

The Green Party

Summary: Some great themes around holistic approaches to support, but there are some gaps in policy implementation plans and in assessing priority areas.

Mental health

- The focus on recovery and on the person having a say in their own care are good overarching themes to this policy.
- There are clear goals around suicide prevention targets and funding services well.
- It is encouraging to see specific mention of improving services for women experiencing postnatal mental health issues – specifically letting mother have her baby with her.
- Free counselling for under 25s is a good initiative, however there are some 'reality checks' associated with this idea (see red box).

- While it's good that there is a focus on ensuring "both inpatient and community (including residential) services are well resourced", there is currently too much focus on inpatient beds when 91% of those treated in the public mental health system are treated in community settings.
- While increased funding for staffing is needed, this proposed \$100 million specifically in youth mental health staffing is occurring in an environment where pay equity issues are present in support work and nursing workforces. Amongst other things, pay parity issues would need to be considered to ensure that the pool of staff available to the health and social sector are not incentivised to exodus one part of the sector for another.

- While a review feels like a way of taking stock of the current system, it seems like a band-aid approach when there were recommendations within the Mason Report, Blueprint etc that were never implemented.
- The re-establishment of an independent Mental Health Commission is likely to, in reality, be a band-aid approach. The mental health system has moved on from the siloed health system model and increasingly encompasses aspects of health, education, employment, justice and housing as well as other things. For a Commission to have total oversight of this contemporary system is unrealistic, especially given the tendency for Commission's to be run leanly. If oversight by the Commission required additional reporting measures to be imposed on already stretched government and non-government services this would increase pressure on service delivery for many.
- While experts felt that increased access for under 25s was a good initiative, there is a question around where the initiatives are for other age groups also experiencing high need.

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Mental health

Reality checks...

- Without significant increase in the capacity of the workforce, this proposed investment in free counselling and on ensuring inpatient and community services are well-resourced is not going to result in improved access. Eg six free sessions at GPs was briefly introduced and then abandoned as the initiative was at capacity and wait lists were in operation within the first two weeks of the launch.
- There is no specific focus on Maori who should be a priority population in this area.
- There is a lack of detail about how the intention of moving the system to a more patient-directed approach might be realised.

Addictions

- The principles for drug law reform have a strong harm reduction focus.
 - Setting minimum pricing for alcohol is recommended as the best lever to achieve social change in drinking behaviour.
 - There are specific policies for alcohol and tobacco included in policies in addition to other drug policies.
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- There is low prevalence rates of heroin use and injection drug use (IDU) so the cost of nationally available programmes for very low numbers of people would need to be considered and should probably not be based on UK models.

A take home point from our experts...

Technically people under 25 can already access free counselling through NGOs (eg Youthline), PHOs, or community mental health services. However waiting lists for this free counselling can be significant and investment will not necessarily improve this - particularly if these services are commissioned in traditional ways through DHBs with their own funding priorities - as demonstrated by existing successful youth one-stop services that are struggling to secure funding from their DHB or have closed in the face of clear demand for services.

There are serious workforce pressures and related issues (burn-out, pay equity etc) and service commissioning challenges, as widely commented on in the Productivity Commission's More Effective Social Services report, that will affect the effectiveness of any investment.