

Submission on Mental Health and Wellbeing Commission Bill



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Committee Secretariat
Committee Secretariat
Health Committee
Parliament Buildings
Wellington

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To the Committee Secretariat,

Thank you for the opportunity to have input into the Mental Health and Wellbeing Commission Bill. This submission was prepared by Brian Dixon and Dr David Menkes, representative members of OraTaiao: The New Zealand Climate and Health Council.

OraTaiao is a politically non-partisan incorporated society with about 700 health professional members. Our [Call to Action on Climate Change and Health](#) is supported by 18 health professional organisations including the NZ Medical Association, the NZ Nurses Organisation, the Public Health Association, the NZ Psychological Association and a number of specialist colleges.

We welcome the development of the Mental Health and Wellbeing Commission which offers an excellent opportunity to address crucial challenges around psychological distress associated with climate change and in promoting constructive responses to changes ahead.

The significance of climate disruption for the mental health and well-being of those alive today and for future generations simply cannot be ignored. A focus on the climate crisis thus needs to be highlighted in legislation defining the Commission's role.

Yours sincerely,

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About OraTaiao

OraTaiao: The New Zealand Climate and Health Council is an organisation calling for urgent, fair, and Tiriti-based climate action in Aotearoa; we recognise the important co-benefits to societal health, well-being and fairness that are possible via strong mitigative action.

OraTaiao is made up of more than 700 health professionals who are concerned with:

- The negative impacts of climate change on health, well-being, and fairness;
- The gains to health, well-being, and fairness that are possible through strong, health-centred climate action;
- Highlighting the impacts of climate change on those who already experience disadvantage or ill-health (i.e. equity impacts);
- Reducing the health sector's contribution to climate change.

In addition to individual members, we have the backing of 18 of New Zealand's leading health professional organisations for our [Health Professionals Joint Call to Action on Climate Change and Health](#), including the New Zealand Medical Association, the New Zealand Nurses Organisation, the New Zealand Psychological Society and the Public Health Association, as well as most of the medical specialist Colleges. Together, these organisations represent tens of thousands of New Zealand's health professional workforce.

As an organisational member of the Board of the Global Climate & Health Alliance, we are part of a worldwide movement of health professionals and health organisations urgently focusing on the health challenges of climate change and the health opportunities of climate action. OraTaiao signed the Doha Declaration on Climate, Health and Wellbeing of December 2012, which reflects an international perspective. OraTaiao is also an organisational member of the Global Climate and Health Alliance.

We honour Māori aspirations, are committed to the principles of Te Tiriti o Waitangi and strive towards the elimination of health inequities between Māori and other New Zealanders. We are guided in our practice by the concepts of kaitiakitanga (guardianship), kotahitanga (unity), manaakitanga (caring), and whakatipuranga (future generations).

Comments on the Mental Health and Wellbeing Commission Bill

The Mental Health and Wellbeing Commission Bill establishes a body that will be responsible for monitoring and promoting the future mental health and well-being of New Zealanders. It is our view that guiding legislation for the Commission must include a focus on the evolving climate crisis, as this is, without a doubt, set to affect the well-being of all New Zealanders in the decades ahead. As noted by the World Health Organization (WHO), climate change should now be viewed as ‘the defining issue’ for 21st century health systems (Every-Palmer, et al. 2016). Further, the government has [recently announced](#) that ‘climate impact assessment’ are to become mandatory for policies across all sectors of government and that a climate change lens will become a necessary part of all government decision-making, including on mental health.

We submit that the Commission needs to be directed to consider the effects of climate change on mental health and wellbeing of and to promote research and action by the health sector to prevent (where practicable) and otherwise mitigate and support adaptation to the effects of climate change on mental health and wellbeing.

The anticipated escalating effects of climate change amount to more than just “another factor” that will affect the well-being of the population of Aotearoa/New Zealand. For entire communities, the predicted effects of sea level rise, more frequent and severe weather events, natural disasters, and changing climatic conditions with extreme drought events will have major consequences for individuals, families/whanau, neighbourhoods, cities, businesses, food producers and other industries. The significance of climate disruption for the mental health and well-being of those alive today and for future generations simply cannot be ignored. A focus on the climate crisis thus needs to be highlighted in legislation defining the Commission’s role.

As with other countries, we can expect that NZ public services (health, welfare, housing, transport, etc.) will undergo extreme pressure over the next half century due to displacement of people from coastal and low-lying zones, from maladapted industries, and inward migration of climate refugees from the Pacific and elsewhere. The anticipated demographic shift will be substantial and must be included in planning for the mental health and well-being needs of the population. Such planning needs to start soon to ensure we are adequately prepared for the changing demands on the mental health sector and for the services that provide and support people’s well-being.

The Royal Society of New Zealand, in its 2017 report *Human Health Impacts of Climate Change for New Zealand*, identifies the disproportionate climate change related risks for the health and well-being of Māori, particularly those living in coastal margins, and acknowledges that there are vulnerable populations who have less resilience and fewer resources for adaptation, stating:

Vulnerability includes sensitivity and susceptibility to harm as well as capacity to cope and adapt. Age, education, income and livelihood type, housing type and quality, social networks and cultural relationships all contribute to resilience and vulnerability and have been widely shown to influence how different groups can respond to climate-driven stresses and risks.

The report highlights the important role our health and welfare systems have in promoting research into the health impacts, stating:

The adaptability and resilience of health and welfare systems are important factors in minimising the effects of climate change on human health. However, there are significant gaps in the body of research quantifying the health impacts of climate change for New Zealand. This is particularly the case around the interactions of climate change, demographic change, and social change, which will increase people's vulnerability and exposure to climate risks.

Apart from the longer-term projected impacts of climate and other environmental change on mental health and well-being, there are more immediate considerations with the increasing perception of threat and a sense of despair for many, particularly young people. The routine exposure to messages and images in our media and daily interactions with others are having an impact already, with counselling and psychological services reporting increased numbers of individuals presenting with concerns about the future. Psychological responses to the climate change threat include heightened risk perceptions, general anxiety, pessimism, helplessness, eroded sense of self control, sadness, loss, and guilt (Doherty & Clayton, 2011; Reser & Swim, 2011).

An April 2019 survey by Yale and George Mason universities (Leiserowitz et al, 2019) found that 62% of Americans were at least "somewhat worried" about climate change. Of those, 23% were "very worried." according to a report by Victoria Knight, in *Kaiser Health News* (KHN, 2019).

Knight states that both younger and older generations express worry, although younger Americans generally seem more concerned: a 2019 Gallup poll reported that 54% of those aged 18 to 34, 38% of those 35 to 54 and 44% of those 55 or older worry a "great deal" about global warming. She also observes that, while there is no epidemiological data yet to

show how common distress or anxiety related to climate change is, people say these feelings are real and affect their life decisions.

Mental health and wellbeing services, underpinned by appropriate research, thus have important roles to play in both treating climate change-related psychological distress and in promoting constructive responses at individual, health system, and political levels (Every-Palmer et al. 2015). The development of the Mental Health and Wellbeing Commission offers Aotearoa/NZ an excellent opportunity to address these crucial challenges.

Specific amendments sought in the Bill

Ora Taiao considers that the following (highlighted) changes to the Bill are the minimum necessary to acknowledge the significance of climate change as an inevitable factor impacting on people's mental health and wellbeing.

Section 3

a) **section 8(2)** requires the Minister to have regard to the need for members of the board to collectively have knowledge, understanding, and experience of—

- (i) te ao Māori (Māori world view), tikanga Māori (Māori protocol and culture), and whānau-centred approaches to wellbeing; and
- (ii) the cultural, economic, **environmental**, educational, spiritual, societal, and other factors that affect people's mental health and wellbeing; and

(b) **section 9(1)** requires the board to ensure that the Commission maintains systems and processes to ensure that, for the purposes of carrying out its functions under this Act, the Commission has the capability and capacity—

- (i) to uphold the Treaty of Waitangi (Te Tiriti o Waitangi) and its principles; and
- (ii) to engage with Māori and to understand perspectives of Māori; and

(c) **section 11** requires the Commission to have particular regard to the experience of, and outcomes for, Māori when the Commission performs its functions under this Act, which include—

- (i) assessing and reporting publicly on the mental health and wellbeing of people in New Zealand; and
- (ii) assessing and reporting publicly on factors that affect people's mental health and wellbeing; and
- (iii) assessing and reporting publicly on the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing (including mental health services and addiction services); and
- (iv) advocating for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them; and

- (v) considering, and promoting research into, and assessing and reporting publicly on the projected effects of major social and environmental threats on the mental health and wellbeing of people in New Zealand, in particular vulnerable groups including Māori and Pasifika and those experiencing economic deprivation; and

Section 8 Board of Commission

(2) In appointing the members, the Minister must have regard to the need for members to collectively—

(a) have knowledge, understanding, and experience of—

- (i) te ao Māori (Māori world views), tikanga Māori (Māori protocol and culture), and whānau-centred approaches to wellbeing; and
- (ii) the cultural, **environmental**, economic, educational, spiritual, societal, and other factors that affect people’s mental health and wellbeing; and
- (iii) mental health services and addiction services; and
- (iv) improving overall system performance; and

(b) have personal experience of mental distress; and

(c) have personal experience of addiction.

(d) have knowledge of the links between mental health and wellbeing and expected major social and environmental threats

The amendments suggested here will need to be reflected (as appropriate) elsewhere in the Act and related legislation (if required).

References

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