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**The Royal Australasian College of  
Physicians' submission to the Health  
Select Committee**

**Mental Health and Wellbeing Commission  
Bill**

**December 2019**

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Health Select Committee on the Mental Health and Wellbeing Commission Bill (the Bill).

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.

## Key Points

The RACP believes that mental health poses one of the most important challenges to Aotearoa New Zealand. The establishment of a Commission whose sole purpose is to contribute to better mental health and wellbeing outcomes for people in New Zealand, and to improving equity for Māori, Pacific peoples, disabled people, rainbow communities, and other groups that experience poorer mental health and wellbeing outcomes, is taking a strong step towards a better Aotearoa New Zealand.

The RACP is strongly supportive of the Mental Health and Wellbeing Commission Bill, and commends the commitment it makes by placing Te Tiriti o Waitangi, te ao Māori, tikanga Māori, and whānau-centred approaches to wellbeing at the forefront of its approach. We also acknowledge the prominent inclusion of the social determinants of health, and the integral role they play in ensuring equitable outcomes across Aotearoa New Zealand<sup>1</sup>.

Despite this, the Bill as it stands has room for improvement.

- It is not sufficient for the Board of the Mental Health and Wellbeing Commission (the Commission) to only have knowledge, understanding, and experience of te ao Māori, tikanga Māori, and whānau-centred approaches to wellbeing. The Board of the Commission must ensure the inclusion of Māori themselves, as the attribute of indigeneity provides a unique and incredibly important viewpoint which cannot be provided elsewhere. This makes Māori eminently skilled and qualified to provide leadership to the Commission.
- It is not sufficient for the Commission to engage with Māori and to understand perspectives of Māori. The Commission must embody Māoridom in their work.

## Why Mental Health and Wellbeing is important

Mental health and wellbeing are fundamental to life in Aotearoa New Zealand. Positive mental health has a wide range of benefits including increased happiness, better social relationships, higher workplace productivity, improved physical health and reduced rates of depression, anxiety and addiction<sup>2</sup>.

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<sup>1</sup> The Royal Australasian College of Physicians. Make it the Norm: Equity through the Social Determinants of Health. [Internet]. Sydney: The Royal Australasian College of Physicians; 2017. Available from <https://www.racp.edu.au/fellows/resources/new-zealand-resources/new-zealand-election-statement-2017>. Accessed 10 December 2019.

<sup>2</sup> Mental Health Foundation of New Zealand. Mental Health 2.0. [Internet]. Auckland: Mental Health Foundation of New Zealand; 2015. Available from: <https://www.mentalhealth.org.nz/assets/Our-Work/Mental-Health-2-0.pdf>. Accessed 10 December 2019.

Despite this, experience of psychological distress is high, and psychological wellbeing is low overall in Aotearoa New Zealand. The Ministry of Health's Annual Update of Key Indicators shows that since 2011/12, the rate of adults with high or very high levels of psychological distress has risen from 4.5 per cent of the population to 8.2 per cent in 2018/19.<sup>3</sup> Earlier work suggests that 47 per cent of people will experience a common mental illness such as depression, anxiety or substance addiction in their lifetime<sup>4</sup>. In keeping with this, antidepressant prescription rates have increased by 21 per cent from 2008 to 2015<sup>5</sup>. Suicide rates per 100,000 of the population have also increased, from a rate of 12.2 in 2007/08 to 13.93 in 2018/19<sup>6</sup>. These statistics show that improving mental health and wellbeing in Aotearoa New Zealand is a priority.

## Equity in Mental Health and Wellbeing

In Aotearoa New Zealand, Māori have disproportionately negative mental health and wellbeing outcomes. This is prominently shown in the disparity in suicide rates by ethnicity. 28.23 Māori commit suicide per 100,000 of the population, in comparison to 13.46 for Europeans and other, 11.49 for Pasifika, and 7.63 for the Asian population. These rates reflect a shocking inequity in Aotearoa New Zealand and prove that the current mental health and wellbeing paradigm is not working for Māori.

There is a strong need for kaupapa Māori health services, as identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction<sup>7</sup>. Shifting from health services born from western models of care, kaupapa Māori services with grounding in Te Ao Māori, mātauranga Māori, whānau, and te reo me ona tikanga, are crucial to creating equity in Aotearoa New Zealand.

## Comments on the Bill

### Inadequate Commitment to Māori in Governance

As previously noted, Māori are disproportionately represented in suicide statistics, and are not served well by the current system. This is why it is imperative that Māori are in governance positions and have real influence in the leadership of institutions such as the Commission. As the Bill stands, the Board of the Commission are required to have knowledge, understanding, and experience of te ao Māori, tikanga Māori, and whānau-centred approaches to wellbeing. This is not a sufficient guarantee that Māori will be in positions of power and influence within the Commission, and should be changed to ensure that this is achieved. This would better embody the principles of Te Tiriti o

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<sup>3</sup> Ministry of Health. Annual Update of Key Results 2018/19: New Zealand Health Survey. [Internet]. Wellington: Ministry of Health; 2019. Available from: <https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey>. Accessed 10 December 2019.

<sup>4</sup> Ministry of Health. Te Rau Hinengaro: The New Zealand Mental Health Survey. [Internet]. Wellington: Ministry of Health; 2006. Available from: <https://www.health.govt.nz/publication/te-rau-hinengaro-new-zealand-mental-health-survey>. Accessed 10 December 2019.

<sup>5</sup> Wilkinson S, Mulder R T. Antidepressant prescribing in New Zealand between 2008 and 2015. [Internet]. N Z Med J. 2018; 131(1485): 52-59. Available from: <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1485-9-november-2018/7739>. Accessed 10 December.

<sup>6</sup> Coronial Services of New Zealand. Annual provisional suicide statistics for deaths reported to the Coroner between 1 July 2007 and 30 June 2019. [Internet]. 2019. Available from: <https://coronialservices.justice.govt.nz/assets/Documents/Publications/Provisional-Figures-August-2019.pdf>. Accessed 10 December 2019.

<sup>7</sup> He Ara Oranga : Report of the Government Inquiry into Mental Health and Addiction. [Internet]. 2018. Available from: <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>. Accessed 10 December 2019.

Waitangi, including tino rangatiratanga and mana motuhake, and align the Commission with recent findings elsewhere in the healthcare system, such as in the Wai 2575 *Hauora* report<sup>8</sup>.

This is also why it is not sufficient for the Commission to engage with Māori and to understand perspectives of Māori. Referring to Māori perspectives this way is disempowering and serves to continue the othering of Māori in Aotearoa New Zealand's society.

## **Mandate of the Commission**

From the wording of the Bill itself, it is unclear how far the mandate of the Commission extends to comment on relevant issues to mental health and wellbeing. The RACP hopes that the Commission will have the ability, and the forthrightness to be bold and comment on the important and widespread changes that are needed across Aotearoa New Zealand to both improve mental health and wellbeing, and reconceptualise its place in society. This includes issues such as the adequacy of our social welfare regime, and its capability to both support people suffering from mental health and wellbeing issues to recover, but also to help them to live productive lives in any capacity they wish to. This could include tackling issues such as limited education, training and skills, interrupted work history, limited employment networks and discrimination by employers and work colleagues<sup>9</sup>.

## **Conclusion**

The RACP thanks the Health Select Committee for the opportunity to provide feedback on the Mental Health and Wellbeing Commission Bill. To discuss this submission further, please contact the Aotearoa NZ Policy and Advocacy Unit at [policy@racp.org.nz](mailto:policy@racp.org.nz).

Nāku noa, nā

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<sup>8</sup> Waitangi Tribunal. *Hauora: Report into Stage One of the Health Services and Outcomes Kaupapa Inquiry*. [Internet]. Wellington: Waitangi Tribunal; 2019. Available from <https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>. Accessed 10 December 2019

<sup>9</sup> Mental Health Commission. *Employment And Mental Health Issues And Opportunities A Discussion Paper*. [Internet]. 1999. Available from: <https://thehub.sia.govt.nz/assets/Uploads/Employment-and-Mental-Health-Issues-and-Opportunities-Aug-99.pdf>. Accessed 10 December 2019.