk of experiencing mental distress and/or addiction issues'.

Kōrero whakamutunga - Conclusion

Changing Minds NZ endorses the establishment of a Mental Health and Wellbeing Commission as set out in the Bill.

On behalf of our extensive network of people with Lived Experience we recommend a number of changes to the Bill that will strengthen the Commission and ensure it is equipped to carry out its functions.

These recommendations, the gaps risks and limitations they seek to resolve and the rationale for adopting them is clearly outlined in Table 1. Below

Table 1. Gaps, Recommendations and Rationale

Clause	Gaps, risks and limitations	**Recommendation/solution**	Rationale for change
8(1)	Two to five Board members is inadequate to ensure representation and manage complexity of task	**Board should be comprised of eight members with a minimum quorum of five members**	Inclusion; diversity; capacity, reflective of successful overseas models with similar population size and diversity
8(2)	The Board's task is huge. Even with a larger Board of 5-8 people, members need to hold and/or access a vast range of knowledge and experience. Particularly in a period of great need and great change, it	**Lived Experience a core requirement of all members *in addition to* other perspectives** **Prioritise Māori world view and ensure it is embedded in all work**	People with Lived Experience hold vast knowledge and connections that will ensure the Commission has the credibility and expertise to deliver. People with Lived Experience also have other relevant skills

	has to ensure the Commission's focus is on people who know most and need most		and qualifications outside their lived experience. This shares a clear message that Lived Experience is valued, and people with Lived Experience recover/can flourish. Will help make a giant leap in the eradication of discrimination in employment by having Lived Experience in Leadership roles. The Commission needs to be framed within a Māori world view for Māori to engage with it and experience the shift in outcomes needed
11(1)	The establishment of the Commission is a major opportunity to create the framework for national mental wellbeing leadership, but the functions do not go far enough to fulfil its remit or potential to affect transformational	**Reporting must include an annual report to Parliament** **Reporting should include a financial analysis report** **The Commission should:** **assess and report on all parts of society that impact**	The wellbeing and whole-of-system scope of the Commission need to be reflected in its functions. Extending functions to incorporate service and system monitoring and standard-setting; and

	change. Unless oversight of all mental wellbeing strategy, policy and quality standards sit in one place there is a likelihood that current fragmented and reactive decision-making will persist; functions need to be clarified to ensure there is scope of accountabilities	**significantly on mental wellbeing** **set national standards and service specifications for service providers** **identify and share good practice information** **collaborate with relevant national agencies with responsibility for equity, human rights, child wellbeing, health promotion, quality and privacy** **have oversight of national mental wellbeing strategy** **have oversight of all relevant legislation** **have oversight of all relevant policy, to include mental wellbeing impact analysis**	policy and legislative oversight will give the Commission the scope it needs to be effective and plug gaps that currently exist. The government and public need a transparent process to know whether the who/how and what public money is spent on wellbeing is having the positive outcome we need
11(2)	Māori are disproportionately affected by mental distress and addiction issues.	**The Commission should ensure the views of Māori are paramount in all its activities and outputs**	Effective participation among Māori and focus on Māori priorities and needs will not only

	'Having regard to' outcomes for Māori, and adherence to the obligations of Te Tiriti o Waitangi alone will not achieve the transformation needed		benefit Māori outcomes but outcomes for all communities A tikanga Māori framework of working and engagement is a safer, more inclusive, responsive and effective way of meeting positive outcomes for all New Zealanders
12	The Commission needs to have 'teeth'. An agency that can only recommend or influence is unlikely to be able to affect the system-wide change needed to achieve the Commission's objective of improving the mental wellbeing of New Zealanders	**The Commission should have the power** **to direct and mandate improvements in service providers** **to direct improvements in all agencies and organisations, including in private employers** **to request or commission necessary data or research** **The Commission's recommendations should be considered and responded to**	With the necessary levers the Commission has the potential to make New Zealand a world leader in promoting mental wellbeing across all of society and providing first class services for those who need to access care and support With the independent power to affect change, decisions are less likely to become stuck in the bureaucratic wheels

		by Cabinet (or other appropriate decision maker)	or passed over due to political agendas
13	Advisory groups are not an effective mechanism to gather the input the Commission needs. Views need to be acted on, not just sought.	**The Commission should employ a wide range of mechanisms to engage and ensure diverse views are incorporated into its work** **The Commission should engage and resource groups and organisations who already have mana with priority group populations to articulate and activate their voice.** **The Commission should take steps to ensure the views of people with Lived Experience inform all decisions and work programmes**	Employing a range of mechanisms to engage, and tapping into trusted and established channels and networks will ensure the Commission has the capacity, insights and credibility to make change where it is most needed Utilising existing networks and communities saves money and time

Appendix 1 - Changing Minds New Zealand survey on Mental Health Commission Bill 2019

An online survey was conducted using SurveyMonkey to gather views from the Changing Minds network to feed into its submission to the Health Select Committee on the Mental Health Commission Bill. Our network covers the broad community of people with Lived Experience across the spectrum of self-help, primary and secondary care and their whānau.

Because of the limited timeframe for public submissions to the Committee, the survey was open for six days from Tuesday November 26 to Sunday December 1 2019.

There were 247 responses from across Changing Minds NZ's diverse network.

Summary of results:

- 98.5% of respondents support the establishment of the Mental Health Commission as outlined in the Bill, either fully or in part.

- 91% support its status as a Crown Entity.

- 51% of respondents support the proposed size of the Board.
- 47% of respondents did not agree that 2-5 members was an appropriate size for the Board. The majority of these recommended that the Board should consist of at least five members to ensure adequate representation.

- 75% of respondents support the proposed knowledge and experience of Board members are set out in the Bill.
- A number of recommendations were made to ensure greater inclusion and representation, particularly from people with Lived Experience of mental health and addiction.

- 66% of respondents fully support the functions of the Commission as outlined in the Bill.
- 33% support the functions proposed in part, with a number of recommendations for how functions should be clarified or enhanced, particularly in terms of the Commission's role in ensuring meaningful improvement to both people's mental wellbeing and to services for people experiencing mental distress or addiction issues.

- 80% of respondents support the proposed powers of the Commission as outlined in the Bill.
- 18% of respondents support the proposed powers in part, with particular recommendations to ensure the Commission has the power to compel action to affect change.

- 57% of respondents recommended more clarity and detail around the groups the Commission will be expected to engage with in order to ensure diversity and inclusion and to reach those in greatest need and with greatest insights.
- 50% of respondents commented on the Commissions' mechanisms to seek views, recommending that a comprehensive range of channels are used in addition to or as an alternative to the proposed establishment of advisory groups.