

7 August 2020

s 9(2)(a)

Dear s 9(2)(a)

### Request for Official Information

I refer to your request for information made under the Official Information Act 1982 (the Act), received by the Ministry for Pacific Peoples (the Ministry) via email on 12 June 2020.

Thank you for your patience following the extension to provide you a response to this request.

You have requested the following information:

*I would like to make a further OIA Request under section 12 of the Act:*

*(a.i.) Could I please be sent any internal and external correspondence, with any other government departments, and or any advice given to the Minister for Pacific Peoples, as well as any correspondence between 1 December 2017 until June 9 2020 relating to the 'Government Inquiry into Mental Health and Addiction,' the recommendations of its report 'He Ara Oranga'*

*(a.ii.) Could the Ministry please outline what their response has been to consider, incorporate and implement the Pacific wellbeing model developed during the Government Inquiry into Mental Health and Addiction - 'Vai Niu' into all your current work, and future strategies?*

*(a.iii.) How is the Ministry addressing the specific call in 'Vai Niu' for equity for Rainbow Pacific peoples.*

*(a.iii.) How is the Ministry addressing the specific call in 'Vai Niu' for "Greater recognition of the peoples of the Cook Islands, Niue and Tokelau and those nations' constitutional agreements with New Zealand is essential."*

*(b.) If any information is to be withheld, I request you please provide for any communication and or, document with the title and date of the , the reason for refusal and the grounds in support of that reason as required by section 19(a)(i) and (ii) of the Official Information Act.*

In response to question (a.i), please find enclosed copies of documents/information that fall within the scope of your request. The information provided has been released in full/partially released with specific areas withheld under the following sections of the Act:

- s9(2)(a) – to protect the privacy of natural persons
- s9(2)(g)(i) – the information is free and frank

In response to question (a.ii) the Ministry's best practice approach is to utilise the most up to date and relevant research, evidence, and data to inform policy development. An example of this approach is when the Ministry used Vai Niu to inform our Kau Tuli incubator project.

The Kau Tuli incubator project is aimed at young Pacific community leaders that are driven to design and lead their own solutions to improve mental health wellbeing for Pacific young people in Aotearoa. Six young leaders participate in this programme, with all of them progressing their initiatives with the support of the Ministry.

Kau Tuli was developed in response to the findings set out in the Ministry's report *Pacific Aotearoa Lalanga Fou (2018)*. This report was collated from the voices of over 2500 Pacific Peoples from across Aotearoa, to cast a vision for Pacific communities in New Zealand. The Kau Tuli work sits under Goal 4 of the report, which is focused on building confident, thriving, and resilient Pacific young people. The full report can be found here: [www.pacificaotearoa.org.nz](http://www.pacificaotearoa.org.nz). The Ministry will continue to use our best practice approach in our current and future work.

In response to questions (a.iii) and (a.iii), the Ministry declines this part of your request under section 18(g) of the Act.

Please note, that we may publish this response on our website. Your name and contact details will be removed.

In accordance with section 28(3) of the Act, you have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tofilau Iris Webster', written in a cursive style.

**Tofilau Iris Webster**  
**Deputy Chief Executive, Office of the Chief Executive**  
**Ministry for Pacific Peoples**

**From:** Ruta Lealamanua **On Behalf Of** Ministerial Services  
**Sent:** Wednesday, 14 March 2018 3:02 PM  
**To:** Terina Cowan <Terina.Cowan@mpp.govt.nz>  
**Cc:** Ministerial Services <MinisterialServices@mpp.govt.nz>; Iris Webster <Iris.Webster@mpp.govt.nz>  
**Subject:** Request for Information - Inquiry into Mental Health and Addiction

Hi Terina

Mac received the attached letter from Prof Ron Paterson who is the Chair of the Government Inquiry into Mental Health and Addiction. In short he has requested the following information:

- Contact information for relevant stakeholders and services providers
- Information on relevant current services relating to mental health and wellbeing
- Information on relevant future services that we intend to introduce that fit within the scope of this inquiry
- Any public and non-public material that we have prepared (eg, reports, discussion papers, statistics, cross-agency papers) and
- Our views on what is working well in mental health and addiction, where the gaps and unmet needs are and who the priority groups are and where the focus should be in the future.

The letter also states that members of the Panel would be interested in meeting with MPP in the next four to six weeks if possible.

Can the team please draft a response to Prof Paterson. Mac will review the response.

I have emailed the their contacts asking for a timeframe, at this stage we are working towards providing a response to them by 10 April.

**If we could have a draft ready for Mac to review by 6 April please.**

I'll let you know as soon as I know whether there is a change in timeframes.

Ruta

- 9 MAR 2018

**Government Inquiry into  
Mental Health and Addiction 2018**

6 March 2018

DIAO19

Mr Laulu Mac Leauanae  
Chief Executive Officer  
Ministry for Pacific Peoples  
PO Box 833  
Wellington 6140

Tēnā koe Mr Leauanae,

**Re: Request for information – Inquiry into Mental Health and Addiction**

I am writing as the Chair of the Inquiry into Mental Health and Addiction to request the Ministry of Pacific Peoples' input and assistance with respect to the work of the Inquiry.

The Inquiry's purpose is to identify unmet needs related to mental health and addiction, and to develop recommendations for a cohesive, integrated mental health and addiction approach for Aotearoa, New Zealand.

The scope of what we have been tasked to do in the Terms of Reference (**enclosed**) is broad and complex, crossing many sectors and communities. Recommendations from the Inquiry are likely to relate not only to the mental health and addiction sector but also to a range of other sectors given the risk factors for mental health identified in the Terms of Reference. Such risk factors include but are not limited to:

- ease of access and cultural attitudes to alcohol,
- continued dislocation of Māori from their whānau, communities and iwi,
- increasing dislocation within our ethnic migrant and refugee communities, and
- a range of social determinants such as poverty, inequality, inadequate parenting, lack of affordable housing, low-paid work, exposure to abuse, neglect, family violence or other trauma, social isolation (particularly in the elderly and rural populations) and discrimination.

Programmes, interventions and services are in place across a range of sectors, not just health, that either directly target, or have an impact on, mental health and addiction.

Such programmes, interventions and services can in some cases be protective; building resilience for individuals, whānau and communities. In other cases, they respond to social problems and may have either a positive impact in terms of mental health and addiction. In other cases, interventions may not occur early enough or work as intended and can potentially result in adverse or unforeseen impacts on individual and communities' mental health.

The Inquiry Panel is keen to learn:

- what programmes, interventions and services are in place,
- what is working well (in terms of promoting or supporting good mental health),
- where the gaps are, and which groups are missing out or being disadvantaged, and
- what the potential solutions are for unmet need, to address problems with the system, or that could be innovative or transformational in terms of achieving better outcomes.

Our focus as an Inquiry panel is naturally on solutions. However, in designing solutions we want to take a systems approach, looking across all sectors, all types of interventions, and all interested and affected groups who receive (or don't receive) support.

The sectors we are interested in include, but are not limited to: education, social, housing, justice and corrections, disability support, accident compensation, Māori development, and emergency response.

Given the interwoven nature of these matters, we recognise that engagement with government agencies will be vital for the success of this Inquiry and that we need to have a comprehensive understanding of what agencies are doing that impacts the mental health and addiction systems, as well as those directed at suicide prevention and postvention. To this end, we are asking the Ministry of Pacific Peoples to share information and insights in relation to areas of interest to this Inquiry.

I would be grateful to receive the following information and anything else you deem relevant to this Inquiry.

#### **A. Contact information for relevant stakeholders and service providers**

We are in the process of planning opportunities for the Inquiry to engage with stakeholders and the public. Engagement will include a consultation document open for public submissions, public hearings, and direct engagement with interested parties (service providers; service users, their families and whānau; NGOs; government agencies, etc). Listening well to a wide range of communities and stakeholders is important for our Inquiry. We would be very grateful for your advice on who you feel are critical voices we should hear from. More broadly, we seek wider sector contact lists so that we may communicate directly, for example, when we send out our consultation document (planned for late March/early April). **Note:** we would be appreciative of receiving such information as a matter of urgency.

#### **B. Information on relevant current services**

A key task that the Inquiry will undertake is a stocktake of current services relating to mental health and wellbeing. This stocktake will include services related to the prevention of, and responses to, mental health and addiction problems, and will include services relating to the risk factors identified (particularly related to prevention of mental health and addiction problems occurring). The stocktake will also look at suicide prevention and postvention services. To do this we will need up-to-date information from government agencies on their services that fit within this broad stocktake. This should include the name of the service, what is delivered as part of that service, to whom including who the priority targets/groups are, level of funding, and any performance/evaluation data or reviews.

### **C. Information on relevant future services**

We request information on any proposed programmes, interventions, or services that your agency intends to introduce that fit within the scope of this Inquiry. This will develop our understanding of the current direction of services and allow us to see how these fit into the desired state of services.

### **D. Public and non-public material**

We are seeking relevant previous documents you have prepared (eg, reports, discussion papers, statistics, cross-agency papers) to ensure we are building on the work that has already been done. Many of the issues with the current state are already known and voiced by government agencies, providers, and people using the services. We are seeking these documents from you to ensure we are drawing on existing knowledge (reports, data, direct advice, personal stories) when assessing the current state and making recommendations for the future.

### **E. Your views**

Importantly, we are seeking your agency's views on what is working well in mental health and addiction (as well as suicide prevention), where the gaps and unmet needs are, who you feel the priority groups are and where the focus should be in the future. As our Inquiry is solutions-focused, we are particularly interested in hearing from you on your ideas and evidence in support of new, innovative approaches, as well as the development of a cohesive mental health, addiction and suicide prevention approach for Aotearoa, New Zealand.

I ask that in responding to this request for input and advice that you carefully scrutinise the Terms of Reference for the Inquiry.

Please note that all information provided will be saved to the Inquiry's secure server hosted by the Department of Internal Affairs (as per the Inquiries Act 2013) as part of the Inquiry's privacy processes which align with the Privacy Act 1993 and the Health Information Privacy Code, and the Inquiry's obligations pursuant to the Official Information Act 1982 and the Public Records Act 2005.

The Inquiry, as a 'public office' under the Public Records Act 2005, will as far as possible undertake its enquiries and receive information in a public, open and transparent manner. It therefore hopes that material provided by your agency may be shared with the public, at the discretion of the Inquiry Panel. **Note:** However, when providing any information to the Inquiry, please make it clear if any specific information or document requires consideration by the Panel with respect to any privilege, confidentiality and/or commercial sensitivity. This may also have implications for subsequent Official Information Act 1982 requests once the Inquiry has reported (as per section 32 of the Inquiries Act 2013).

As the Inquiry Panel is required under our Terms of Reference to report back by October 2018, we would be grateful for a speedy response to our request for information. Our stocktake is taking place over a two-month period commencing 16<sup>th</sup> March 2018 and we would be grateful for the provision of information as early in that process as possible.

Members of the Panel would also be very interested in meeting with representatives from the Ministry of Pacific Peoples in the next four to six weeks if that is possible. I would be grateful if you would please contact Kelley Reeve at [mentalhealthinquiry@dia.govt.nz](mailto:mentalhealthinquiry@dia.govt.nz) to agree a suitable time. I would also

appreciate your advice to Kelley of the name and contact details of a person who can act as liaison for the Ministry with the Secretariat. If you should have any queries about this letter or the Inquiry more broadly, please contact either Matthew Allen on [mallen@allenandclarke.co.nz](mailto:mallen@allenandclarke.co.nz) or 027 599 0003, or Kelley as above.

Thank you in advance for supporting the work of the Inquiry.

Nāku iti noa, nā

A handwritten signature in black ink, appearing to read "Ron Paterson". The signature is fluid and cursive, with the first name "Ron" being more prominent than the last name "Paterson".

Professor Ron Paterson

Chair of the Government Inquiry into Mental Health and Addiction

Encl: Inquiry Terms of Reference, Panel member bios, Chair update

## **Establishment of the Government Inquiry into Mental Health and Addiction**

Pursuant to section 6(3) of the Inquiries Act 2013, I, The Honourable Dr David Clark, Minister of Health, hereby establish the Government Inquiry into Mental Health and Addiction (“Inquiry”).

### **Membership**

The following persons are appointed to be members of the Inquiry:

- Professor Ron Paterson, ONZM (Chair);
- Dr Barbara Disley, ONZM;
- Sir Mason Durie, KNZM, CNZM;
- Dr Jemaima Tiatia-Seath;
- Josiah Tualamali’i; and
- Dean Rangihuna.

### **Terms of Reference**

#### **Background and Matter of Importance**

The Government has committed to setting up an inquiry into mental health as part of its first 100 days’ work programme. The catalyst for the inquiry has been widespread concern about mental health services, within the mental health sector and the broader community. Service users, their families and whānau, people affected by suicide, people working in health, media, iwi and advocacy groups have called for a wide-ranging inquiry.

The *People’s Mental Health Report* (2017) highlighted a range of problems, including: access to services and wait times, limited treatment options in primary and community care, compulsory treatment and seclusion practices, ineffective responses to crisis situations and underfunding of mental health and addiction services in the face of rising demand. There have been calls for a transformation in New Zealand’s response to mental health and addiction problems. Major concerns are stubbornly high suicide rates, growing substance abuse and poorer mental health outcomes for Māori.

People can experience a broad range of mental health problems on a spectrum from mental distress to enduring psychiatric illness requiring ongoing interventions. Substance abuse often occurs together with mental health problems. Poor mental health increases the likelihood of suicidal behaviour. However, not everyone who plans, thinks about, attempts or dies by suicide has a diagnosable mental disorder, and factors that contribute to suicide differ markedly across age groups.

Mental health and addiction problems are relatively common (approximately 20 percent of New Zealanders are predicted to meet the criteria for a diagnosable mental disorder each year) and prevalence is increasing. Unmet need is substantial, with at least 50 percent of people with a mental health problem receiving no treatment. This situation reflects both people not recognising their own needs for mental health support and a lack of capacity to meet those needs. Families and whānau of service users, and of New Zealanders lost to suicide, report little or no support or treatment.

Risk factors include ease of access and cultural attitudes to alcohol (which is implicated in over 50 percent of cases of youth suicide) and continued dislocation of Māori from their whānau, communities and iwi. There is also increasing dislocation within our ethnic migrant and refugee communities. Many other risk factors associated with poor mental health sit across a range of social determinants such as poverty, inequality, inadequate parenting, lack of affordable housing, low-paid work, exposure to abuse, neglect, family violence or other trauma, social isolation (particularly in the elderly and rural populations) and discrimination.

Risks are higher where deprivation persists across generations. These risk factors can contribute to a wide range of other poor life outcomes including low levels of educational achievement, poor employment outcomes, inadequate housing and criminal offending. On the positive side, many resilience and mental health-enhancing factors can be found even in difficult and deprived social settings.

There is strong evidence that prevention and early intervention is most beneficial and cost-effective. Often mental disorders are recognised only after they become severe and consequently harder to treat. Half of all lifetime cases of mental disorder begin by age 14 and three-quarters by age 24. New Zealand’s current approach to mental health is not geared towards prevention and early intervention.

Across the spectrum of poor mental health are inequalities in mental health and addiction outcomes. In addition to Māori, disproportionately poorer mental health is experienced by Pacific and youth, people with disabilities, the rainbow/LGBTIQ community, the prison population and refugees.

Many interventions, particularly in relation to preventing mental health and addiction problems and suicide, lie outside the health system. There needs to be better coordination and a more integrated approach to promoting

## NEW ZEALAND GAZETTE

mental well-being, preventing mental health and addiction problems, and identifying and responding to the needs of people experiencing mental health and addiction problems. Models of care such as Whānau Ora and whānau focussed initiatives offer significant potential benefit. New approaches will have implications beyond the health system, for example, for education, welfare, housing, justice, disability support, accident compensation and emergency response systems.

Some actions cannot wait until the inquiry is completed. Alongside the inquiry, the Government is already taking steps to address some immediate service gaps and pressures, including increasing funding for alcohol and drug addiction services, increasing resources for frontline health workers, putting more nurses into schools, extending free doctors' visits for all under 14 year olds, providing teen health checks for all year 9 students and providing free counselling for those under 25 years of age.

### **Purpose and objectives**

The purpose of this inquiry is to:

1. hear the voices of the community, people with lived experience of mental health and addiction problems, people affected by suicide, and people involved in preventing and responding to mental health and addiction problems, on New Zealand's current approach to mental health and addiction, and what needs to change;
2. report on how New Zealand is preventing mental health and addiction problems and responding to the needs of people with those problems; and
3. recommend specific changes to improve New Zealand's approach to mental health, with a particular focus on equity of access, community confidence in the mental health system and better outcomes, particularly for Māori and other groups with disproportionately poorer outcomes.

To do this the inquiry will:

1. identify unmet needs in mental health and addiction (encompassing the full spectrum of mental health problems from mental distress to enduring psychiatric illness);
2. identify those groups of people (including those not currently accessing services) for whom there is the greatest opportunity to prevent, or respond more effectively to, mental health and addiction problems;
3. recommend specific changes to create an integrated approach to promoting mental well-being, preventing mental health and addiction problems, and identifying and responding to the needs of people experiencing mental health and addiction problems; and
4. specify which entities should progress the inquiry's recommendations, including relevant ministries and a re-established Mental Health Commission.

The recommendations of the inquiry will help inform the Government's decisions on future arrangements for the mental health and addiction system, including:

1. roles and responsibilities of agencies in the health sector, including a re-established Mental Health Commission;
2. improved coordination between the health system and other systems such as education, welfare, housing, justice, disability support, accident compensation and emergency response;
3. the design and delivery of services (for example, kaupapa Māori approaches to mental health) and effective engagement with all relevant stakeholders including mental health service providers, and consumers and their communities and whānau;
4. governance, leadership and accountability levers to ensure access to an appropriate standard of mental health services across the country;
5. fiscal approaches, models and funding arrangements;
6. data collection, programme evaluation and information flows;
7. the suite of relevant regulatory frameworks, including the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Substance Abuse (Compulsory Assessment and Treatment) Act 2017; and
8. workforce planning, training, support and management.

### **Scope**

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In identifying the issues, opportunities, and recommendations the inquiry will consider the following:

1. mental health problems across the full spectrum from mental distress to enduring psychiatric illness;
2. mental health and addiction needs from the perspective of both:
  - a. identifying and responding to people with mental health and addiction problems; and
  - b. preventing mental health problems and promoting mental well-being;
3. prevention of suicide;
4. activities directly related to mental health and addiction undertaken within the broader health and disability sector (in community, primary and secondary care), as well as the education, justice and social sectors and through the accident compensation and wider workplace relations and safety systems; and
5. opportunities to build on the efforts of whānau, communities, employers, people working in mental health and others to promote mental health.

The inquiry will need to understand and acknowledge the wider social and economic determinants of mental health and addiction (for example poverty, inadequate housing, family violence or other trauma) and cultural factors, in particular the historical and contemporary differences in outcomes for Māori, and consider the implications of these determinants and factors for the design and delivery of mental health and addiction services. Commentary on these matters is welcome to help inform the Government's work programmes in these areas.

The inquiry may signal changes to be considered in subsequent regulatory reviews. It will not undertake these reviews itself.

The following matter is outside the scope of the inquiry:

1. individual incidents or cases within current services. The inquiry panel will refer these to the appropriate pathway, for example, the Health and Disability Commissioner or relevant authorities.

### **Principles**

The inquiry will take an approach that:

1. enables consumers, carers, family and whānau to be included and heard, and ensures acknowledgement and consideration of input from previous consultations and specific consultation with Māori communities and whānau/hapū/iwi;
2. attempts to build consensus between consumers, potential consumers, carers, family, whānau and providers about what government needs to do to transform the mental health and addiction system;
3. recognises the particular mental health and addiction inequalities for Māori, reflects the special relationship between Māori and the Crown under the Treaty of Waitangi, and the value of the work done by Māori experts and practitioners to design and deliver services that are more relevant and effective for Māori;
4. recognises and respect the needs of people with disabilities, and takes into account New Zealand's obligations under the UN Convention on the Rights of Persons with Disabilities;
5. recognises and respects the needs of different population groups, including Pacific people, refugees, migrants, LGBTIQ, prison inmates, youth, the elderly, and rural populations;
6. is person-centred, appreciating the impact of changes on individuals;
7. takes account of the whole system, including all relevant sectors and services and how they can work better together to improve mental health and addiction outcomes;
8. focuses on opportunities for early intervention; and
9. is based on the best research, ongoing evaluation and available evidence, in New Zealand and overseas.

### **Report back**

The inquiry is to report its findings and opinions, together with recommendations, to the Minister of Health in writing no later than 31 October 2018. In order to ensure the Minister is kept appropriately informed as to progress, the Chair will provide regular updates to the Minister on the inquiry's progress throughout the course of the inquiry.

### **Related work**

## NEW ZEALAND GAZETTE

The inquiry will consider previous investigations, reviews, reports and consultation processes relating to mental health and addiction, including:

1. the *Peoples' Mental Health Report*;
2. *Blueprint II: Improving mental health and wellbeing for all New Zealanders*;
3. reports from the Government's Chief Science Advisors into mental health and suicide;
4. report of the Director of Mental Health on the consistency of New Zealand mental health laws with the UN Convention on the Rights of Persons with Disabilities;
5. various workforce reviews including *Mental Health and Addictions Workforce Action Plan 2016-2020*;
6. consultation on *A Strategy to Prevent Suicide in New Zealand: Draft for public consultation*;
7. consultation on *Commissioning Framework for Mental Health and Addiction: A New Zealand guide*;
8. *Mentally Healthy Rural Communities. RHANZ Framework to Improve Mental Health and Addiction Outcomes in Rural New Zealand* (2016);
9. *Puahau: Five Point Plan* (1998);
10. *Fit for the Future - Summary of Stakeholder Feedback* (2017);
11. *Understanding whānau-centred approaches: Analysis of Phase One Whānau Ora research and monitoring results* (2015); and
12. relevant Waitangi Tribunal inquiry reports (including *Ko Aotearoa Tenei*).

The inquiry will also consider and interface with other relevant inquiries and reviews currently underway, including:

1. the Wai 2575 Health Services and Outcomes Kaupapa Inquiry;
2. the inquiry into the abuse of children in state care; and
3. Disability Support Transformation.

### **Authority**

The inquiry is established as a government inquiry under the Inquiries Act 2013, with the Minister of Health as the appointing Minister.

### **Consideration of Evidence**

The Inquiry may begin considering evidence on and from **31 January 2018**.

Dated at Wellington this 25th day of January 2018.

HON DR DAVID CLARK, Minister of Health.

## MENTAL HEALTH AND ADDICTION INQUIRY

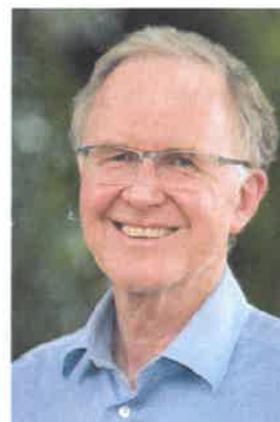
The six panel members:

- Professor Ron Paterson (Chair)
- Dr Barbara Disley
- Sir Mason Durie
- Dean Rangihuna
- Dr Jemaima Tiatia-Seath
- Josiah Tualamali'i

Below are bios for each member

### **Professor Ron Paterson (Chair)**

Professor Paterson has been a leading voice for health and disability consumers for many years, notably as Health and Disability Commissioner (2000–2010). He is a Professor of Law at the University of Auckland. Ron is recognised internationally for his expertise in consumers' rights, regulation of health practitioners and healthcare quality improvement. He has chaired several major health system reviews in Australia, including the Review of National Aged Care Quality Regulatory Processes (2017). He chaired the Counties Manukau Maternity Care Review (2012) and recently reviewed the Veterans' Support Act for the Chief of the Defence Force.



### **Dr Barbara Disley**

Dr Disley has filled a number of leadership roles in the mental health sector since the 1990s and has an in-depth understanding of mental health and addiction services. She is a former Director of the Mental Health Foundation (1991-1996), and a former Executive Chair of the Mental Health Commission (1996-2002) and is currently Chief Executive of Emerge Aotearoa, which works in the mental health sector.



### **Sir Mason Durie**

Sir Mason is a member of the Ngāti Kauwhata, Ngāti Raukawa and Rangitane Iwi. He has had a lifelong commitment to public health, including mental health and addiction, with a particular expertise in Māori health and culture. He has served on range of health-related committees, councils and advisory groups, including the Mental Health Foundation (1976-1980), Royal Commission on Social Policy (1986-88), The National Health Committee (1998-2000) and was a Families Commissioner (2003-2007). Since 2002 he has been a leader in Te Rau Matatini, Māori Mental Health Workforce Development. He is currently an Emeritus Professor at Massey University.



### **Dean Rangihuna**

Dean Rangihuna is of Ngati Porou and Ngati Hei descent. Dean worked for 14 years in the community prior to his appointment as a Māori Consumer Advisor. He has also worked as a Pukenga Atawhai/Māori health worker for the Canterbury DHB's specialist mental health service since 2005, alongside the community mental health team, crisis resolution, adult and forensic inpatient units, Police, Courts, and whānau/families. Dean is also active advising from a cultural perspective at the national level and was recently part of an expert advisory group set up by the Ministry of Health to look at the Mental Health Act and Human Rights. He has also been invited to be a member of the Ngā Rōpū Kaitiaki Advisory Panel for Te Rau Matatini for Maori workforce development. In November 2016 Dean was appointed to the National Training Governance Committee for Safe Practice and Effective Communication, which is the national training programme to reduce the use of seclusion and restraint in mental health facilities.



### **Dr Jemaima Tiatia-Seath**

Dr Tiatia-Seath has particular expertise and experience in Pacific mental health, and suicide prevention and postvention. She is a member of the Health Research Council's Public Health Research Committee, the Mental Health Foundation's Suicide Bereavement Service Advisory Group and a former member of the Health Quality and Safety Commission's Suicide Mortality Review Committee (2014-2016). Jemaima is currently Co-Head of the School of Māori Studies and Pacific Studies, and Head of Pacific Studies at the University of Auckland.



**Josiah Tualamali'i**

Josiah Tualamali'i brings a youth perspective to the Inquiry. In 2016, he received the Prime Minister's Pacific Youth Award for Leadership and Inspiration. He is currently the Chair of the Pacific Youth Leadership and Transformation Trust which assists Pacific Young people to participate in all worlds, and a Director on the board of Le Va, the Pacific Mental Health, Suicide Prevention and Addictions lead.





## Update from the Inquiry Chair

*23 February 2018*

Tena koutou katoa, Talofa lava and warm Pacific greetings

Welcome to the first update on the work of the Government Inquiry into Mental Health and Addiction.

This Inquiry is a once in a generation opportunity. Many people called for the Inquiry and will be keenly watching our work and anticipating our final report.

The Inquiry panel met together for the first time on 14 February. It was a good meeting. We bring a wide range of skills and backgrounds, and a shared sense of the importance of the task ahead of us.

The focus of our meeting was on developing a common understanding of the scope of the Inquiry, what we each individually and collectively bring to the Inquiry, the values and approaches that will guide our work, and identifying ways to ensure engagement with the broad range of stakeholders. Our values (**attached**) will underpin how we undertake work together, how we engage with people, and how we develop our recommendations.

We know we have a big, complex job ahead of us. Our terms of reference are very broad. However, a lot of work and thinking has already been done nationally and internationally. We are determined to tap into this – to learn what’s working well, what isn’t, where the gaps and the opportunities (especially in prevention and early access) are and, probably most importantly, how can we do things differently and put health and wellbeing back into mental health?

We’re keen for the Inquiry to listen widely, build a strong evidence base, and deliver a report with some fresh thinking that is clear, pragmatic and implementable – with a focus on solutions at the national and local level.

We want the Inquiry to generate hope and set a clear direction for the future – for our whānau and families, for users of mental health and addiction services, for people working in mental health and addiction, and for the Government.

We want people to be able to see how their ideas and the evidence have used in developing our recommendations.

We ask you, as individuals or groups, to:

- 1) help us by sharing your experiences and ideas, particularly focussing on recommendations for how things can be done better and who is best placed to deliver on suggested improvements; and
- 2) continue to implement changes that are already underway – we don’t want things to be on hold until October!

I will aim to provide an update every month, so you can follow the progress of the Inquiry and know when and how you can be involved.

We aim to release a consultation document by the end of March and to have public hearings and hui in May/June. However, we will not wait until then to engage with our communities across Aotearoa,

nor should people wait. If you have something to say, we want to hear it. Feel free to contact us (email: [mentalhealthinquiry@dia.govt.nz](mailto:mentalhealthinquiry@dia.govt.nz) ) and share your views.

We look forward to hearing from you!

Mahi Ngātahi he oranga mō tatou.

*Ron Paterson*

*Inquiry Chair*

## **Mental Health and Addiction Inquiry Panel**

Our values are:

- Aroha – love, compassion, empathy
- Whanaungatanga – relationship, kinship, sense of connection
- Kotahitanga – unity, togetherness, solidarity, collective action
- Whakamana – respect for everyone’s mana/connections
- Mahitahi – collaboration, cooperation
- Tumanako pai – hope, positiveness
- Korowai – a cloak of care over the Inquiry

**From:** Ruta Lealamanua  
**Sent:** Tuesday, 10 April 2018 9:07 am  
**To:** [REDACTED]; [mentalhealthinquiry@dia.govt.nz](mailto:mentalhealthinquiry@dia.govt.nz)  
**Cc:** Ministerial Services <[MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)>  
**Subject:** RE: Request - Inquiry into Mental Health and Addiction

Morning [REDACTED]

Please find attached the Ministry for Pacific Peoples response to the request for information – Inquiry into Mental Health and Addiction.

Should you need any further information, please do not hesitate to contact me.

Kind regards

**Ruta Lealamanua** | Ministerial Services Advisor  
**Ministry for Pacific Peoples**  
ASB Building, Level 1, 101 - 103 The Terrace  
P O Box 833, Wellington 6140, New Zealand  
Ph +64 4 473 4493  
[www.mpp.govt.nz](http://www.mpp.govt.nz)   

**From:** [REDACTED]  
**Sent:** Wednesday, 14 March 2018 4:39 PM  
**To:** Ruta Lealamanua <[Ruta.Lealamanua@mpp.govt.nz](mailto:Ruta.Lealamanua@mpp.govt.nz)>; [mentalhealthinquiry@dia.govt.nz](mailto:mentalhealthinquiry@dia.govt.nz)  
**Subject:** RE: Request - Inquiry into Mental Health and Addiction

Kia ora Ruta,

Many thanks – 10<sup>th</sup> April would be perfect, thank you.

Kind regards

[REDACTED]

[REDACTED]  
Director, [REDACTED]  
New Zealand: [REDACTED]  
Australia: [REDACTED]

**From:** Ruta Lealamanua <[Ruta.Lealamanua@mpp.govt.nz](mailto:Ruta.Lealamanua@mpp.govt.nz)>  
**Sent:** Wednesday, 14 March 2018 2:54 PM  
**To:** [REDACTED]; [mentalhealthinquiry@dia.govt.nz](mailto:mentalhealthinquiry@dia.govt.nz)  
**Subject:** Request - Inquiry into Mental Health and Addiction

Talofa [REDACTED]

Thank you for the letter from Prof Paterson received at the Ministry on 9 March 2018 in regard to your request for information – Inquiry into Mental Health and Addiction.

Can you please advise how soon you would like a response, we are currently working towards 10 April however should you need it sooner, do let us know.

Kind regards

Ruta

**Ruta Lealamanua** | Ministerial Services Advisor  
**Ministry for Pacific Peoples**

ASB Building, Level 1, 101 - 103 The Terrace  
P O Box 833, Wellington 6140, New Zealand  
Ph +64 4 473 4493

[www.mpp.govt.nz](http://www.mpp.govt.nz)



10 April 2018

Ron Paterson  
Chair Government Inquiry into Mental Health & Addiction  
PO Box 27396, Marion Square  
Wellington 6141  
[mentalhealthinquiry@dia.govt.nz](mailto:mentalhealthinquiry@dia.govt.nz)

Talofa lava Mr Paterson

**Re: Response to Request for Information – Inquiry into Mental Health and Addiction**

Thank you for your letter received at the Ministry on 9 March 2018, and the opportunity to provide comments in response to your request for information on Pacific mental health and addiction.

While the focus of the Ministry is to ensure Pacific peoples reach their full potential, and realise their contribution to New Zealand's social, cultural and economic success, our work in the mental health and addiction area is primarily a supportive role. For example, we have provided advice and support to the Youth Mental Health Project and Mental Health Social Investment Fund, which are being led by the Ministry of Health. The following documents, which specifically targets Pacific peoples, may be useful for your inquiry and are publicly available:

- Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 (Ministry of Health);
- Pasifika Futures annual and evaluation reports (commissioning agency of Whānau Ora);
- Pasifika Proud Community Leaders Fono reports (Ministry of Social Development); and
- Pacific suicide prevention reports (Le Va).

Research has shown that Pacific peoples have higher 12-month prevalence rates of mental disorder compared with the general New Zealand population and reported suicide attempts are three times higher than the rate in the general New Zealand population. In addition, research has also shown that barriers to the utilisation of health care for Pacific peoples include: cost and transport; a lack of awareness of, or discomfort with, primary care services; cultural norms, language and communication difficulties; and stigma and health beliefs, and a preference for traditional medicines and healers.<sup>1</sup> Therefore, any proposed recommendations for a cohesive,

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<sup>1</sup> Ministry of Health, *Pacific Peoples and Mental Health: A paper for the Pacific Health and Disability Action Plan Review (2008)* and Pacific Perspectives, *Primary Care for Pacific People: A Pacific and Health Systems View (2011)*.

integrated approach to improve mental health and addiction in New Zealand Aotearoa would need to consider these factors.

I hope this information was useful. Please do not hesitate to contact Terina Cowan, Senior Policy Advisor on 022 059 6300 for further information.

Kind regards



**Lulu Mac Leuanae | Chief Executive**  
Ministry for Pacific Peoples

**From:** Mary Tiimalu <[Mary.Tiimalu@mpp.govt.nz](mailto:Mary.Tiimalu@mpp.govt.nz)>

**Sent:** Monday, 14 January 2019 4:13 PM

**To:** Elaina Lauaki-Vea <[elaina.lauaki-vea@mpp.govt.nz](mailto:elaina.lauaki-vea@mpp.govt.nz)>

**Subject:** FW: Mental Health Inquiry report to be released today - CONFIDENTIAL

[REDACTED]

Attached report.

From consultation with community, the main themes that came out focused on wellbeing and community based solutions. For Pacific, focus on “the adoption of the “Pacific ways” to enable Pacific health and wellbeing through a holistic approach incorporating Pacific languages, identity, connectedness, spirituality, nutrition, physical activity and healthy relationships”!

Of note, people wanted **support in the community**, so they can stay connected and receive help for a variety of needs. – [REDACTED] I note this as it fits with the Lalanga Fou and innovations coming out of communities to tackle mental health.

**Just some background facts and figures – General stats, but if we line this up with Pacific social determinant stats, we fall in a lot these categories.**

- Mental health and addiction problems touch the lives of many people in New Zealand. Each year around 1 in 5 of us experience mental illness or significant mental distress. Increasing numbers of children and young people are showing signs of mental distress and intentionally self-harming.
- The annual cost of the burden of serious mental health and addiction in New Zealand is \$12 billion or 5% of the gross domestic product.
- Over 50-80% of New Zealanders will experience mental distress or addiction challenges or both in their lifetime.
- A range of social determinants are risk factors for poor mental health: poverty, lack of affordable housing, unemployment, and low-paid work, abuse and neglect, family violence and other trauma, loneliness and social isolation, deprivation and cultural alienation.
- New Zealand has persisting high suicide rates, which has increased over four years. 2017/2018 suicide rate the highest since 1999. Our suicide rates for young people is among the worst in the OECD. The loss of life through suicide occurs among people older than 24, particularly males aged 25-44.
- Addiction to alcohol and other drugs is causing widespread harm in New Zealand communities. A heavy drinking culture harms health and wellbeing.
- Harmful use of alcohol and other drugs is significantly implicated in crime.
- 60% of community-based offenders have an identified alcohol or other drug problem
- 87% of prisoners have experienced an alcohol or other drug problem over their lifetime.
- Well over half of youth suicides involve alcohol or illicit drug exposure.
- Over 70% of people who attend addiction services have co-existing mental health concerns and over 50% of mental health service users are estimated to have co-existing substance abuse problems.

Hope this helps [REDACTED], let me know if you need more info.

Soifuaina,

Mary Soonaso Tiumalu

Policy Advisor

M [REDACTED]

Level 1, 101 - 103 The Terrace

PO Box 833, Wellington 6140, New Zealand

[www.mpp.govt.nz](http://www.mpp.govt.nz)

[www.pacificaotearoa.org.nz](http://www.pacificaotearoa.org.nz)



**From:** Sela Finau <[Sela.Finau@mpp.govt.nz](mailto:Sela.Finau@mpp.govt.nz)>

**Sent:** Wednesday, 12 December 2018 9:24 AM

**To:** Mary Tiumalu <[Mary.Tiumalu@mpp.govt.nz](mailto:Mary.Tiumalu@mpp.govt.nz)>

**Subject:** FW: Mental Health Inquiry report to be released today - CONFIDENTIAL

Hi Mary

If you haven't already, can you please ensure you save this into VP?

Thanks

Sela

**From:** [REDACTED] > On Behalf Of

[REDACTED]

**Sent:** Tuesday, December 4, 2018 9:21 AM

**To:** [REDACTED]

[REDACTED] Matthew Aileone

<[matthew.aileone@mpp.govt.nz](mailto:matthew.aileone@mpp.govt.nz)>; [REDACTED]

[REDACTED]; Sela Finau

<[Sela.Finau@mpp.govt.nz](mailto:Sela.Finau@mpp.govt.nz)>; [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Cc:** [REDACTED]

**Subject:** Mental Health Inquiry report to be released today - CONFIDENTIAL

Kia ora

The Government Inquiry into Mental Health and Addiction report will be released at 12pm today.

The report is attached. It is embargoed until 12pm. Please keep this in confidence until then.

The Government has indicated it will formally respond to the Inquiry in March 2019.

I view the report as a taonga from our people, a frank, robust view of the state of mental health now.

The report charts a new direction for mental health and wellbeing and addiction in New Zealand, one that puts people at the centre of our approach.

It's our job to work together to ensure we hear the view of the people, treat it with the mana it deserves, and build on our system to ensure improvements are made.

We need to honour, nurture and protect the promise this Inquiry report gives us.

Noho ora mai,

[Redacted]

[Redacted]

Director-General  
Ministry of Health

email: [Redacted]

Mobile: [Redacted]

[www.health.govt.nz](http://www.health.govt.nz)

\*\*\*\*\*

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**BRIEFING:**  
**MENTAL HEALTH AND ADDICTIONS - HE ARA ORANGA REPORT**

This paper provides you with background information to mental health and addictions in New Zealand and a summary of the Mental Health and Addictions Report – He Ara Oranga.

<b>Date</b>	7 February 2019	<b>Reference</b>	B047 2018/19
<b>Security Level</b>	In Confidence	<b>Priority</b>	Medium
<b>Addressee</b>	Hon Aupito William Sio – <b>Minister for Pacific Peoples</b>		

**ACTION/S SOUGHT**

<b>Actions</b>
<b>Note</b> the Ministry supports the recommendations in the He Ara Oranga report and will work with Ministry of Health to ensure responses to Pacific mental health and addictions are appropriate for Pacific peoples.

**MINISTRY CONTACTS**

Name	Position	Telephone	1 <sup>st</sup> Contact
Sela Finau	National Policy Manager	[REDACTED]	✓
Mary Tiumalu	Policy Advisor	[REDACTED]	

**MINISTER'S OFFICE TO COMPLETE**

- |   |  |
|---|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Declined            |
| <input checked="" type="checkbox"/> Noted     | <input type="checkbox"/> Needs Change        |
| <input checked="" type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn           |

*Received* - 8 FEB 2019

*Returned* - 7-March 2019.

7 February 2019

Hon Aupito William Sio  
**Minister for Pacific Peoples**

## **MENTAL HEALTH AND ADDICTIONS – HE ARA ORANGA REPORT**

### **Purpose**

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1. This paper provides you with background information on Mental Health and addictions in New Zealand and a summary of the Mental Health and Addictions Report He Ara Oranga (attached). It also highlights key findings of the national inquiry into mental health and addictions and the Ministry for Pacific Peoples' (the Ministry's) current work in this space.

### **Background facts to mental health and addictions**

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2. Mental health and addiction problems affect many lives of people in New Zealand. Each year around 1 in 5 New Zealanders experience mental illness or significant mental distress. An increasing number of children and young people are showing signs of mental distress and intentionally self-harming.
3. A range of social determinants are risk factors for poor mental health: poverty, lack of affordable housing, unemployment, and low-paid work, abuse, neglect, family violence and other trauma, loneliness and social isolation, deprivation and cultural alienation.
4. New Zealand has persisting high suicide rates, which has increased over four years. Suicide rates in 2017/2018 have been the highest since 1999. New Zealand's suicide rates for our young people are among the worse in the Organisation for Economic Co-operation and Development. The loss of life through suicide occurs among people older than 24, particularly males aged 25-44 years. Well over half of youth suicides involve alcohol or illicit drug exposure.
5. Addiction to alcohol and other drugs is causing widespread harm in New Zealand communities. A heavy drinking and drug culture is harming health and wellbeing and significantly implicates crime.
6. Around 60 per cent of community-based offenders have identified alcohol or other drugs as a problem and 87 per cent of prisoners have experienced alcohol or other drug problems over their lifetime. Over 70 per cent of people who attend addiction services have coexisting mental health concerns and over 50 percent of mental health service users are estimated to have co-existing substance abuse problems.

### **Summary of the He Ara Oranga report**

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7. The He Ara Oranga report published in November 2018, is a result of the nation-wide inquiry on mental health and addiction.
-

8. Over 2,000 people attended public meetings at 26 locations around the country. Over 5,200 submissions were made to the Inquiry.
9. The report highlighted two important differences from the last nation-wide inquiry in 1995-1996. One was the breadth of its Terms of Reference, including mental health problems across the spectrum from mental distress to enduring psychiatric illness, and a mandate to look beyond the health sector to other sectors and social determinants that influence mental health outcomes.
10. Second, the voices highlighted a consensus from most parts of New Zealand society, about the need for change and a new direction. Emphasis was on wellbeing and community, with more prevention and early intervention, expanded access, more treatment options, treatment closer to home, whānau and community-based response and cross-government actions.
11. With a focus on people first, the report was guided by the needs of people and communities rather than the preference of the various groups accustomed to the way the system is structured and services are delivered at present.
12. The He Ara Oranga report proposes recommendations covering 12 broad areas. These recommendations are intended to help transform the approach to mental health and addiction and prevent problems developing, respond earlier and more effectively and promote mental health and wellbeing.
13. Recommendations include:
  - expand access and choice,
  - transform primary health care,
  - strengthen the NGO sector,
  - take a whole-of-government approach to wellbeing,
  - facilitate mental health promotion and prevention,
  - place people at the centre,
  - take strong action on alcohol and other drugs,
  - prevent suicide,
  - reform the Mental Health act,
  - establish a new Mental Health and Wellbeing Commission, refer to the Health and Disability Sector Review and establish a cross-party working group on mental health and wellbeing.

### **Findings for Pacific Peoples: He Ara Oranga and Lalanga Fou**

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14. The He Ara Oranga report highlighted that the adoption of “Pacific ways” was to consider the approach and solutions to mental health and addictions in a holistic sense. Incorporating Pacific languages, identity, connectedness, spirituality, nutrition, physical activity and healthy relationships for better outcomes for Pacific peoples.
  15. To achieve equity for Pacific peoples, barriers of stigma, discrimination, institutional racism and unconscious bias must be eliminated and access to services improved. This includes a workforce that is culturally responsive to ensure the needs of Pacific peoples are met.
  16. By 2038, 20 per cent of all children in New Zealand will be of Pacific heritage. The mental health and wellbeing sector need to be prepared to support the growing Pacific population which may also include Pacific migrants that have been displaced through climate change.
-

17. The He Ara Oranga report [REDACTED]. Its focus took a holistic approach on what was needed to tackle mental health from a Pacific perspective. Core to Pacific wellbeing, Pacific languages, identity, connectedness, spirituality, nutrition, physical activity and health relationships were highlighted as key in supporting Pacific peoples and families.
18. Research indicates that there is a higher level of psychological distress reported from Pacific young people than older adults (Te Kaveinga Mental Health and Wellbeing for Pacific People Report 2018).
19. Pacific youth face more challenges to achieving and maintaining good health and wellbeing than most other New Zealanders. There were concerns raised in the Pacific Aotearoa engagements that have had an enduring effect on Pacific youth health and wellbeing. Pacific young people highlighted their concerns about depression and suicide, alcohol and drug abuse, family violence and unemployment were contributing to poor mental health. Pacific young people in Aotearoa are nearly twice as likely to have depression, anxiety issues or make suicide attempts in comparison with the general population.
20. What was evident through Pacific Aotearoa engagements, was the need for education around mental health. Pacific young people wanted their parents and families to have support in understanding the complexities of what mental health is and removing the stigmas that come with.

#### **Ministry's current engagement and collaboration**

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21. [REDACTED]. We noted psychological distress was more prevalent for Pacific young people than adults and there is a high stigma attached to mental health in Pacific communities, contributing to a lack of reporting and Pacific peoples seeking support.
  22. We support the findings and have also advised on the potential gaps in targeted investment towards Pacific young people, with several initiatives that can be tailored through a cultural and holistic lens that can help Pacific young people.
  23. Goal three of the Lalanga Fou report focuses on supporting mental health and wellness better from both within and outside Pacific communities. When services are specifically developed using Pacific cultural frameworks, services are enabled to better respond to the needs of communities.
  24. Goal four supports confident, resilient and thriving Pacific young people. The Ministry were purposeful in engaging with Pacific young people in order to articulate their needs on how to address issues, especially mental health. It was evident, that more education around mental health was needed to ensure outcomes identified were met.
  25. The Ministry's new direction is informed by Lalanga Fou. Both Lalanga Fou and He Ara Oranga provide enough evidence to support Government doing things differently and putting the wellbeing of people at the centre, but also recognising community-based solutions to these complex issues.
-

## Recommendation

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26. **Note** the Ministry support the recommendations in the He Ara Oranga report and will work with Ministry of Health to ensure responses to Pacific mental health and addictions are suitable for Pacific peoples.
- 



pp Aiono Matthew Aileone  
**General Manager, Policy Research & Evaluation**

Date: 07 / 02 / 2019



Hon Aupito William Sio  
**Minister for Pacific Peoples**

Date: 06 / 03 / 2019

---

**From:** Ruta Lealamanua <Ruta.Lealamanua@mpp.govt.nz> **On Behalf Of** MinisterialServices  
**Sent:** Friday, 8 March 2019 8:50 AM  
**To:** Matthew Aileone <matthew.aileone@mpp.govt.nz>; Sela Finau <Sela.Finau@mpp.govt.nz>  
**Cc:** Mary Tiumalu <Mary.Tiumalu@mpp.govt.nz>; MinisterialServices <MinisterialServices@mpp.govt.nz>  
**Subject:** FW: Signed report - Mental Health and Addictions - He Oranga Report.pdf

Morena

FYI – Signed Mental Health and Addictions paper attached. [REDACTED].

Ruta

**From:** Fau Logo <[Fau.Logo@parliament.govt.nz](mailto:Fau.Logo@parliament.govt.nz)>  
**Sent:** Thursday, March 7, 2019 5:48 PM  
**To:** MinisterialServices <[MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)>  
**Subject:** Signed report - Mental Health and Addictions - He Oranga Report.pdf

Hi Team

Signed report attached relating to the Mental Health and Addictions – He Ara Oranga report.

[REDACTED]

Many thanks  
Fau

**Private Secretary (Pacific Peoples) | Office of Hon Aupito William Sio**  
Minister for Pacific Peoples | Associate Minister for Courts | Associate Minister of Justice  
Bowen House Level 11L | Private Bag 18041 | Parliament Buildings | Wellington 6160 | New Zealand  
[REDACTED]

---

**From:** Viliami Liavaa  
**Sent:** Wednesday, 27 March 2019 2:51 PM  
**To:** [REDACTED]  
**Cc:** Sela Finau <[Sela.Finau@mpp.govt.nz](mailto:Sela.Finau@mpp.govt.nz)>  
**Subject:** FW: Mental Health and Addiction DRAFT Cabinet paper

Hi [REDACTED],

Thank you giving us the opportunity to provide feedback despite the tight turnaround time.

There is no mention of Pacific in the Cabinet paper despite the fact that Pacific peoples have unmet mental health needs, as revealed in the He Ara Oranga report.

However, in the response matrix, we noted that [REDACTED], Pacific and other priority population groups and ensure their voices are considered. For instance,

- Government accept to increase choice of services to improve equity for Maori, Pacific and other population groups that continue to experience poor outcomes
- Government accept in principle MoH and Mental Health and Wellbeing Commission to facilitate a national co-designed service transformation process and that Pacific health services are recommended to be involved in the co-design and implementation processes. Government is considering the proposed mechanism for the co-design
- Government accept in principle the commitment to adequately fund the national co-design and ongoing change process. In this process, government suggests to include voices of groups who continue to experience inequitable outcomes including Maori and Pacific.

It is our understanding that these aspects contribute to better addressing the unmet mental health needs of Pacific peoples. Thus, the Ministry supports the recommendations.

Regards  
Viliami

**Viliami Liava'a**  
Senior Policy Advisor

M [REDACTED]

P [REDACTED]

Te Puni Kokiri House, 9 Ronwood Ave, Manukau 2104  
PO Box 97-005, South Auckland Mail Centre, Manukau 2240

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[www.pacificatearora.org.nz](http://www.pacificatearora.org.nz)





noting that this is still subject to change. Could we please have any feedback **urgently - by COP Tuesday at the latest**. Given the short timeframe we would really appreciate comments on substantive issues only.

Many thanks and our apologies again for the timeframes.

Regards

[Redacted]

[Redacted]

**General Manager Mental Health and Addiction Policy**

**| Ministry of Health | [Redacted] |**



----- Forwarded by [Redacted] on 25/03/2019 12:32 p.m. -----

From: [Redacted]

To: [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted] [Sela.Finau@mpp.govt.nz](mailto:Sela.Finau@mpp.govt.nz)  
[Redacted]  
[Redacted]  
[Redacted]

Date: 22/03/2019 04:13 p.m.  
Subject: Mental Health and Addiction update

---

Good afternoon all

Firstly, my apologies for the delay since our last update. We are still making final amendments to the Cabinet paper on the Government response to the Inquiry into Mental Health and Addictions. I can confirm that we will not be taking papers to Cabinet in March as previously indicated. Please keep that confidential. We now intend to lodge the paper next Thursday 28 March, for the **Social Wellbeing Committee on Wednesday 3 April**.

We intend to distribute a final version early next week for any final comments from agencies. Our apologies in advance that this require a fast turnaround. I will endeavour to get the paper to you as soon as we possibly can.

Regards

[Redacted]

[Redacted]

**General Manager Mental Health and Addiction Policy**

**| Ministry of Health | [Redacted] |**



\*\*\*\*\*

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**From:** Sione Siale <Sione.Siale@mpp.govt.nz>

**Sent:** Wednesday, 26 June 2019 7:02 AM

**To:** Mathew So'otaga <mathew.so'otaga@parliament.govt.nz>; fau.logo@parliament.govt.nz

**Cc:** MinisterialServices <MinisterialServices@mpp.govt.nz>

**Subject:** RE: CONSULTING: Mental Health and Wellbeing Commission and Mental Health Act Reform - papers for SWC

Taeao manuia Team,

Overall we support the general intent and proposals set out in each paper.

**Mental Health Act Reform:**

- We acknowledge that the legislation needs to be changed in order to align with the CRPD. In order for these legislative changes to be amended effectively, [REDACTED]

[REDACTED]

That way, when the legislation is amended to allow those who are deemed 'competent' to make decisions on their treatment, their decisions are being informed and supported by their wider aiga, whanau, as well as the health professionals involved.

- We also note that Pacific peoples have been listed as one of the priority groups to consult with on this paper. We would like to ensure that this work has been shared with the Pacific Policy team at MOH. Additionally, it would be great to know the possible stakeholders that MOH intend to engage with so as not to over-engage and prevent engagement fatigue with our communities.

**Establishing an independent MHA Commission**

- The Ministry supports the proposal to establish this commission, as well as establish the Ministerial group during the interim. We would be interested to know how the Ministerial group will be selected to ensure that there is a diversity of skills and experience to inform this work.
- We support the proposed functions of the Commission, however we would like to ensure that the functions are being considered with a cultural lens. This commission is of particular interest to the Ministry as rates of suicide and enduring mental health issues disproportionately effect Pacific peoples, and particularly our young people. [REDACTED]

[REDACTED]

This work aligns directly with Goals 3 and 4 of the Pacific Aotearoa Lalanga Fou report, which focuses on building resilient healthy communities and confident, thriving, and resilient Pacific Young People respectively. Therefore, we would like to be kept informed on the progression of this work.

Fa'afetai lava

Sione.

**From:** Mathew So'otaga <Mathew.So'otaga@parliament.govt.nz>

**Sent:** Wednesday, 12 June 2019 8:04 PM

**To:** MinisterialServices <[MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)>

**Cc:** Iris Webster <[Iris.Webster@mpp.govt.nz](mailto:Iris.Webster@mpp.govt.nz)>; Matthew Aileone <[matthew.aileone@mpp.govt.nz](mailto:matthew.aileone@mpp.govt.nz)>



[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]; Chris  
McAvoy <[Christopher.McAvoy@parliament.govt.nz](mailto:Christopher.McAvoy@parliament.govt.nz)>; [REDACTED]  
>

Cc: [REDACTED]  
<[REDACTED]>

**Subject:** CONSULTING: Mental Health and Wellbeing Commission and Mental Health Act Reform - papers for SWC

Kia ora koutou

Attached are two draft papers arising from the recommendations of the Government Inquiry into Mental Health and Addiction.

The first paper covers **Establishing A New Independent Mental Health And Wellbeing Commission** to provide leadership, independent oversight and uphold Treaty principles. It is proposed to establish the Commission as an autonomous Crown entity under legislation to be passed this year (this is a joint paper with the Minister of State Services). In the interim, it is proposed to establish a Ministerial Advisory Committee. An A3 attachment provides an overview of how these bodies are intended to operate.

The second paper is titled **Mental Health Act Reform** and reports back on scope, timeframes, and resources to repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992, to ensure our legislation is fit-for-purpose and upholds New Zealanders' rights. It is intended that a public consultation document be brought back to Cabinet in September 2019.

We are proposing to lodge both papers on for SWC on Wednesday 26 June, hence **feedback is requested by 12.00 noon on Wednesday 19 June**. Look forward to your questions and comments.

Ngā mihi

[REDACTED] | Ministerial Advisor  
Office of Hon Dr David Clark  
Minister of Health | Associate Minister of Finance  
[REDACTED] | [REDACTED]

**BRIEFING:**

**PACIFIC YOUTH MENTAL HEALTH AND WELLBEING PROJECT**



<b>Date:</b>	9 August 2019	<b>Reference:</b>	B017 2019/20
<b>Security Level:</b>	In Confidence		
<b>Addressee</b>	Hon Aupito William Sio - <b>Minister for Pacific Peoples</b>		

**ACTION/S SOUGHT**

Actions
[Redacted]

**MINISTRY CONTACTS**

Name	Position	Telephone	1 <sup>st</sup> Contact
Sela Finau	National Policy Manager	[Redacted]	✓
Anaseini Nuku	Policy Advisor	[Redacted]	

**MINISTER'S OFFICE TO COMPLETE**

- |   |  |
|---|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Declined            |
| <input type="checkbox"/> Noted                | <input type="checkbox"/> Needs Change        |
| <input checked="" type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn           |

*Returned 21/08/19.*

9 August 2019

Hon Aupito William Sio  
Minister for Pacific Peoples

## PACIFIC YOUTH MENTAL HEALTH AND WELLBEING PROJECT

### Purpose

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[Redacted content]

### Background

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[Redacted content]

[Redacted content]

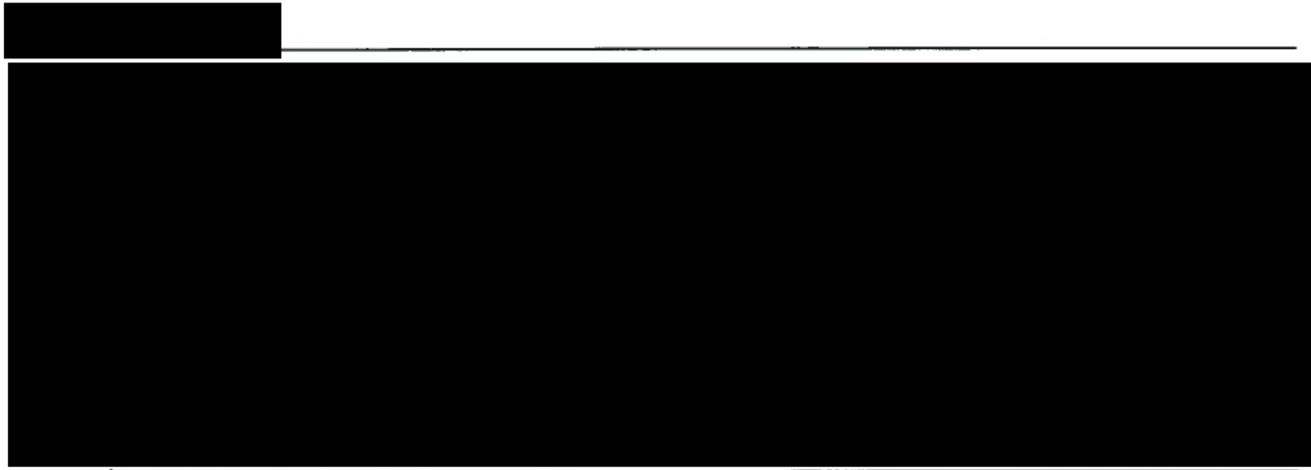
[Redacted]

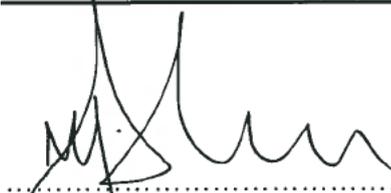
[Redacted]

[Redacted]

9. In 2018, the Government commissioned an Inquiry into Mental Health and Addiction (the Inquiry) as a result of growing concerns among the wider community about the current state of the mental health system. The purpose of the Inquiry was to hear the communities' voices, identify unmet needs, and develop recommendations for a better mental health and addiction system in New Zealand.
10. The Inquiry identified a number of gaps within the current mental health system that need to be addressed in order to better support Pacific peoples. To help fill these gaps, the following recommendations were proposed:
  - Recognising Pacific knowledge and ways of doing things
  - Addressing barriers of stigma, discrimination and institutional racism and unconscious bias that restricts Pacific people from accessing services
  - Invest into building the Pacific workforce and cultural competence of service providers
  - Ensure the mental health system is ready to respond to the growing young Pacific population and their needs.

[Redacted]



  
.....  
Alono Matthew Aileone  
GM Policy, Research and Evaluation  
**Ministry for Pacific Peoples**

Date: 1/8/2019

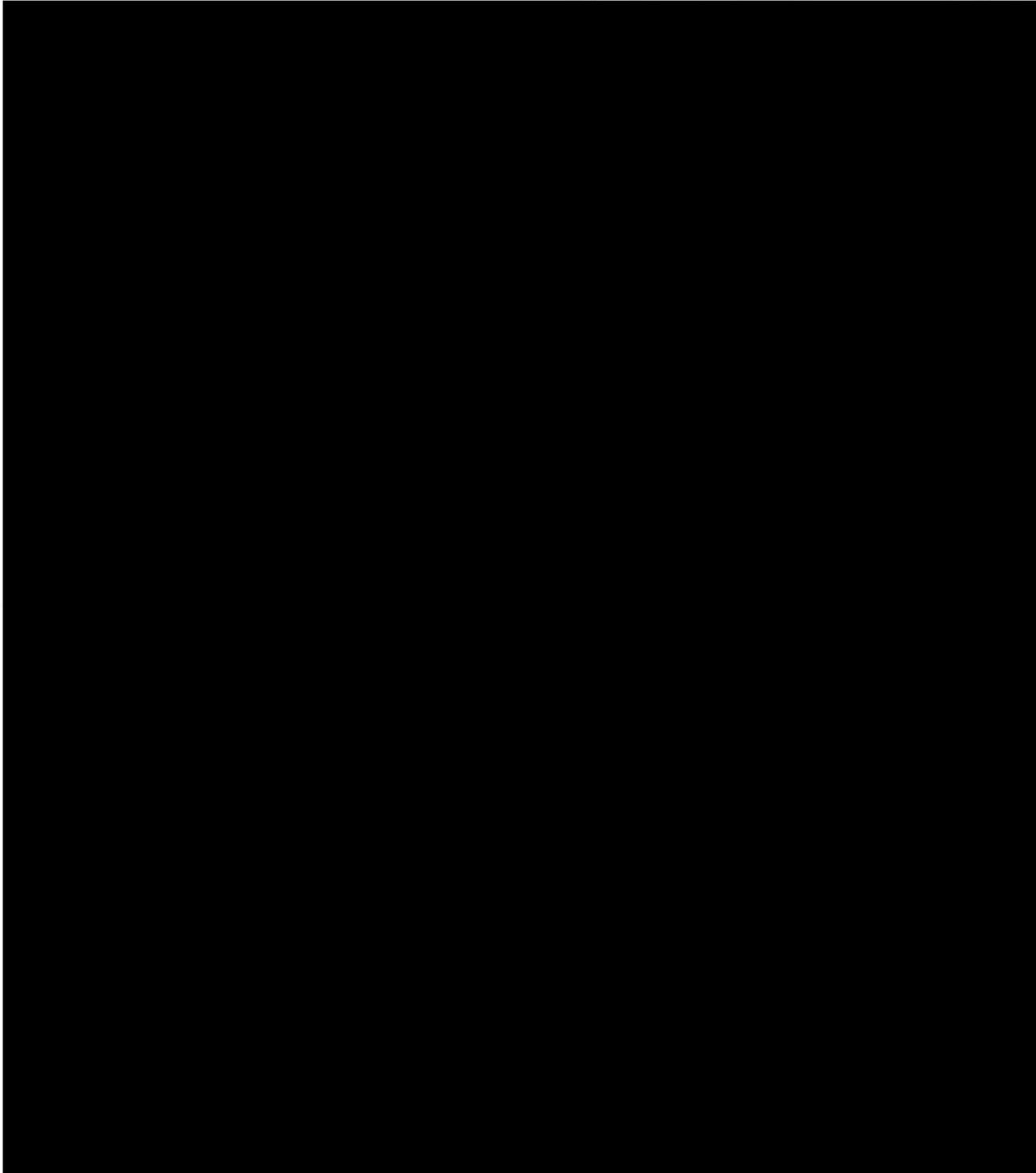
  
.....  
Hon Aupito William Sio  
**Minister for Pacific Peoples**

Date: 17/8/2019

Extremely dissatisfied (1)	Dissatisfied (2)	Neither satisfied or dissatisfied (3)	Satisfied (4)	Extremely Satisfied (5)
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On a rating between 1 (being extremely dissatisfied) and 5 (being extremely satisfied), please indicate your satisfaction with the advice by circling your preferred rating.

**Appendix 1: Pacific Youth Mental Health and Wellbeing Project**

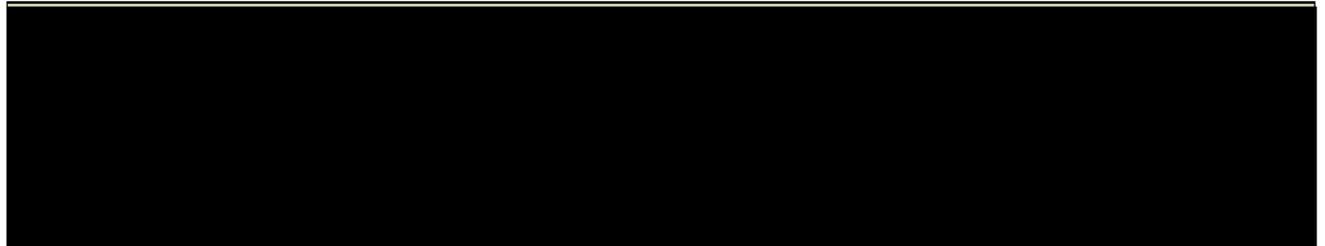


**BRIEFING:**  
**MINISTRY FOR PACIFIC PEOPLES QUARTER TWO, QUARTER THREE  
AND QUARTER FOUR REPORTS FOR 2018/19**

This briefing provides you with the Ministry's Quarter Two, Quarter Three and Quarter Four Reports against agreed deliverables based on the Output Plan 2018/19.

<b>Date</b>	22 August 2019	<b>Security Level</b>	In Confidence
<b>Reference</b>	B015 2019/20		
<b>Addressee</b>	Hon Aupito William Sio - <b>Minister for Pacific Peoples</b>		

**ACTION SOUGHT**



**MINISTRY CONTACTS**

Name	Position	Telephone	1 <sup>st</sup> Contact
Tofilau Iris Webster	Director, Office of the Chief Executive		✓

**MINISTER'S OFFICE TO COMPLETE**

- |   |  |
|---|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Declined            |
| <input type="checkbox"/> Noted                | <input type="checkbox"/> Needs Change        |
| <input type="checkbox"/> Seen                 | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn           |

22 August 2019

Hon Aupito William Sio  
**Minister for Pacific Peoples**

**MINISTRY FOR PACIFIC PEOPLES QUARTER TWO, QUARTER THREE AND QUARTER FOUR REPORTS FOR 2018/19**

**Purpose**

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[Redacted content]

**Background**

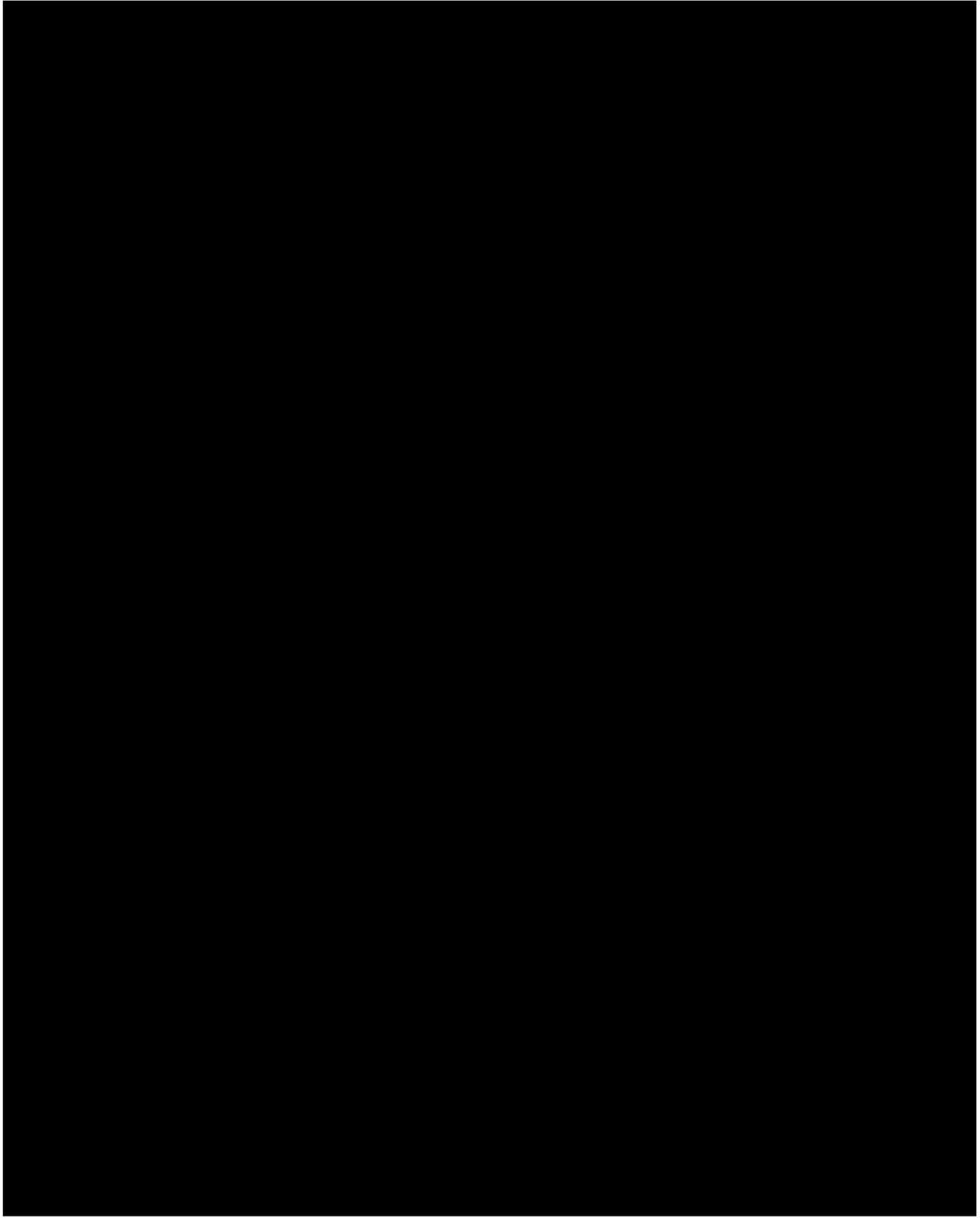
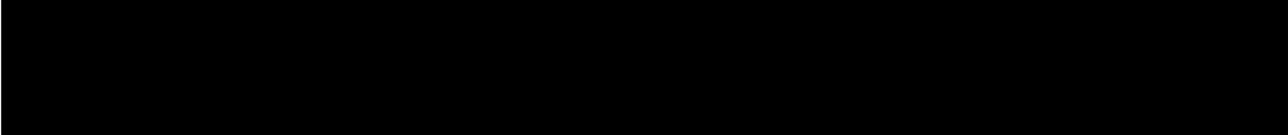
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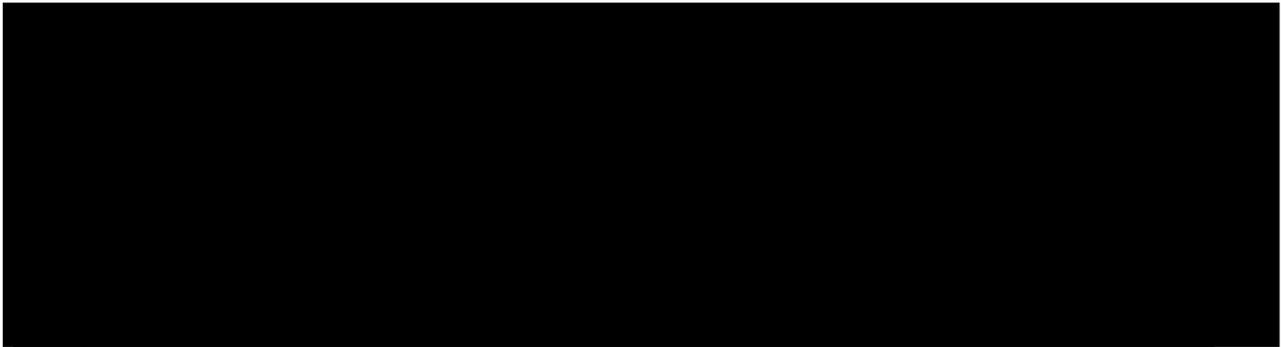
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**Priorities**

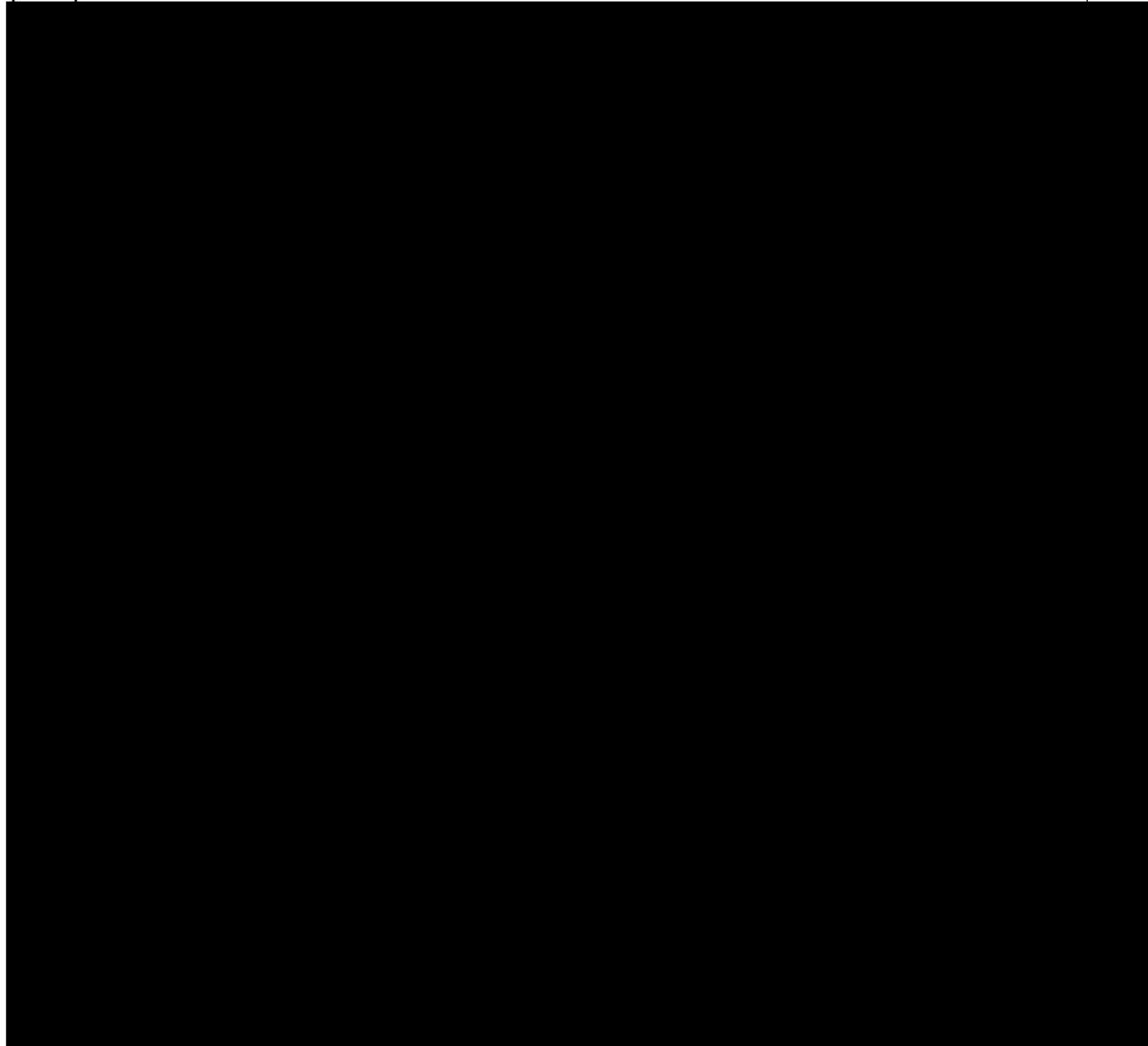
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[Redacted content]





<b>18</b>	Design a framework to address Pacific Youth Mental Health concerns raised in Lalanga Fou. Work closely with the Ministry of Health to ensure that the findings from Lalanga Fou are considered in development of Government's formal response to the Inquiry into Mental Health and Addiction.	
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.....  
Tofilau Iris Webster  
**Director, Office of the Chief Executive  
Ministry for Pacific Peoples**

Date: 22 / 08 / 2019

.....  
Hon Aupito William Sio  
**Minister for Pacific Peoples**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



On a rating between 1 (being extremely dissatisfied) and 5 (being extremely satisfied), please indicate your satisfaction with the advice by circling your preferred rating.

**From:** Sione Siale <Sione.Siale@mpp.govt.nz>

**Sent:** Wednesday, 28 August 2019 9:58 AM

**To:** Mathew So'otaga <mathew.so'otaga@parliament.govt.nz>; fau.logo@parliament.govt.nz

**Cc:** MinisterialServices <MinisterialServices@mpp.govt.nz>

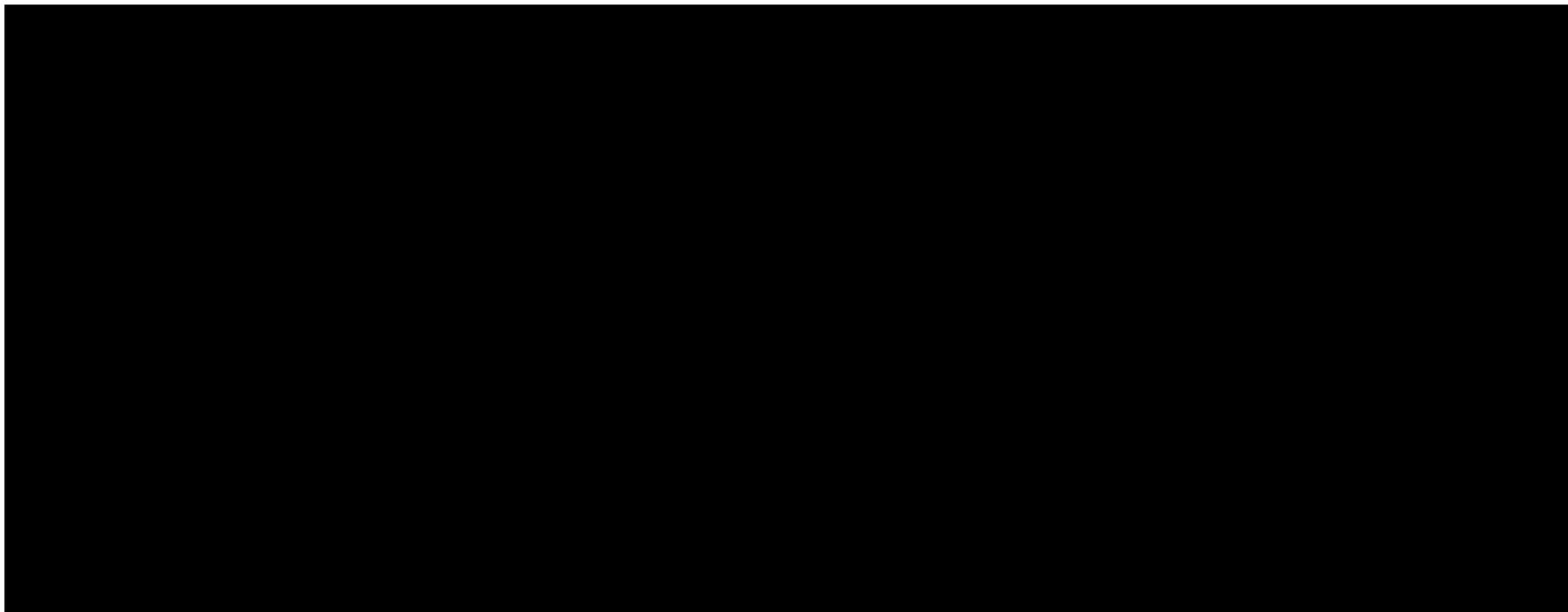
**Subject:** Adopting a new Suicide Prevention Strategy and Action Plan and establishing the Suicide Prevention Office.

Talofa Team,

Below you will find the Ministry's comments for your appropriate action.

Fa'afetai lava

Sione 😊



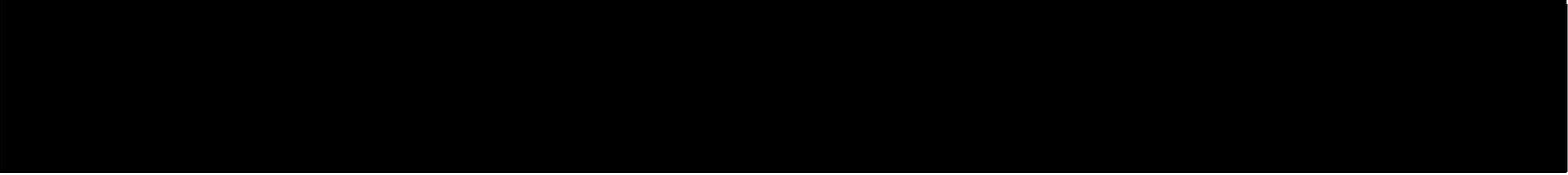
		<p><b>Ministry’s response</b></p> <p>The increasing rates of Pacific suicide is concerning for the Ministry. Statistics released by the Chief Coroner follows on from the concerns shared by Pacific peoples, Pacific Healthcare Providers and Pacific Social Services in their feedback to the ‘Government Inquiry into Mental Health and Addiction’ through the ‘He Ara Oranga Report’<sup>[1]</sup> (the report). Pacific peoples reported that “the design of the [mental health] system, the spirit of service and the dominance of mainstream models of practice have not enabled Pacific mental health and wellbeing”. “Pacific peoples saw the solution as the adaptation of ‘Pacific ways’ of supporting Pacific peoples and their families”. There is a need for a system for Pacific by Pacific in a model of care that reflects the values and philosophies of Pacific peoples.</p> <p>Given the insights and perspectives of Pacific peoples on suicide, mental health and wellbeing captured by the ‘Government Inquiry into Mental Health and Addition’ through the ‘He Ara Oranga Report’ and the ‘Pacific Aotearoa Lalanga Fou Report 2018’. The Ministry expects the strategy and action plan outlined in the cabinet paper as well as the establishment of the ‘Suicide Prevention Office’ to make an explicit and clear commitment to addressing the suicide rates of Pacific peoples. This includes;</p> <ul style="list-style-type: none"> <li>• being clear about what culturally responsive responses to aid recovery means for Pacific peoples</li> </ul>	

[1] <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-2-what-we-heard-the-voices-of-the-people/2-4-pacific-health-and-wellbeing/>

		<ul style="list-style-type: none"> <li>• explicitly valuing Pacific models of care such as Seitapu<sup>[2]</sup> and Toko Collaboration<sup>[3]</sup> to aide prevention and recovery</li> <li>• the 'Life Matters Framework' being explicit (as they've done for Maori) about working with researchers, Pacific peoples and people with lived experiences to develop a monitoring framework and the;</li> <li>• functions of the Suicide Prevention Office being explicit about partnering with Pacific peoples and working with Pacific Health Providers, Pacific Social Services, Pacific Churches and relevant stakeholders to inform policy and research that impacts on suicide prevention. This level of commitment would honour the insights and feedback of Pacific peoples on suicide, mental health and wellbeing captured in the 'Government Inquiry into Mental Health and Addiction' through the 'He Ara Oranga Report' and the 'Pacific Aotearoa Lalanga Fou Report 2018'.</li> </ul>	
		<p><sup>[1]</sup> <a href="https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-2-what-we-heard-the-voices-of-the-people/2-4-pacific-health-and-wellbeing/">https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-2-what-we-heard-the-voices-of-the-people/2-4-pacific-health-and-wellbeing/</a></p> <p><sup>2</sup> <a href="https://www.tepou.co.nz/uploads/files/resource-assets/seitapu-pacific-mental-health-and-addiction-cultural-and-clinical-competencies-framework.pdf">https://www.tepou.co.nz/uploads/files/resource-assets/seitapu-pacific-mental-health-and-addiction-cultural-and-clinical-competencies-framework.pdf</a></p>	

<sup>[2]</sup> <https://www.tepou.co.nz/uploads/files/resource-assets/seitapu-pacific-mental-health-and-addiction-cultural-and-clinical-competencies-framework.pdf>





**From:** MinisterialServices <[MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)>  
**Sent:** Tuesday, 27 August 2019 6:42 AM  
**To:** MinisterialServices <[MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)>  
**Subject:** Adopting a new Suicide Prevention Strategy and Action Plan.

**From:** Mathew So'otaga <[Mathew.So'otaga@parliament.govt.nz](mailto:Mathew.So'otaga@parliament.govt.nz)>  
**Sent:** Monday, 26 August 2019 8:03 PM  
**To:** MinisterialServices <[MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)>  
**Cc:** [fau.logo@parliament.govt.nz](mailto:fau.logo@parliament.govt.nz); Iris Webster <[Iris.Webster@mpp.govt.nz](mailto:Iris.Webster@mpp.govt.nz)>  
**Subject:** FW: CONSULTING: Adopting a new Suicide Prevention Strategy and Action Plan and establishing the Suicide Prevention Office - draft paper for CBC

Talofa team, could you please review and advise what feedback was provided. Please reply by 10am Wednesday, 28 August. Apologies for the short timeframe.

Call me if you have any questions.

M

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

**From:** Chris McAvoy <[Christopher.McAvoy@parliament.govt.nz](mailto:Christopher.McAvoy@parliament.govt.nz)>  
**Date:** Monday, 26 Aug 2019, 7:53 PM  
**To:** Mathew So'otaga <[Mathew.So'otaga@parliament.govt.nz](mailto:Mathew.So'otaga@parliament.govt.nz)>  
**Cc:** Fau Logo <[Fau.Logo@parliament.govt.nz](mailto:Fau.Logo@parliament.govt.nz)>, Chris McAvoy <[Christopher.McAvoy@parliament.govt.nz](mailto:Christopher.McAvoy@parliament.govt.nz)>  
**Subject:** FW: CONSULTING: Adopting a new Suicide Prevention Strategy and Action Plan and establishing the Suicide Prevention Office - draft paper for CBC



[REDACTED]

Cc: [REDACTED]

**Subject:** CONSULTING: Adopting a new Suicide Prevention Strategy and Action Plan and establishing the Suicide Prevention Office - draft paper for CBC

Kia ora koutou

Attached is a draft Cabinet paper titled ‘**Adopting a new Suicide Prevention Strategy and Action Plan and establishing the Suicide Prevention Office**’. This paper is a report back following the December 2018 and May 2019 cabinet papers on the Government’s response to the Inquiry into Mental Health and Addiction.

Also attached is the draft Suicide Prevention Strategy & Action Plan, ‘**Every Life Matters, He tapu te oranga o ia tāngata**’. A range of stakeholders have been consulted on this including agencies, health sector organisations, key population groups (Māori and Pacific people, people with lived experience, people bereaved by suicide) and a number of individuals with specific expertise.

The Cabinet paper:

- provides an overview of Every Life Matters and seeks Cabinet’s agreement to adopt this Strategy and Action Plan
- informs Cabinet about the proposed form and function of the new Suicide Prevention Office.

We are proposing to lodge on the paper on Thursday 29 August for CBC on 2 September, hence **feedback is requested by 12.00 noon on Wednesday 28 August**. We look forward to your questions and comments.

Ngā mihi

[REDACTED] | **Ministerial Advisor**  
Office of Hon Dr David Clark  
Minister of Health | Associate Minister of Finance

[REDACTED] | [REDACTED]

**From:** MinisterialServices  
**Sent:** Wednesday, 28 August 2019 12:36 PM  
**To:** [REDACTED]  
**Subject:** FW: Consultation - Documents to release

Talofa [REDACTED],

Thank you for your emails dated 22 and 28 August seeking comment from our Ministry regarding the release of the attached paper in response to a request under the Official Information Act 1982.

[REDACTED]  
[REDACTED]

From the report you have attached, we can see that redactions have already been made. With this in mind, we have no further comment for your Ministry to release this report.

In future, could you please send such requests to [MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)

Fa'afetai tele lava.

**Sione Siale**

Advisor – Ministerial Services

P +64 4 473 4493  
[REDACTED]

Level 1, 101-103 The Terrace  
PO Box 833, Wellington 6140, New Zealand

[www.mpp.govt.nz](http://www.mpp.govt.nz)

[www.pacificaotearoa.org.nz](http://www.pacificaotearoa.org.nz)



**From:** [REDACTED] >  
**Sent:** Wednesday, August 28, 2019 8:31 AM  
**To:** Contact <[Contact@mpp.govt.nz](mailto:Contact@mpp.govt.nz)>  
**Subject:** Fw: Consultation - Documents to release

Hi We would like to follow up this please. We will take this as you have no comment on the release of the attached paper. Many thanks

Nāku Noa Nā

[REDACTED]  
Senior Advisor, OIA Services



<http://www.health.govt.nz>

----- Forwarded by [redacted] on 28/08/2019 08:27 a.m. -----

From: [redacted]  
To: [contact@mpp.govt.nz](mailto:contact@mpp.govt.nz),  
Date: 22/08/2019 12:25 p.m.  
Subject: Consultation - Documents to release

Hi

We are looking into releasing the attached document under the Official Information Act 1982, please are you able to provide your advice / feedback on the release? If you want redactions made, please let me know and I can consider it. I would appreciate your feedback by COB tomorrow, Friday, 23 August 2019.

Many thanks

Nāku Noa Nā

[redacted]  
Senior Advisor, OIA Services  
[redacted]  
Ministerial Services | Government Services | Office of the Director General



<http://www.health.govt.nz>

\*\*\*\*\*

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# Health Report

## Budget 2019 Mental Wellbeing package: Engagement with Pacific peoples

**Date due to MO:** 25 June 2019      **Action required by:** 28 June 2019

**Security level:** IN CONFIDENCE      **Health Report number:** 20191165

**To:** Hon Dr David Clark, Minister of Health

### Contact for telephone discussion

Name	Position	Telephone
<b>Robyn Shearer</b>	Deputy Director-General, Mental Health and Addiction	██████████
<b>Kiri Richards</b>	Group Manager, Mental Health and Addiction Policy	██████████

### Action for Private Secretaries

**Forward** a copy of this report to the Minister for Pacific Peoples

**Date dispatched to MO:**

**Return** the signed report to the Ministry of Health.

# Budget 2019 Mental Wellbeing package: Engagement with Pacific peoples

## Purpose of report

This report responds to your request for information to forward to the Minister for Pacific Peoples about the Budget 2019 Mental Wellbeing package and how the Ministry of Health (the Ministry) will engage with Pacific peoples in design and implementation of initiatives within the package.

## Key points

### Budget 2019

- The report *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* outlined concerns that the current mental health system does not always work well for Pacific peoples, and noted the importance of co-designing services with Pacific peoples.
- Budget 2019 placed a strong emphasis on addressing mental health and addiction needs across wide ranging population groups and communities. The initiatives within the \$1.9 billion Mental Wellbeing package are diverse, including addiction treatment, school based health services, housing initiatives, e-therapy, criminal justice system services, and workforce development.
- A key item in the package is \$455 million over four years to increase access and choice regarding primary mental health and addiction services for people with mild to moderate needs. The services to be designed will be in a range of sites, including general practices, community, kaupapa Māori, Pacific and youth settings. Of this funding, is earmarked for enhanced primary responses through Pacific service providers.
- The package also has for Māori and Pacific suicide prevention initiatives.

### Engagement with Pacific peoples

- The Government is committed to engaging diverse stakeholders and communities in determining how the Budget package will be implemented. The engagement strategy under development recognises the need to balance opportunities for everyone to contribute views (for instance, online) with processes (such as workshops) where the Ministry will work closely with specific communities and service providers to co-design services.
- 
- The Ministry is also establishing a national network of people with 'lived experience' of mental health and addiction challenges. Pacific consumer advisor leaders within national bodies and district health boards are providing links to their networks, to ensure Pacific contributions to the Ministry's work.

- Another example of recent engagement is work with Le Va (the Pacific mental health workforce organisation), the Ministry for Pacific Peoples and Pacific people with 'lived experience', in the development of the Suicide Prevention Strategy and Action Plan.
- The Ministry of Pacific Peoples is being consulted as the Ministry's work programme on mental wellbeing progresses, including on recent draft Cabinet papers on establishing a Mental Health and Wellbeing Commission, and reforming the Mental Health (Compulsory Assessment and Treatment) Act 1992.

## Recommendations

The Ministry recommends that you:

- a) **forward** this report to the Minister for Pacific Peoples **Yes/No**

██████████  
Deputy Director-General  
**Mental Health and Addiction**

Hon Dr David Clark  
**Minister of Health**  
Date:

From: MinisterialServices <MinisterialServices@mpp.govt.nz>

Sent: Tuesday, 10 September 2019 5:22 PM

To: Mathew So'otaga <mathew.so'otaga@parliament.govt.nz>

Cc: fau.logo@parliament.govt.nz; MinisterialServices <MinisterialServices@mpp.govt.nz>

Subject: MPP Feedback/Comments: CONSULTING (LATE): Initial Mental Health and Wellbeing Commission: Terms of Reference and Power to Appoint - paper for Cabinet

Hi Mat

Please see MPP feedback/comments below on this paper.

Portfolio	Cabinet paper	Ministry Feedback	Outcome
Health	<i>- Initial Mental Health and Wellbeing Commission: Terms of Reference and Power to Appoint.</i>	<p><b>Cabinet paper</b></p> <ul style="list-style-type: none"><li>- Paragraph 17 – the He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction noted that ‘children and young people are exhibiting high levels of behavioural distress leading to deliberate self-harm, risk-taking, anxiety and other troubling behaviours’. It also noted that ‘Pacific peoples’ suicide rates are lower than Māori and non-Māori rates, but suicide rates among Pacific youth (particularly young men) are high. Alcohol abuse and problem gambling are also significant challenges in Pacific communities’. The Chief Coroner also recently released the annual provisional suicide statistics in the 2018/19 year noting that there was an increase in the number of suicides among young people, particularly those aged 15-19 (increase from 53 to 73) and the 20-24 age cohort (increase from 76-91). However, despite these high statistics and mention of both of these groups throughout the He Ara Oranga Report, neither youth or Pacific are explicitly listed in this paragraph and we think that they should be.</li><li>- Paragraph 30 - the names of agencies that have been consulted with are listed. However, Ministry ‘for’ Pacific Peoples is listed as Ministry ‘of’ Pacific Peoples.</li></ul> <p><b>Terms of Reference</b></p>	

- Paragraph 3 – The last sentence of this paragraph says ‘It encompasses the social determinants of health like whānau ora, housing, employment, poverty, social and physical isolation, racism, the impact of colonisation, the environment, social attitudes and more’. Could you please either explain what ‘more’ is or take the word out to avoid ambiguity.

#### Consistency

Both the Cabinet paper and Terms of Reference often refer to ‘mental health and wellbeing’ and then sometimes refer to ‘mental health and addiction’. We recommend that they don’t forget about addictions (this was an identified gap in the inquiry). We suggest that they either go back through the Cabinet paper and Terms of Reference and specify how addictions fits within the scope, as it is mentioned a few times throughout the Terms of Reference but seems to be left out of the scope of the Initial Commission’s work; or that they include addictions or at least make sure addictions is included under the broader definition of ‘wellbeing’.

#### **Proposed Chair and Members of the Initial Mental Health and Wellbeing Commission**

In terms of the potential Chair and Members of the Initial Mental Health and Wellbeing Commission, it is good to see that they have a good Pacific consumer rep with lived experience and a Pacific youth/NGO rep from Le Va. However, we have noted that there is no Pacific rep with clinical skills or expertise in mental health and addictions in the whole Pacific population.

We feel that there are other Pacific people who may or may not have already been considered but do have the expertise, skills and attributes sought in particular Pacific psychiatrists and psychologists. We think that a clinician is needed to provide insight into clinical aspects of the mental health system that impact Pacific peoples. A Pacific clinician would also bring a deeper understanding of service needs for a wider range of Pacific clients (children, youth and adults). Therefore the Ministry believes that a Pacific clinician is needed and should be added to their proposed candidates. The Ministry is willing to make some suggestions on Pacific Clinicians, should they be sought.

The cabinet paper also states that the ‘Initial Commission will consist of five members’. Looking at the biographies of the potential Chair and Members of the group, the

	<p>Ministry is unsure if these five members will adequately cover the sought expertise, skills and attributes listed in the cabinet paper and therefore support them in 'continuing to consider additional candidates' as mentioned in paragraph 21.</p> <p>While this work has an impact across all four goals of the Pacific Aotearoa Lalanga Fou report (<a href="http://www.pacificaotearoa.org.nz">www.pacificaotearoa.org.nz</a>), it directly aligns with Goal 3 which focuses on building resilient and healthy Pacific peoples. We look forward to being kept in the loop on the progression of this work due to the implications this has on our Pacific peoples, and we are happy to help in any way we can.</p>	
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**From:** Mathew So'otaga <[Mathew.So'otaga@parliament.govt.nz](mailto:Mathew.So'otaga@parliament.govt.nz)>

**Sent:** Friday, September 6, 2019 3:02 PM

**To:** MinisterialServices <[MinisterialServices@mpp.govt.nz](mailto:MinisterialServices@mpp.govt.nz)>

**Cc:** [fau.logo@parliament.govt.nz](mailto:fau.logo@parliament.govt.nz)

**Subject:** FW: CONSULTING (LATE): Initial Mental Health and Wellbeing Commission: Terms of Reference and Power to Appoint - paper for Cabinet

Talofa team, could you please review and advise by 9am Tuesday. Sincere apologies for the short turn around.

Sent with BlackBerry Work

([www.blackberry.com](http://www.blackberry.com))

**From:** Chris McAvoy <[Christopher.McAvoy@parliament.govt.nz](mailto:Christopher.McAvoy@parliament.govt.nz)>

**Date:** Friday, 06 Sep 2019, 3:49 PM

**To:** Mathew So'otaga <[Mathew.So'otaga@parliament.govt.nz](mailto:Mathew.So'otaga@parliament.govt.nz)>

**Cc:** Fau Logo <[Fau.Logo@parliament.govt.nz](mailto:Fau.Logo@parliament.govt.nz)>

**Subject:** FW: CONSULTING (LATE): Initial Mental Health and Wellbeing Commission: Terms of Reference and Power to Appoint - paper for Cabinet

Hi Mathew,

Appreciate if MPP can check on this paper from the Minister of Health regarding the terms of reference for the Mental Health and Wellbeing Commission and the names for consideration to be part of the Ministerial Committee. Note that Josiah Tualamali'i and [REDACTED] are some of the names being considered.

MPP are listed as being consulted.

Thanks

**Chris McAvoy, Private Secretary Media/Advisory**

Office of the Honourable Aupito William Sio, Minister for Pacific Peoples, Associate Minister of Justice; Associate Minister for Courts  
Bowen House Level 11.16L | Private Bag 18041 | Parliament Buildings | Wellington 6160 | New Zealand

[REDACTED] Email: [christopher.mcavoy@parliament.govt.nz](mailto:christopher.mcavoy@parliament.govt.nz)

Authorised by Hon Aupito William Sio MP, Parliament Buildings, Wellington

**Email disclaimer:** Please note information about meetings or events related to the Minister's portfolios will be proactively released (this does not include personal or constituency matters). For each meeting in scope, the summary would list: date, time (start and finish), brief description, location, who the meeting was with, and the portfolio. If you attend a meeting with the Minister on behalf of an organisation, the name of the organisation will be released. If you are a senior staff member at an organisation, or meet with the Minister in your personal capacity, your name may also be released. The location of the meeting will be released, unless it is a private residence. The proactive release will be consistent with the provisions in the Official Information Act, including privacy considerations. Under the Privacy Act 1993 you have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, or are concerned about the release of your information in the meeting disclosure, please contact the sender. You can read more about the proactive release policy at <https://www.dia.govt.nz/Proactive-Releases#MS>

**From:** [REDACTED]

**Sent:** Friday, 6 September 2019 12:14 PM

**To:** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] Chris McAvoy <[Christopher.McAvoy@parliament.govt.nz](mailto:Christopher.McAvoy@parliament.govt.nz)>; [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
**Cc:** [REDACTED]  
[REDACTED]

**Subject:** CONSULTING (LATE): Initial Mental Health and Wellbeing Commission: Terms of Reference and Power to Appoint - paper for Cabinet

Kia ora koutou

Attached is a draft Cabinet paper titled **Initial Mental Health and Wellbeing Commission: Terms of Reference and Power to Appoint**, which in summary:

- seeks approval for the proposed purpose and functions of the Ministerial committee to be established as the initial Commission (that establishment having been agreed by Cabinet in July 2019), and seeks authority for the Minister of Health to finalise its terms of reference (a draft is at Appendix One)
- seeks to granted APH power to act to appoint the five members of the Ministerial committee, and notes the shortlist of candidates to be considered subject to further consultation and confirmation (see the list at Appendix Two).

An announcement is intended for Thursday 12 September. Hence it is proposed to take this paper direct to Cabinet (the paper will be lodged today). A late paper is being prepared for APH on 11 September, and will be sent ASAP.

**Feedback is requested on the shortlist of candidates before by 12.00 noon on Tuesday 10 September.** Once again, I apologise for the urgency.

Ngā mihi

[REDACTED] | **Ministerial Advisor**  
Office of Hon Dr David Clark  
Minister of Health | Associate Minister of Finance  
[REDACTED]

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