ATAMIRA
PLATFORM

Mental Health and Addiction Non-Government Organisation (NGO) Sector

Policy briefing
2020 – 2023

Tēnā Koe

This Briefing for all incoming Parliamentarians is to provide you with information about the role of community mental health and addiction Non-Government Organisations (NGOs).

We have taken this unusual step as we think it is important that we all understand more about the growing impacts of mental health and addiction issues that we will continue to see in our communities and families.

Members of Parliament have told us that their constituents regularly raise these issues with them and we thought it would be helpful to orientate you to the work we do and what we think needs to happen to improve the wellbeing of the people of Aotearoa.

To create a health and social system where no one is excluded we think the following needs to be urgently addressed:
1.   Discrimination (page 7)
2.   Physical health (page 8)
3.   The workforce (page 9)
4.   Technology and the digital divide (page 10)

Addressing these four key areas can help Aotearoa New Zealand be a positive place for all people with mental health and addiction issues to live and work.

We look forward to connecting with you over the next three years and beyond.

Marion Blake
CEO Platform Trust

What you need to know about us

Platform champions the community sector in Aotearoa as a positive place for people with mental health and addiction issues to live, learn, and work.

We represent a network of Non-Government Organisations (NGOs) that provide support to people and their whānau who are directly impacted by mental health and addiction (MHA). Unsupported MHA issues often leads to people losing their jobs, poor and unstable housing, poor social relationships, and poor physical health and wellbeing.

The network employs over

4000 staff [1]
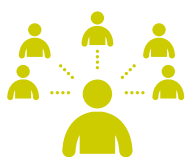
Last year the network worked with

77,000 people [2]

There are *240 MHA NGO providers* in Aotearoa who *deliver 33.5%* of all funded services [2]

Every year, the number of people and whānau seen by the NGO mental health and addiction sector *increases.* [2]

Number of people receiving Mental Health & Addiction treatment from NGOs

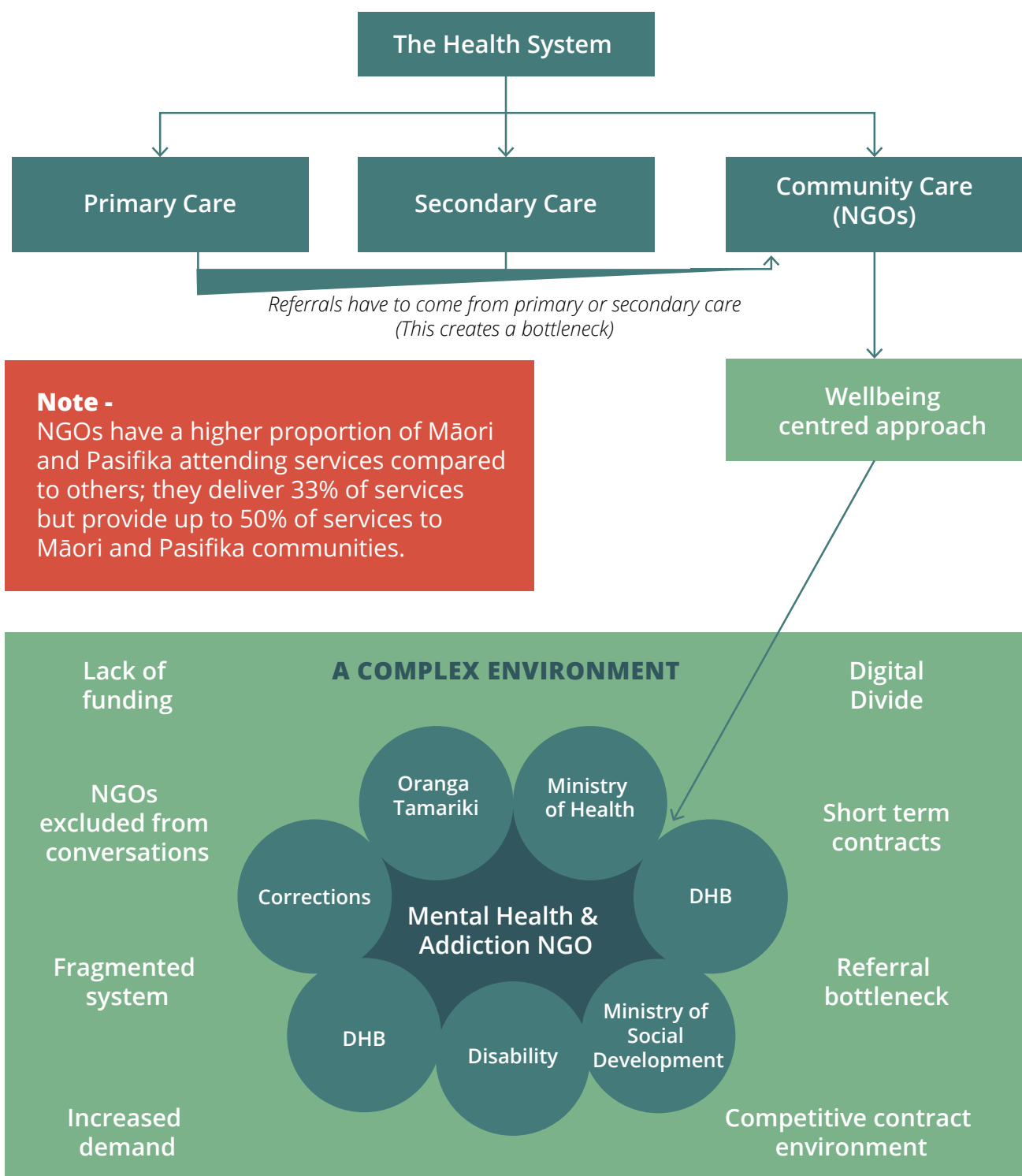| Year	Number
15/16	~64,000
16/17	~69,000
17/18	~72,500
18/19	~77,000
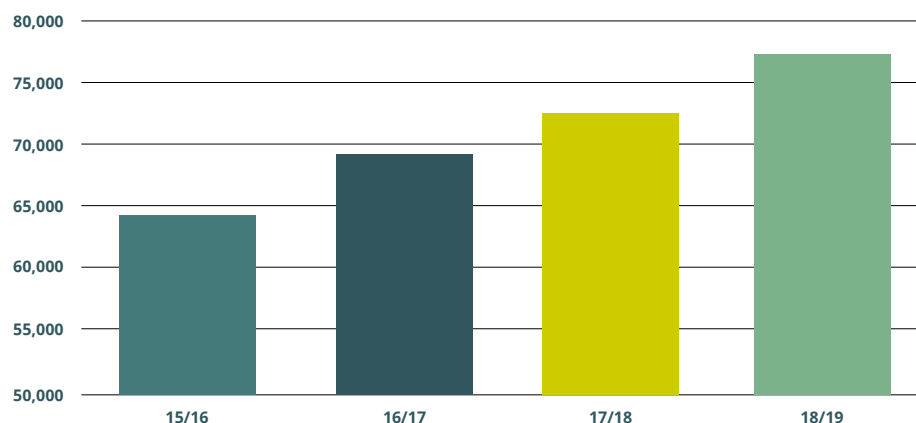
Platform also connects with other organisations and networks across the health and social sector so our understanding of the issues is well informed and based on what is happening right now.
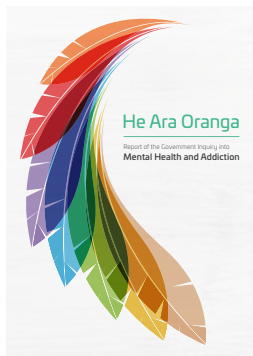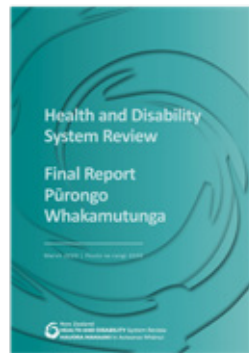
The environment that NGOs operate in

NGOs operate in complex funding environments with multiple Government agencies, meaning compliance costs are often duplicated and expensive.
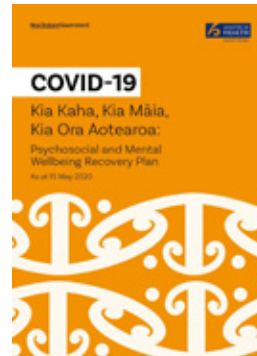
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                    │  The Health System  │
                    └─────────────────────┘
          ┌──────────────────┼──────────────────┐
          ▼                  ▼                  ▼
  ┌──────────────┐   ┌──────────────┐   ┌──────────────────┐
  │ Primary Care │   │Secondary Care│   │ Community Care   │
  │              │   │              │   │    (NGOs)        │
  └──────────────┘   └──────────────┘   └──────────────────┘
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Referrals have to come from primary or secondary care (This creates a bottleneck)

Note -
NGOs have a higher proportion of Māori and Pasifika attending services compared to others; they deliver 33% of services but provide up to 50% of services to Māori and Pasifika communities.

Wellbeing centred approach

A COMPLEX ENVIRONMENT

Lack of funding

NGOs excluded from conversations

Fragmented system

Increased demand

Digital Divide

Short term contracts

Referral bottleneck

Competitive contract environment

Oranga Tamariki
Ministry of Health
Corrections
DHB
Mental Health & Addiction NGO
DHB
Disability
Ministry of Social Development

Communities know what their people need and how best to support them
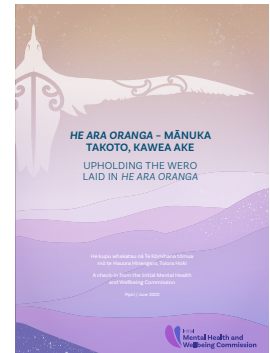

(3)

(4)

(5)

(6)

All recent major reports clearly state that significant changes for mental health, addiction and wellbeing needs to happen in the community *not* in hospital.

NGOs can provide options that people say they want, such as peer support and a place to focus on their recovery.

During the COVID-19 lockdown, the community NGO mental health and addiction sector was there for New Zealanders and provided:
• Connection and reassurance
• Support to access technology and attend medical appointments
• housing
• food other essential shopping

The breadth and diversity of the NGO sector provides services according to community need:

	Social Outcomes	
Adoption services	Economic standard of living	Life satisfaction	Advocacy

Adoption services

Community services

Offender case management

Employment services

Parenting advice and support

Mental health services

Accident rehabilitation

Counselling
Out of school area

Rehabilitation services

Budgeting advice

Community crime prevention

Economic standard of living

Social connectedness

Knowledge and skills

Health

Paid work

Hospitals
Vocational services

Housing support

Refugee assistance and protection

Child protection

Life satisfaction

Cultural identity

Leisure and recreation

Safety

Civil and political rights

Foster care

Residential care
Helplines

Shelters

Mentoring

Advocacy

Support groups

Rest homes

Social work

Home help and attendant care

Family violence prevention

Disability support services

Education services

Community care and support

Early childhood education

Respite Care

Food banks

Women's refuge

Adapted from the New Zealand Productivity Commission: Diversity of services supporting social outcomes, 2014.

A system where no one is excluded

Eliminating inequities must drive all decisions.

He Ara Oranga stated clearly that the people with the most needs are often the most excluded. People who live with mental health and addiction issues often experience poverty, discrimination, unemployment, inadequate housing and live with other health or disability issues.

We want Aotearoa to be a positive place for all people with mental health and addiction issues to live and work.

'Working with someone from one's own culture is crucial to feeling safe and building trust needed to recover from distress and anxiety'

- He Ara Oranga

Discrimination

Institutional racism and unconscious bias are prevalent throughout the health system and need to be tackled with urgency.

Our network can confirm the findings of He Ara Oranga and the Health and Disability system report *that inconsistency of access to health care results in people being excluded from health care.* This particularly impacts on Māori accessing mental health and addiction support. Whilst there are pockets of excellence around the country, it is not enough to make a significant impact.

Stigma and discrimination around mental health and addiction issues is prevalent in homes for the Pasifika community. Providing positive wellbeing programmes such as Like Minds, Like Mine is important to address this.

People with disabilities are routinely excluded and struggle to get access to mental health, addiction, and wellbeing support. Many people with disabilities do not even attempt to access mental health support as they believe services cannot and will not be able to help them. We are encouraged by opportunities provided in the framework for accessibility promoted by Minister Sepuloni.

The Alcohol and Other Drugs sector struggles with significant stigma and discrimination. As we all know, media portrayal and language used is often blaming and belittling and harmful to people seeking help.

Gambling harm predominantly impacts on low socioeconomic communities.

There has been a
30% increase in racially motivated attacks
against people of East Asian descent since COVID-19 [7]

46% of people with disabilities aged 18-64 experienced poor overall mental wellbeing,

compared with **19%** of non-disabled people [8]

Multiple layers of discrimination in the Deaf community:

The Deaf community of Aotearoa is made up of 4,500 people whose primary language is New Zealand Sign Language (NZSL), an official language of Aotearoa since 2006.

The Deaf community has a higher proportion of Māori, Pasifika and those with additional disabilities compared to the rest of the population. This community experiences multiple levels of discrimination and barriers due to the intersections of race, culture and gender.

Cultural and language barriers for Deaf Māori mean many have not had access to their marae, te reo, whakapapa and Te Ao Māori. A lack of access to identity and culture has contributed to poor physical and mental health outcomes.

Physical health

Physical health and mental health are interdependent, and neither can be treated in isolation.

Health inequities exist for many people with MHA issues but are greater for Māori, Pasifika, and people with disabilities. People with a lived experience of MHA have a life expectancy gap of up to 25 years [9]. Two-thirds of these early deaths are caused by preventable and treatable health issues, particularly heart disease and cancers.

Working towards physical health equity with Equally Well

This collaboration of people across the health system aims to achieve physical health equity for people living with mental health and addiction issues.

As a result people from more than 120 organisations are taking action in their own sphere of influence to do what they can to improve people's physical health.

https://www.tepou.co.nz/initiatives/organisations-supporting-equally-well/45.

People with MHA issues have a life expectancy gap of up to

25 years

compared to the rest of the population [9]

People with lived experience of mental health and addiction issues are

2 to 3 times

more likely to

die before the age of 65 [10]

7.91
5.09

The Asian population is the only group where there has been an increase in suicide rate this year, from

5.09 to 7.91 per 100,000 [10]

The workforce

A workforce that represents the community

The community NGO workforce is incredibly diverse and includes support workers, peer workers, nurses, social workers, and other health professionals.

The community workforce are experts in addressing the immediate needs of people and whānau. This includes the types of worries that people have that cause mental distress such as food, housing, and employment.

People coming to NGOs for support are coming with increasingly complex needs. It is hard for NGOs to recruit qualified staff because of pay equity issues.

The Māori health workforce is critical for the delivery of good community services. We urgently need well promoted, well developed and well-funded programmes to support this growing workforce.

Pasifika support through a financial capability programme

Vaka Tautua is a service focussing on the needs of Pasifika people. They understand their community and how to work with them.

They run a financial capability programme that helps people understand about money and how to prioritise their spending. This programme helps to address basic needs and also helps people feel empowered about reducing debt. Unexpected outcomes of the programme include helping people to cut down on smoking, reduce takeaway consumption, and improve mental wellbeing.

https://www.vakatautua.co.nz/

Employment support for people wanting to work.

Individual Placement and Support (IPS) employment support programmes are a proven way of getting people who experience mental distress into work. Now is the time to make this available to more people [12].

Aotearoa is part of an international IPS learning community. This work is completed as a cross-government collaboration between Ministry of Health, Ministry of Social Development and Work Counts www.workcounts.co.nz.

31% of the mental health and addiction workforce is in the community, yet they are **paid less** than people doing equivalent roles within government [1].

80% people with lived experience of mental health and addiction issues **want to work,** but less than **40%** are [11].

Technology and the digital divide

The digital divide is increasing inequities for people accessing services.

As the push for digital based support tools increases, so does the digital divide.

Prescribing a cell phone and data package may be an effective intervention to maintain engagement and avoid loneliness.

Access to technology was critical for staying in contact with people during lockdown. This was not funded by Health, and many NGOs used reserves and local charities to ensure their clients were connected to the internet and their case worker.

"Our best estimate is that one in five people in New Zealand lack at least one of the four elements needed to be digitally included – motivation, access, skills or trust. The COVID-19 pandemic has further exposed the realities of the digital divide for New Zealanders who struggle to connect, communicate and get access to essential services"

- Department of internal affairs

69% of people living in social housing have access to the internet, compared with

91% of the rest of the population [13]

What you can do:

If these points have inspired you, here is what you can do to learn more:

Visit your local NGO services

Engage with the Parliamentary mental health and addiction cross-party group

Find out what the key mental health and addiction issues are in your area.

Seek more information from Platform www.platform.org.nz

Platform wants to help Parliamentarians engage with the community NGO mental health and addiction sector. If you would like any further information, you can contact us on:
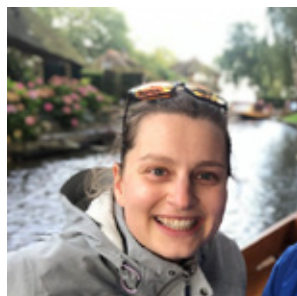
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8. *Stats New Zealand. https://www.stats.govt.nz/news/disabled-people-fare-worse-in-work-and-wellbeing. [Online]*

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