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Committee Secretariat
Health Committee
Parliament Buildings
Wellington, New Zealand

By email: he@parliament.govt.nz

Dear Health Committee

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to respond to the call for submission in response to the Mental Health and Wellbeing Commission Bill (the Bill).

About ACEM

ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in New Zealand and Australia. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to an emergency department (ED).

ACEM is concerned about the inequities in access to timely and appropriate care for people needing mental health and addiction services in New Zealand. ACEM's advocacy arises from our expertise in evidence-based care and demand management in EDs, and the impact of access block on patient and population health outcomes and best practice in ED models of care, including system and facility requirements. In June 2019 ACEM hosted the *Mental Health in Aotearoa New Zealand Emergency Department Summit* (the Summit). More than 80 emergency doctors, psychiatrists, clinicians, other key decision makers as well as consumers attended the Summit. As a result of the Summit, ACEM developed and published a Communiqué outlining the key principles agreed during the Summit.[1]

The number of mental health related presentations to EDs has doubled in the last year from 3.7% of all presentations in 2017 to 7.4% in 2018. [2] This increase has been seen particularly outside of 'office hours', and is becoming increasingly challenging for EDs and mental health services. Our data also shows a dramatic increase in the same period in wait times for people presenting to the ED for mental health care, from 4.5% to 27.5% for people waiting eight or more hours for a finalised assessment or an inpatient bed.

Effectiveness of the Mental Health and Wellbeing Commission

ACEM welcomes the directions set out in the Bill for the Mental Health and Wellbeing Commission (the Commission) to provide system-level oversight of mental health and wellbeing In New Zealand, and to hold the Government of the day and other decision makers to account for their contribution to improving the mental health and wellbeing of people in New Zealand. Ensuring whole-of-system design issues are considered across health and community services is essential to ensuring that services are interconnected and that there are clear pathways to support people who need access to crisis and early intervention services.

[1] ACEM. Communiqué: Mental Health in Aotearoa New Zealand Emergency Department Summit. Melbourne: ACEM; 2019.
[2] ACEM. Mental Health Service Use: A New Zealand Context. Melbourne: ACEM; 2019.

However, we believe the Commission will need greater functions and powers in order to be effective in this role. As an example, Australia has an ineffective governance system for mental health, with little accountability for the implementation of agreed policies and strategies. Australia is currently implementing its fifth National Mental Health and Suicide Prevention Plan since 1992. Overseeing the development of these plans (since 2012) is a National Mental Health Commission (NMHC) that complements the roles of the state-based commissions in Western Australia, Queensland and New South Wales. The NMHC also has responsibility for coordinating national mental health policy and undertaking annual monitoring of system performance. This governance system has influenced some major policy changes, such as deinstitutionalisation, but has failed to ensure a coordinated and integrated system of mental health care that both consumers and providers can rely on. A major reason for this is that the NMHC does not have responsibility for the funding and implementation of national plans, nor the ability to enforce implementation or to hold the Australian Government, states and territories accountable. The Australian Productivity Commission's draft report recommends expanded powers including statutory authority to lead the evaluation of mental health and suicide prevention programs funded by the Australian, State and Territory Governments, and other programs that have strong links with mental health outcomes, including those in non-health sectors.

Recommendations:

1. ACEM recommends that the Health Committee amends the Bill to expand the role of the Commission to include reporting to parliament annually on an agreed set of whole-of-government indicators for:
    - the mental health and wellbeing of people in New Zealand
    - the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing (including mental health services and addiction services).

This will strengthen the capacity of the Commission to hold decision makers to account for ensuring that the systems necessary for a safe, responsive mental health system are in place.

Upholding Te Tiriti o Waitangi (the Treaty of Waitangi)

Māori are overrepresented in the population of those accessing mental health and addiction services at 27.7%, compared with their proportion of the general population at 15.4%.[3] Current services often do not meet the needs of Māori. The recent report from the second stage of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575) calls on the Government to embed the principles of Te Tiriti o Waitangi to address widening inequitable health outcomes. Delegates at the Summit agreed that Māori need to have more input into how the system is set up to meet their needs, which includes broader conversations about the types of support offered to Māori and how it is governed, funded, designed, and delivered.[4]

People living with mental health and addiction issues, their advocates, whānau, health care providers and governments have an important role to play in addressing this crisis through the greater use of co-design processes at all stages, as well as ensuring those with lived experience are represented at all levels of the system from leadership and governance levels down.

ACEM strongly commends the Bill for including requirements for the Commission to uphold Te Tiriti o Waitangi. In particular, we support the provisions that aim to ensure:

- members of the board to collectively have knowledge and understanding of te ao Māori and tikanga Māori, whānau-centred approaches to wellbeing, and the cultural, economic, educational, spiritual, societal, and other factors that affect people's mental health and wellbeing

[3] ACEM. Mental Health Service Use: A New Zealand Context. Melbourne: ACEM; 2019.

[4] ACEM. Communiqué: Mental Health in Aotearoa New Zealand Emergency Department Summit. Melbourne: ACEM; 2019.

- the Commission maintains systems and processes to ensure that, for the purposes of carrying out its functions under the proposed Bill, the Commission has the capability and capacity to uphold the Te Tiriti o Waitangi and its principles, engage with Māori and to understand perspectives of Māori
- the Commission has particular regard to the experience of, and outcomes for, Māori when the Commission performs its functions
- the Commission, in performing its functions and exercising its powers under the proposed Bill, establishes mechanisms to ensure that there are effective means of seeking the views of Māori.

However, the Bill could go further in ensuring the Commission embeds Te Tiriti o Waitangi in its work. In particular, by ensuring that Māori knowledge and understanding is an essential (not just desired) part of the Commission and directing the Commission to build partnerships with Māori iwi, hapū, whānau and organisations. Building partnerships with Māori and understanding Māori experiences and perspectives will be critical to the success of the Commission in its objective to contribute to more equitable health and wellbeing outcomes.

As a Tiriti partner, Māori iwi, hapū, whānau and organisations should have a key role in reviewing the ability of the Commission to uphold Te Tiriti o Waitangi.

Recommendations:

ACEM recommends that the Commission amends the Bill to further strengthen the requirement for the Commission to uphold Te Tiriti o Waitangi by:

1. requiring that the Minister ensures the board collectively has an understanding of te ao Māori and tikanga Māori, and whānau-centred approaches to wellbeing, and the cultural, economic, educational, spiritual, societal, and other factors that affect people's mental health and wellbeing (as opposed to just requiring the Minister to have regard to the need of these approaches)
2. requiring that, in addition to establishing mechanisms to ensure that there are effective means of seeking the views of Māori, the Commission seeks to develop partnerships with Māori iwi, whānau, hapū and organisations
3. requiring that the review of the operation and effectiveness of the Commission involves Māori iwi, hapū, whānau and organisations, particularly in regard to the ability of the Commission to uphold Te Tiriti o Waitangi, engage with Māori and understand perspectives of Māori.

Data collection and reporting

Strengthening mental health data collection will be essential to the Commission's ability to assess and report publicly on the mental health and wellbeing of people in New Zealand.

Currently there is a paucity of national, publicly available data sets in New Zealand. This makes it difficult to set national benchmarks and hold DHBs accountable for ED presentation numbers and waiting times, particularly for vulnerable populations. For example, we know that Māori are over-represented in patients presenting to the ED, comprising 21% of all patient presentations in our 2017/2018 data. However, there is a gap in the data on how many of these ED presentations are mental-health related. Better data is needed to understand the demographics of mental-health related presentations to the ED, particularly for populations that experience inequitable distribution of mental illness (such as Pacific peoples).

We need better data, evidence, and reporting on mental health prevalence, services provided, and outcomes to hold Government and other decision makers to account for their contribution to the mental health and wellbeing of people in New Zealand. Without better evidence, we do not have the information required to ensure the changes signalled in the Wellbeing Budget are targeted in the right places, whether they have been effective, and we have no ability to hold ourselves and the Government to account on our progress.

Government should provide support and funding to ensure there is nationally consistent, accessible data to ensure greater monitoring across New Zealand. For example, the implementation of SNOMED CT®. We welcome the Government's commitment to introducing SNOMED CT®, and welcome the opportunity to work in collaboration with the Ministry of Health and DHBs to implement it at the ED level.

As one of the bodies responsible for assessing and reporting, there is a need and an opportunity for the Commission to have a role in improving mental health data collection.

Recommendations:

1. ACEM recommends that the Health Committee amends the Bill to include that a function of the Commission is to advocate for better (e.g. nationally consistent, accessible) mental health data collection and reporting to ensure greater monitoring of mental health and wellbeing prevalence and outcomes across New Zealand.

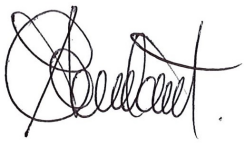
Opportunity to present to the inquiry

Frontline staff in EDs have a unique perspective to contribute to transforming the mental health and wellbeing system, and even with additional funding committed to prevention and community support signalled by the Government, EDs will continue to have a core role in supporting people in distress. ACEM is willing to support the Health Committee in its deliberation of the evidence provided to it following the request for responses to the Mental Health and Wellbeing Commission Bill. On behalf of ACEM we would welcome the opportunity to provide an oral submission to the Health Committee and respond to any questions from an emergency medicine perspective.

If you have any queries regarding this submission, please do not hesitate to contact Helena Maher, Manager – Policy and Advocacy by phone (+61 3 9320 0448) or email (Helena.Maher@acem.org.au).

Nā māua noa, nā

Dr John Bonning
President



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