



New Zealand Council Of  
Christian Social Services

**NZCCSS Submission:  
Mental Health and Addiction Inquiry  
30th May 2018**

**Background**

The New Zealand Council of Christian Social Services (NZCCSS) works for a just and compassionate society in Aotearoa New Zealand. We see this as a continuation of the mission of Jesus Christ. In seeking to fulfil this mission, we are committed to: (a) giving priority to the poor and vulnerable members of our; society and (b) Te Tiriti O Waitangi.

The New Zealand Council of Christian Social Services (NZCCSS) has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.

Nationally the range and scope of our six member networks is extensive and comprises 213 separate provider sites, delivering a range of 37 types of services via 1024 specific programmes, located in 55 towns and cities throughout New Zealand. Further details on NZCCSS can be found on our website [www.nzccss.org.nz](http://www.nzccss.org.nz)

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**Introduction**

NZCCSS commends the government for initiating the Mental Health and Addiction Inquiry (The Inquiry). Our member services have a long-standing history of working alongside children, young people and adults experiencing mental distress and provide a range of community-based services to support them and their families and whānau.

NZCCSS believes the Inquiry offers hope that the narrow and medical focussed 'mental health' system' will be replaced by a 'wellbeing' community-based model of care that is responsive, easily accessible, culturally appropriate, and timely.

New Zealand's rate of suicide, particularly among rangatahi Māori is heart rending and is a strong signal the current system of care urgently needs a new way of working. The wellbeing of our children/tamariki and young people/rangatahi is paramount.

Many of NZCCSS member agencies have been actively involved in the Inquiry's forums around the country and will be making their own individual submissions. The following

submission represents an overview of key issues and concerns raised across our membership.

### **Overview of key points raised by members**

1. NZCCSS supports a 'wellbeing' model of care with a strong focus on:
  - prevention,
  - resilience building,
  - early intervention,
  - a broad range of community-based services and supports,
  - culturally appropriate,
  - easy accessibility.
2. Sustainable and fully funding of NGO sector to deliver services.
3. The development of more kaupapa Māori Services based on tikanga Māori models of care.
4. The undertaking of a stocktake of work by NGO community services that is not captured in official data to understand the full extent of the NGO contribution.
5. More support to families and whānau, including the provision of education and training for carers.
6. More support to stabilise housing and income so that support services can work more effectively.

## Submission Questions

### Question 1: What is currently working well?

#### **From deinstitutionalisation to wellbeing services**

There is growing support for the reframing of the mental health system away from a medical model of health with limited entry points and a primary focus on medication, to a 'wellbeing' model with a strong focus on prevention, sustaining wellbeing, early intervention, and a broader range of community-based services and supports that can be easily accessed. NZCCSS strongly supports this evolving approach.

Today we have a greater understanding of the conditions which impact on a person's ability to live well, and of the protective factors to facilitate wellbeing at an individual, family, whānau and community level.

Economic security to provide for basic necessities of life is a key protective factor impacting on the wellbeing of an individual and family and whānau. In contrast, economic insecurity and poverty inhibit the ability of services to stabilise a situation, and in other cases create the conditions for poor wellbeing (insecure and poor-quality housing, homelessness, poor nutrition, social isolation). Adequate household income is a critical dimension of wellbeing.

The impact of colonisation, institutionalised racism (whether unconscious or not) on Māori culture and wellbeing is today more acutely understood, along with the importance of kaupapa Māori Services based on tikanga Māori model of care - Taha tinana (physical health), Taha wairua (spiritual health), Taha whānau (family health) and Taha hinengaro (mental health) [Mason Durie]. This understanding needs to be translated into the sustainable funding of kaupapa Māori services.

### Question 2: What isn't working well at the moment?

#### **Improve access to locally-based services**

NZCCSS is deeply concerned for people not able to access services when they are needed either because the services are not available in their community, not culturally appropriate, cost barriers, or the access criteria is too high. People (and their family and whānau) should be able to trust they can access services when and where they are needed. An increased number and range of appropriately funded and locally-based services is required across the 'wellbeing' continuum from prevention to crisis point and specialist care.

NZCCSS support calls for more leadership across services (NGO, private and DHBs) to strengthen coordination of services within a region so that people can be supported to

access appropriate services. We note the Midcentral Health DHB NGO Connected Workforce is one example of a leadership model which is working well.

Any revisions to the system need to be heavily weighted towards the prevention and early support of people before issues reach a crisis stage. A greater focus on prevention (wellbeing) services and more flexibility around how services are accessed (after hours, in a range of settings i.e marae, churches, community halls) should be key considerations of the Inquiry.

NZCCSS is concerned people seeking services, including crisis and acute services, are turned away because they do not meet eligibility criteria. It is important there is somewhere to go for support and advice. No one should be turned away from a service without follow up and a referral to other options.

### **Family and whānau centered approach**

Families and whānau can feel isolated and distressed they cannot help their loved ones to access services. Trying to navigate the system to access services can add to their distress. More support to families and whānau, including the provision of education and training for carers who want to support their loved ones on their journey to wellness.

### **Referral of complex cases to NGO sector**

NZCCSS members report on increasing referrals of highly complex cases, without appropriate levels of funding to support this work. This situation is not sustainable without fully funded contracts from DHBs and other government funders.

### **A stocktake of all work undertaken by NGOs**

NZCCSS members support a stocktake of work undertaken by NGO community services that is not captured in official data. We believe that the full extent of this work is under the radar and need to be identified as part of this review.

### **Stabilising housing and immediate need before mental health support can begin**

NZCCSS members consistently report that housing and income (debt) need to be stabilised before counselling and other supports can begin.

The national shortage of affordable housing adds to the challenge to find an affordable, quality and secure house for adults (and their families) with mental health challenges. This group of people are more likely to live in poor quality temporary housing, boarding houses, hotels, hostels, motels and caravan parks.

In addition, for some people mental illness can increase the conditions for homelessness, and for others the distress and hardship associated with homelessness can exacerbate poor mental health.

The availability of secure housing is therefore a critically protective factor against poor health and wellbeing.

### **Reducing poverty stress**

Many of the people seeking support for mental health conditions are living in poverty either because they are dependent on a benefit which is inadequate to meet all basic needs, or employed in casual, low-skilled and low paid work (below the Living Wage).

It is critical government policy acknowledges the impact of poverty stress on mental wellbeing as both a driver (in some cases) of poor mental wellbeing and for others an inhibitor to improved mental wellbeing. Pro-active changes to social policy in other sectors is needed (see below).

### **Unmet need for primary health care (including prescriptions)**

Related to inadequate income, unmet need for GP services and prescriptions remain an issue in our communities. The 2016-17 NZ Health Survey identified 14% of adults had unmet need for primary health care (GPSs). The most common cause is the cost of a visit to a GP. 7% (268,000) of adults did not collect one or more prescription items due to cost. Māori and Pacific adults and children were more than 2 times as likely to collect prescriptions due to cost than non-Pacific and non-Māori and children [Source: [Ministry of Health](#)]. Data on unmet need will include people seeking early support from GP for mental health and prescriptions for medication. Cost should not be a barrier to seeing a GP or obtaining prescriptions.

#### **Question 3: What could be done better?**

- Sustainable funding of community-based services across New Zealand (from early warning to crisis level). It is widely acknowledged that post de-institutionalisation, sufficient money did not flow into community-based services. This issue needs to be urgently addressed.
- Policies and action to reduce inequality and poverty.
- Lift low household incomes for example raise benefit rates, increase abatement rates so people can earn more to sustain their families, employers pay the Living Wage, provide opportunities for life long adult education and learning, particularly in the areas of literacy to improve work opportunities.
- More resilience and well-being education in schools as a long-term preventative measure.
- Fully fund NGO services to provide mental health services to complex cases.
- More public funded specialist service in communities and the removal of waiting lists for support.
- Thorough consultation with Māori public health on strategies appropriate to support good mental health and wellbeing among Māori.
- Compulsory te reo Māori and tikanga Māori in schools to strengthen bi-culturalism across all children in New Zealand.
- Increase housing options for low income households, with a range of housing options for people living with mental (and their families).

- Evaluate impact of mental policy changes on affected people and services in communities to understand the full breath of understanding. Members report when a drop-in centre for people with mental health issues closed in Newtown, Wellington, this created a gap during the day when many people had nowhere to go to meet people and socialise. Consequently, a nearby community drop in centre was used by this group of people but staff at the centre didn't have necessary training to support them. An evaluation impact assessment should be undertaken to identify the effect of any change to mental health policy.

**Question 4: What sort of society would be best for the mental health of all our people?**

In October 2011 Church Leaders presented a [vision of a fair society](#) which captures many of the principles that continue be relevant to the wellbeing of all New Zealanders. These are:

- Fair treatment for all members of society with particular care for the most vulnerable.
- Strong, safe communities and well-protected children.
- Fair access to good housing and health care.
- Spreading the taxation load fairly and proportionately across all sectors of society.
- Employment opportunities springing from appropriate training opportunities.
- No stigmatisation of those on low incomes.
- Practical recognition of tangata whenua/Māori and the Treaty of Waitangi.
- Culturally appropriate models of development as part of a more decentralised system.
- Local and national development that harmonises with environmental and climate responsibilities.