

NZ First

Summary: Some good ideas but without much detail on implementation. Some outdated thinking and terminology used 'mentally ill'; increasing investment in beds in acute units and looking at the processes for 'releasing' people into the community. Almost no discussion of addictions support services.

- The focus on improving co-ordination and integration of health services with a focus on community need is critical.
- Providing additional resourcing for child and youth mental health services is good. However there are some 'reality checks' associated with this idea (see red box).
- Providing the necessary resources and funding to address the appalling state of mental health services by completing the full range of the Mason Report. However there are some reality checks associated with this idea (see next box).
- Focussing on recruitment and retention of health professionals in rural settings is important. Experts noted that this was the first policy to provide some solutions to staff recruitment and retention issues. However, it focusses on doctors where needs exist for widening scope to other health professionals.

- While an inquiry 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. NZ First's policies even acknowledge the importance of first implementing the Mason Report recommendations.

- While increased access to support for children and youth is a good focus, there is a question around where the initiatives are for other age groups also experiencing high need.
- Ringfencing funding sounds good but current problems exist despite it.



Reality checks...

- Experts were alarmed at the language used in this policy that is suggestive of reintroducing more restrictive practices. The sector has key performance measures around this and contemporary practice that is focussed on reducing seclusion and restraint and supporting a recovery-focussed model.
- The only addictions related policy was about reintroducing the chargeable offence of drunk and disorderly to include drugs. This is heading in the opposite direction to the progress made with other initiatives such as the Alcohol and Other Drug Treatment Courts and the New Beginnings and Special Circumstances Courts.

A take home point from our experts...

It's time to update some language and thinking about contemporary practice in mental health and addictions. 91% of those treated in the public mental health system are treated in community settings.