



**changing
minds.**

He mana tō te mātau ā-wheako
Our lived experience is our strength

PAE ORA (HEALTHY FUTURES) BILL

CHANGING MINDS SUBMISSION

9 DECEMBER 2021

COMMENTS

Changing Minds, from a Lived Experience (of mental health and addiction challenges) worldview, congratulates the commitment to reforming the health system to improve outcomes for people and their whānau, and intent to create frameworks that will ensure equity, quality and consistency across the motu.

We wish to make the following comments and recommendations to ensure that mental health and wellbeing remains a priority as “all” of health is being reformed.

ABOUT CHANGING MINDS

Changing Minds are a national not-for-profit organisation, proudly led and operated entirely by people who have navigated their own lived experience journey through mental health and addiction. We believe in upholding, protecting and nurturing the mana and potential of all Tāngata Mātau ā-wheako people with personal experience of mental distress and/or addiction, right across Aotearoa.

We are committed to living our whanaungatanga connection, identity and purpose within te Tiriti o Waitangi for the hauora wellbeing of all Aotearoa, and providing a space for all our staff to enhance and express their own cultural confidence and connection.

We pride ourselves in being operated entirely by those who have navigated their own lived experience who now stand tall as living examples of what is possible when we recognise and embrace our experiences as taonga sign of the potential we all hold to influence greater hauora.

RECOMMENDATIONS

(1) EMPHASISING AND PRIORITISING MENTAL HEALTH AND WELLBEING

Section 7(e)(iii) of the Pae Ora (Healthy Futures) Bill (the Bill) states that:

the health system should protect and promote peoples health and wellbeing, including by working to improve mental and physical health and treat mental and physical health problems equitably.

While we are pleased to see this clause, and support its inclusion, the Bill and its priorities are largely silent on the topic of mental health and addiction/substance harm.

In addition to retaining this clause in the enactment of this Bill, to ensure mental health

and addiction/substance harm have a continued and considered focus in years to come, the commitment to improving Mental Health and Wellbeing outcomes needs to be explicit in the writing of broader health legislation and it's work-plan ringfenced.

(2) ACCESS TO CHOICE

A 1.9 billion dollar commitment has been made by the Government to create better access and choice for people pursuing better health and wellbeing through the Integrated Primary Mental Health Addiction service roll out.

The programme has had some early success and yet the commitment to grow, scale up, expand and ensure community leadership and innovation in future whole of health is missing from the Bill to the detriment of future generations.

Changing Minds sees a future where whole of our wellbeing - including mental health - is normal and supported from cradle to grave. This legislation is an opportunity to set this commitment in stone.

A further commitment to a hauora healthcare model in Aotearoa New Zealand would be to acknowledge mental health and addiction/substance challenges explicitly as a public health issue. This could be achieved by amending Section 86 (Expert advisory committee on public health) as follows (addition emphasised):

(1)

The Minister must establish an expert advisory committee on public health.(2)The purpose of the committee is to provide independent advice to the Minister, the Public Health Agency, and Health New Zealand on the following matters:

(a)

Physical and mental public health issues, including factors underlying the health of people, whānau, and communities:

(b)

the promotion of public health:

(c)any other matters that the Minister or the Public Health Agency specifies by notice to the committee.

(3) THE MENTAL HEALTH AND WELLBEING COMMISSION

The Mental Health and Wellbeing Commission is mentioned in passing in the Interpretation, and in the considerations of a New Zealand Health Plan under section 44 of this Bill.

To ensure the function and powers of the Mental Health and Wellbeing Commission and Health New Zealand are clear and defined, a subpart to Part 3 of the Bill could be inserted for the Objectives and Functions of the Mental Health and Wellbeing Commission.

(4) LASTING AND MEANINGFUL COLLABORATION

Health is clearly understood as being directly affected by social and commercial determinants, and can be influenced positively by a holistic and genuine approach to people finding meaning through challenging times.

As such the Bill needs to explicitly direct lasting and meaningful collaboration between different ministries, sectors and services (including employment and workplaces, Justice and Human Rights, housing and education, culture and the arts).

Aotearoa New Zealand is a diverse country, where many people and groups are diligently working with their communities to enact change. Often this work flies under the radar of Government and national bodies.

To achieve lasting and meaningful collaboration, Section 41(1)(b) could be amended as follows (addition emphasised):

*When preparing a health strategy, the Minister must - consult health entities or groups that the Minister considers are reasonably likely to be affected by the health strategy **and make the draft health strategy available for a reasonable period of public consultation.***

(5) INTERESTS IN CONFLICT WITH POSITIVE HEALTH OUTCOMES

The Bill needs to also bravely name a mandate to manage the conflict of interests of commercial players and lobbyists which contribute to poorer health outcomes in Aotearoa New Zealand, such as the alcohol industry, food manufacturing industry, supply of firearms, pharmaceutical companies etc.

Physical and mental wellbeing does not exist in a vacuum, commercial and industrial interests must be tempered against the health and wellbeing of Aotearoa New Zealand. The recommendations we make as part of our submission will contribute to an equitable distribution of power in the legislative process but are not an exhaustive list. At the heart of it, those people and communities who are impacted most by the system and the law should have their voices emphasised.

(6) LIVED EXPERIENCE LEADERSHIP

Last, but most importantly, the Bill should be explicit on including and valuing:

- Māori,
- those with Lived Experience of mental health substance use and gambling issues, and:
- priority populations most affected by adverse health outcomes (rainbow, takapāpui, disabled, Pacific Peoples etc)

in leadership, governance and decision making positions within the new entity.

Not only would this contribute to decreasing discrimination and prejudice by seeing and valuing these world-views in health reform leadership, but will ensure tāngata whenua and tāngata mātau ā-whēako see role-models to aspire to, have a greater sense of trust in leadership and see career pathways as yet unmapped in our health system for cultural and lived experience career progression.

CHANGING MINDS

December 2021