

The Royal Australasian College of Physicians' submission to the Ministry of Health

COVID-19 Kia Kaha, Kia Māia, Kia Ora Aotearoa



Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the COVID-19 Kia Kaha, Kia Māia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Recovery Plan (the Plan).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Overview

The RACP strongly supports the Plan, as prepared by the Ministry of Health. The Plan skilfully weaves together the required strands for service delivery centred on Te Tiriti, equity, people and whānau to ensure psychosocial and mental wellbeing support is available to Aotearoa in the wake of COVID-19.

Commitment to Māori

The RACP particularly welcomes the commitment shown to the wellbeing of Māori, and the empowerment of Māori agencies to serve their own people in a culturally appropriate manner. Supporting tikanga-based interventions, alongside Māori clinical services is important, both for the wellbeing of Māori as a whole, but also to the continued revitalisation and proliferation of Te Ao Māori throughout Aotearoa New Zealand.

We hope the Ministry of Health will use this opportunity to employ equally innovative approaches, including working closely with indigenous health responses such as Te Kuwatawata and Mahi a Atua to provide a culturally safe response to psychosocial and mental wellbeing concerns¹².

One area in which commitment to Māori could be improved, is through specific reference to Whānau Ora. As part of Budget 2020, Whānau Ora has received funding specifically earmarked to help whānau respond, recover and rebuild from the COVID-19 pandemic³. This signals the Whānau Ora programme as a key partner in ensuring psychosocial and mental wellbeing in the coming months. As the programme is already established, it is well-placed to adapt, and to continue supporting whānau throughout Aotearoa New Zealand, in conjunction with the other agencies and services described in the Plan.

¹ Tipene-Leach D, Abel S, Hiha A A, Matthews K M. Rangahaua Te Kūwatawata! The Te Kūwatawata Evaluation Final Report. Hawke's Bay: Eastern Institute of Technology; 2019. Available from: https://www.hauoratairawhiti.org.nz/assets/Uploads/Te-Kuwatawata-Evaluation-FINAL-Report.pdf. Accessed 15 June 2020

² Rangihuna D, Kopua M, Tipene-Leach D. Mahi a Atua: a pathway forward for Māori mental health?. N Z Med J [Internet] 2018; 121(1471): 79-83. Available from: https://global-uploads.webflow.com/5e332a62c703f653182faf47/5e332a62c703f658642fcb36 Tipene-Leach%20FINAL.pdf. Accessed 15 June 2020.

³ Wellbeing Budget 2020: Rebuilding Together. Wellington: Treasury; 2020. Available from https://budget.govt.nz/budget/pdfs/wellbeing-budget/b20-wellbeing-budget.pdf. Accessed 15 June 2020.

Expansion of Primary Mental Health Support in Communities

It is heartening to continue to see the expansion of primary mental health support in communities, which acknowledges the recommendations and findings of the He Ara Oranga report. The advent of COVID-19, and residual effects from the extended country-wide lockdown has and will continue to illustrate the need to make primary mental health support available throughout Aotearoa New Zealand, in every community, and for every person.

There is little clarity in this report of how this project will be funded. Budget 2019 contributed a significant amount of money to primary mental health care being available in the community, but there is little evidence how/when this has been implemented⁴. The changes necessary and the scale of the post-COVID-19 recovery will hinge on sustained funding and workforce development to meet the demand.

Importance of a life-course approach

The RACP recommends future iterations of the document support a life-course approach to mental health and wellbeing, particularly in regard to the rights of tamariki and rangatahi in Aotearoa. The impacts of COVID-19 will echo in different ways for different population groups but has the potential to be felt more keenly by children, which could in turn impact on health, education, housing, and employment outcomes.

An epidemiological framework, such as that offered by the life course approach understands certain exposures will have both immediate and more cumulative impacts on infant, child and adolescent development⁵. A life-course approach can not only improve health and wellbeing – it can promote social justice and contribute to sustainable development and inclusive growth⁶.

The Plan as a Living Document

The RACP believes that the notion of the Plan, as an evolving and living document, with everchanging responses and actions, and a constant framework and principles, is incredibly important. Actearoa New Zealand will be a different society post COVID-19, and the exact shape that will be taken cannot be known at this stage. This means that we also cannot accurately predict the long-term impacts upon whānau, and communities. We, as the health sector, must prepare to be agile, and respond with appropriate actions, services, and care, to support Actearoa New Zealand in these times.

As this process continues, it will be key that lines of communication throughout the sector remain open, and particularly between key actors such as the Ministry of Health and agencies such as Māori Health Providers who advocate on the behalf of communities with unique needs. This is particularly cogent, as the needs of Māori could have been prioritised higher in the initial response to COVID-19, as addressed in the RACP's He Tangata, He Tangata; Centre Equity

⁴ Budget 2019. Taking mental health seriously. Budget 2019 at a glance: The Wellbeing Budget. Wellington: Treasury; 2019. Available from https://treasury.govt.nz/sites/default/files/2019-05/b19-at-a-glance.pdf. Accessed 15 June 2020.

⁵ Ben-Schlomo Y, Kuh D. A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. Int. J Epidemiol [Internet] 2002; 31:285-93. Available from https://academic.oup.com/ije/article/31/2/285/617688. Accessed 15 June 2020.

⁶ Workd Health Organization. Health through life stages. World Health Organization

and Te Tiriti o Waitangi in all COVID-19 Pandemic Planning, Strategy and Responses statement⁷. It is important that needs do not become subsumed beneath the needs of larger groups in Aotearoa New Zealand society during this recovery. While the COVID-19 Māori Response Action Plan provides specific actions for Māori, what is good for Māori is good for all of Aotearoa New Zealand and should continue to feature prominently within the Plan as it evolves⁸.

To ensure both that lines of communication remain open, and that the response can properly respond to the ever-evolving situation, regular, communicated checkpoints and opportunities for feedback into future iterations of the Plan should be provided. It is important that these consultations reach service providers, sector organisations, service users, communities, and whānau alike, so that a proper range of feedback can be provided.

Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā

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⁷ He Tangata, He Tangata, He Tangata: Centre Equity and Te Tiriti o Waitangi in all COVID-19 Pandemic Planning, Strategy and Responses

⁸ Ministry of Health. Initial COVID-19 Māori Response Action Plan. Wellington: Ministry of Health; 2020. Available from: https://www.health.govt.nz/publication/initial-covid-19-maori-response-action-plan. Accessed 15 June 2020