Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques

9 September 2021

Matthew Hooton

By email: fyi-request-16400-75815e9a@requests.fyi.org.nz
Ref: ALOIA081

Dear Matthew

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 13 August 2021 for:

> *"the Briefing Note from the Ministry of Health dated 9 November 2020 referred to in your letter to me of 2 August 2021. For your convenience, your letter of 2 August 2021 can be found at https://scanmail.trustwave.com/?c=15517&d=0ZuZ4aM5ju1zc8GPXoF1ZKk60N7e-koacEMbsJHaZA&u=https%3a%2f%2ffyi%2eorg%2enz%2frequest%2f15865%2fresponse%2f61183%2fattach%2f8%2fResponse%2520Letter%2520ALOIA057%2epdf"*

The document you have requested is attached as Appendix 1 with some information withheld under the following sections of the Act:

- 9(2)(a) to protect the privacy of natural persons
- 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Yours sincerely

Hon Andrew Little
Minister of Health

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand
+64 4 817 8707 | a.little@ministers.govt.nz | beehive.govt.nz

Appendix 1

Briefing

Overview of work to transform New Zealand's approach to mental wellbeing

Date due to MO:	9 November 2020	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	20201961
To:	Hon Andrew Little, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Toni Gutschlag	Acting Deputy Director-General, Mental Health and Addiction	s 9(2)(a)
Kiri Richards	Group Manager, Mental Health and Addiction Strategy and Policy	s 9(2)(a)

Minister's office to complete:

☐ Approved ☐ Decline ☐ Noted

☐ Needs change ☐ Seen ☐ Overtaken by events

☐ See Minister's Notes ☐ Withdrawn

Appendix 1

Overview of work to transform New Zealand's approach to mental wellbeing

Security level:	IN CONFIDENCE	**Date:**	9 November 2020
To:	Hon Andrew Little, Minister of Health		

Purpose of report

1. This report responds to your request for an overview of the implementation of the Government's response to *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* (*He Ara Oranga*). It also provides you with a summary of wider mental health and addiction work and your ministerial responsibilities under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Summary

2. Mental wellbeing impacts the lives of all people in New Zealand. Supporting people to have good mental wellbeing is more important now than ever, given the wide-ranging impacts of COVID-19.

3. A large programme of work is underway to implement the response to *He Ara Oranga*. *He Ara Oranga* called for the transformation of our approach to mental health and addiction, underpinned by achieving equity and a collaborative approach with communities.

4. This Government's response to *He Ara Oranga* is supported by the delivery of the Budget 2019 investment of $1.9 billion in a cross-government mental wellbeing package. A key focus of the Budget 2019 investment is the initiative to expand access and choice of primary mental health and addiction support nationally ($455 million over four years). This initiative is rolling out new services over five years, including in general practices and kaupapa Māori, Pacific and youth settings.

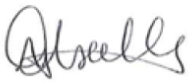
5. The Ministry of Health (the Ministry) is also leading the psychosocial response to COVID-19, including the development of *Kia Kaha, Kia Māia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Plan (Kia Kaha)*. *Kia Kaha* is a cross-sectoral plan that outlines a national mental wellbeing framework to guide collective efforts to support mental wellbeing and sets out priority actions over the next 12–18 months.

6. The development of a longer-term pathway to transform our approach to mental health and addiction will build on *Kia Kaha* and will outline the direction for our approach to mental health and addiction over the next 10 years. The pathway will guide the actions and investment needed to achieve the transformative change called for in *He Ara Oranga*.

7. Alongside current work, the Ministry has also started planning for progressing Labour's manifesto commitments. These align strongly with the direction set by the Government's response to *He Ara Oranga* and recent investments in mental wellbeing.

Recommendations

This briefing has no recommendations and is for your noting only.



Toni Gutschlag
Acting Deputy Director-General
Mental Health and Addiction
Date: 9/11/2020

Hon Andrew Little
Minister of Health
Date:

Appendix 1

Overview of work to transform New Zealand's approach to mental wellbeing

Context

1. Mental wellbeing impacts the lives of all people in New Zealand. Approximately one in five New Zealanders experience mental illness or addiction each year. Some population groups are more at risk of poorer outcomes than others, including Māori, Pacific peoples, younger people and people experiencing financial hardship.

2. Mental wellbeing is not simply an absence of mental illness or addiction. It is a state of wellbeing where people feel positive and are able to adapt and cope with life's challenges. It is fostered in our homes, schools and communities and is influenced by wider determinants such as income, employment, housing, education, and freedom from abuse, violence and discrimination.

3. The health and disability system plays a key role in supporting mental wellbeing through the provision of a continuum of mental health and addiction supports to respond to different levels of need. This ranges from wellbeing promotion activities; to primary and community supports; to specialist services for those with higher needs, including crisis responses and forensic services for people interacting with the justice system.

4. **Appendix One** provides more information about New Zealanders' mental wellbeing needs, outcomes and inequities, and the mental health and addiction system.

5. COVID-19 has also had an impact on people's mental wellbeing, including creating heightened levels of distress, anxiety and a sense of ongoing uncertainty. This is a normal response to such an event. Work to support people's mental wellbeing, and to respond to people's mental health and addiction needs, is therefore particularly important now as it will help with both the immediate recovery from COVID-19 and will lay the foundation for positive mental wellbeing in the longer term.

Inquiry into Mental Health and Addiction

6. An independent Government Inquiry into Mental Health and Addiction was established in 2018 to hear from people in New Zealand about the changes needed to address mental health and addiction issues. Addressing inequities in outcomes was one of the key drivers for the Inquiry.

7. The Inquiry report – *He Ara Oranga* – was presented to the then Government in November 2018 with 40 recommendations. Key shifts called for include:

    a. ensuring our approach works for and meets the needs of Māori

    b. moving to a holistic, whole-of-government approach grounded in wellbeing that recognises the social, cultural and economic foundations of mental wellbeing and looks across the life course

    c. increasing access to and choice of mental wellbeing supports to ensure all people in New Zealand receive the support they need, when and where they need it

    d. designing supports collaboratively with communities, Māori and people with lived experience of mental health and addiction issues.

8. The then Government formally responded to *He Ara Oranga* in May 2019, accepting, accepting in principle, or agreeing to further consider 38 of the 40 recommendations [CAB-19-MIN-0182 refers]. **Appendix Two** sets out the Government's response to the recommendations.

Implementing the Government's response to *He Ara Oranga*

9. Delivering on the Government's response to *He Ara Oranga* requires substantive system shifts, actions and investment that will need to be prioritised and sequenced over the short, medium and longer term. For this reason, the Ministry of Health's (the Ministry's) mental health and addiction work programme is guided by the Government's response to *He Ara Oranga* but has a focus on transforming the approach to mental health and addiction that is broader than solely implementing the recommendations.

10. Operational matters such as oversight and administration of mental health and addiction-related legislation, and work to support and monitor delivery of mental health and addiction services, are also part of our work programme.

A focus on achieving equity

11. *He Ara Oranga* highlighted that there are significant inequities and unmet needs, particularly for Māori, as well as for other population groups such as young people, Pacific peoples, rainbow communities, disabled people, rural communities and people interacting with the justice system. Further information about existing inequities is included in **Appendix One**.

12. Achieving equity underpins the Ministry's mental health and addiction work. The Ministry is beginning to address inequities through activities such as:

    a. providing targeted funding for Māori and for population groups that experience inequitable mental health and addiction outcomes

    b. collaboratively designing services with communities, and adopting new and innovative procurement processes to support a broader range of kaupapa Māori, Pacific and community providers to participate

    c. expanding services in primary and community settings for people with mild to moderate needs, who have historically had limited options for support

    d. supporting increased access to services by Māori to reflect the fact that Māori have higher rates of prevalence of mental health and addiction issues

    e. improving the current application of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act) to reduce the use of compulsory treatment for Māori, while reforming the Act to embed a human rights approach.

Key areas of work underway

13. **Table One** outlines key information about areas of work and upcoming milestones that are underway to help transform our approach to mental health and addiction. This includes work related to the initial priorities the then Government identified as part of its response to *He Ara Oranga*, as well as work to respond to specific recommendations in *He Ara Oranga*.

14. The A3 attached as **Appendix Three** provides an overview of progress made since the Government's response to *He Ara Oranga*.

Appendix 1

Table One: Key areas of work and upcoming milestones

Key area of work	Overview of progress and upcoming milestones
Establishing the Mental Health and Wellbeing Commission to provide system-level oversight of mental wellbeing *(Initial priority in response to He Ara Oranga)*	• An Initial Commission has been established as a ministerial advisory committee to provide advice to the Minister of Health on the mental health and wellbeing of New Zealanders and to undertake some functions of the permanent Commission. • The Initial Commission delivered an interim report on progress of the Government's response to *He Ara Oranga* in June 2020 and is expected to release a full report on progress in November 2020. • The Bill to establish the permanent Commission as an independent Crown entity has received Royal Assent. The permanent Commission is expected to be operating by February 2021. The Initial Commission is set to cease operating on 7 February 2021, immediately prior to establishing the permanent Commission. • The appointment process for the permanent Commission needs to be finalised as soon as possible. This will require you to seek Cabinet's approval to the appointments. You will receive further advice on this in the coming weeks, with a view to getting appointment papers through the Cabinet process and confirmed by the Governor-General prior to the end of 2020.
Enhancing suicide prevention efforts *(Initial priority in response to He Ara Oranga)*	• The Suicide Prevention Office was established in October 2019 and provides national leadership for suicide prevention efforts. A key focus of the Office is the ongoing implementation of *He Tapu te Oranga*, the national suicide prevention strategy and action plan, and Budget 2019 suicide prevention and postvention initiatives ($40 million over four years). • The first annual Cabinet report-back on progress against the actions in *He Tapu te Oranga* is due to be provided this calendar year.
Repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1992 to embed a human rights-based approach *(Initial priority in response to He Ara Oranga)*	• A phased approach is being taken to the repeal and replacement of the Mental Health Act, focusing on improving current practice, making initial amendments and longer-term legislative reform. • Revised Mental Health Act Guidelines to improve current provider practice were published in September 2020. These emphasise a human rights-based approach and Te Tiriti o Waitangi. Training and education to support the implementation of the revised Guidelines is in development. • Cabinet has agreed to initial amendments to the Mental Health Act, including the elimination of indefinite treatment orders, to make the current Act more aligned with a human-rights based approach. Principles for policy development as part of a longer-term legislative change programme have also been agreed. • Drafting instructions for the Amendment Bill were delivered to the Parliamentary Counsel Office on 21 October 2020. Once the Amendment Bill has been drafted, we will seek your views on the preferred timeline for introducing the Bill. • The next stage for the longer-term policy development process will involve engagement with key stakeholders. Development of a stakeholder engagement plan is underway.

Appendix 1

Key area of work	Overview of progress and upcoming milestones
Expanding access to and choice of primary mental health and addiction support *(Initial priority in response to He Ara Oranga)*	• Budget 2019 provided $455 million over four years for the national rollout of primary mental health and addiction services. This programme of work focuses on building a missing component of the continuum of care and ensuring that people can access free and immediate advice and support that suits their needs, where and when they need it. • The Ministry is funding the phased rollout of integrated services accessible via general practices. In addition, targeted funding has been set aside for standing up new kaupapa Māori, Pacific and youth-focused services. Implementation is well underway, with new services already being delivered. • In addition to service delivery investment, this work is supported by investment in enablers such as collaborative design and implementation support. There is also targeted funding for growing and upskilling existing workforces and building new and emerging workforces.
Addiction	• The Ministry takes a public health approach to minimising harm from use of alcohol and other drugs (AOD), as well as from gambling. Work is underway to develop a national wellbeing framework for AOD. • Budget 2019 provided funding of $69 million over four years for four addiction-related initiatives: enhancing primary addiction responses, enhancing specialist alcohol and other drug services, expanding the Pregnancy and Parenting Service to two further regions, and continuing *Te Ara Oranga* (a methamphetamine harm reduction programme in Northland). The majority of the Budget 2019 addiction-related funding has been invested, and service delivery is underway. • Section 120 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 requires the Ministry to conduct a review of the operation and effectiveness of the Act three years following the date the Act came into force. Preliminary work on the review is underway. We will prepare a report for your consideration in due course. You will need to table the final report in Parliament no later than August 2021. • The Ministry, as the 'Department responsible' under the Gambling Act 2003, also funds and coordinates problem gambling services and leads development and implementation of an integrated strategy to prevent and minimise gambling harm. The Act outlines that a new strategy needs to be developed every three years. With the current strategy ending after 2021/22, work to develop the new strategy will commence in early 2021. • Work is underway to establish the Waikato Alcohol and Other Drug Treatment Court (AODTC). Once established it will provide a therapeutic approach to participants with the aim of addressing AOD factors influencing serious offending. We are taking a phased approach to allow the necessary build-up of resource, working to a start date of mid-2021 for AOD services to support the Court.

Key area of work	Overview of progress and upcoming milestones
Specialist, crisis and forensic services	• Demand for and the number of people engaging with specialist services has been steadily increasing over recent years, putting increasing pressure on these services. • Budget 2019 provided limited investment to enhance specialist mental health services. This has focused on increasing forensic workforce capacity via specialist training for adult and youth forensic services, enhancing prison in-reach services and increasing community forensic workforce FTEs ($34 million over four years). We are also enhancing the provision of crisis mental health services ($8 million over four years). The majority of the Budget 2019 specialist, crisis and forensic funding has been invested. • Work is underway to develop a national adult forensic services framework to guide the delivery of forensic services throughout New Zealand.
Regulation	• The Office of the Director of Mental Health and Addiction supports the general administration of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Substance Addiction (Compulsory Assessment and Treatment Act) 2017. • These Acts define the circumstances and conditions under which people may be subjected to compulsory assessment and treatment. It also defines and protects peoples' rights, and generally defines the law relating to the assessment and treatment of people with mental disorders and AOD addiction. • The Mental Health Act outlines specific roles for the Minister of Health in the management of special and restricted patients under the Act. 'Special patient' and 'restricted patient' are legal statuses determined when a Court orders that a defendant be detained in a forensic mental health facility for treatment. **Appendix Four** provides you with information about your role in the management of special and restricted patients.

Implementing Vote Health Budget 2019 and Budget 2020 investment in mental wellbeing

15. Implementing new investment in mental wellbeing through recent Budget cycles is also a priority of the Ministry's mental health and addiction work programme.

16. The $1.9 billion Budget 2019 cross-government mental wellbeing package is particularly key – it is central to supporting the response to *He Ara Oranga* and the recovery from COVID-19. Of this package, approximately $883 million over four years was allocated to Vote Health for mental health and addiction services and initiatives.

17. As noted above, the cornerstone of the Budget 2019 investment is the *Expanding Access and Choice of Primary Mental Health and Addiction Support* initiative ($455 million over four years). This initiative is rolling out services across the country over five years, including in general practices and kaupapa Māori, Pacific and youth settings.

18. Through the COVID-19 Response and Recovery Fund established in Budget 2020, $25 million over four years of targeted funding was provided to build on the Budget 2019 investment to roll out primary mental health and addiction services, with a specific focus on tertiary students.

19. The remainder of Vote Health investment in the Budget 2019 mental wellbeing package provided top-ups to support work in other areas such as suicide prevention, specialist addiction treatment, school-based mental wellbeing and forensic mental health services.

20. Delivery of Budget initiatives is well underway. The A3 attached as **Appendix Five** provides an overview of progress made implementing Budget 2019 Vote Health mental wellbeing investment.

21. The previous Minister of Health reported monthly to the Cabinet Priorities Committee on implementation of the Vote Health Budget 2019 mental wellbeing initiatives.

Progressing manifesto commitments

22. The Ministry is actively planning to implement Labour's 2020 election manifesto commitments for new mental health and addiction initiatives once decisions are made by you and Cabinet, including around new funding. These initiatives complement our current work programme for implementing the Government's response to *He Ara Oranga* and recent investments in mental wellbeing. They align strongly with our focus on supporting the mental wellbeing of children, young people and their parents and whānau; taking a health approach to addressing AOD harm; and addressing inequitable mental wellbeing outcomes.

23. S9(2)(f)(iv)

24.

25.

26.

Leading the psychosocial response to COVID-19

27. The Ministry is leading the psychosocial response to COVID-19, including the development of *Kia Kaha, Kia Māia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Plan* (*Kia Kaha*). *Kia Kaha* is a cross-sectoral plan that sets out a national mental wellbeing framework to guide collective efforts across national, regional and local levels.

28. The first version of *Kia Kaha* was released in May 2020. An updated version is expected to be released before the end of the year. The updated version of *Kia Kaha* represents the first phase of a longer-term pathway to implement the response to *He Ara Oranga*. This updated version will include cross-government actions over the next 12–18 months, including actions as part of the response to *He Ara Oranga*.

29. The Ministry is also implementing the $15 million one-off investment allocated to support the psychosocial response. This investment has supported wellbeing promotion campaigns, digital self-help tools, telehealth services and targeted supports for priority populations such as Māori, Pacific peoples, Asian communities, older adults and rural communities.

Long-term pathway for transformation

30. The former Minister of Health was previously invited to report back to Cabinet with a long-term pathway to transform New Zealand's approach to mental health and addiction [CAB-19-MIN-0182 refers]. S9(2)(f)(iv) [redacted]

31. The long-term pathway is intended to outline the direction for our approach to mental health and addiction over the next ten years, and to guide the actions and investment needed to achieve the transformative change called for in *He Ara Oranga*.

32. The long-term pathway will build on *Kia Kaha* but will need to be flexible as work progresses, including with any relevant changes in response to the Health and Disability System Review, and as New Zealanders' needs and aspirations change. It will also need to reflect ongoing engagement with Māori, people with lived experience of mental health and addiction issues, whānau and communities.

33. S9(2)(f)(iv) [redacted]. The release of an updated version of *Kia Kaha* will help respond to public calls for a clear action plan to implement *He Ara Oranga* in the interim.

34. Officials can provide you with further advice on next steps for progressing the long-term pathway to help inform decisions about the Cabinet report-back.

Priority areas for future investment

35. The Government's response to *He Ara Oranga* acknowledged that multiple years of significant and sustained effort and investment will be required to transform our approach to mental health and addiction.

36. Moreover, while there has been a recent increase in investment in mental health and addiction services, there is still significant pressure on some parts of the system.

37. S9(2)(f)(iv) [redacted]

- [redacted]
- [redacted]

c. resource to support the implementation of the initial amendment to the Mental Health Act to eliminate indefinite treatment orders

s 9(2)(f)(iv) [redacted]

38. Officials are able to provide further advice on these areas, as well as any immediate manifesto commitments that require funding that you wish to progress.

Upcoming ministerial decisions

39. Over the coming months there are a number of decisions that will likely need to be sought from you or Cabinet, including the following:

a. appointments for the new Mental Health and Wellbeing Commission

b. S9(2)(f)(iv) [redacted]

c. timing of and content for the Cabinet report-back on suicide prevention

d. progression of the Bill to implement initial amendments to the Mental Health Act

e. appointments to the Mental Health Review Tribunal and appointment of deputy district inspectors (refer **Appendix Four** for further information)

f. areas for focus of Budget 2021 mental wellbeing bids

g. whether to continue providing monthly updates to the Cabinet Priorities Committee on progress implementing the Vote Health Budget 2019 mental wellbeing initiatives.

40. Information about indicative upcoming milestones and matters requiring ministerial or Cabinet decisions is also outlined in **Appendix Six**.

Next steps

41. Officials are available to discuss and can provide further information and advice on the matters raised in this report.

ENDS.

Appendix One: Current state and system overview

Mental wellbeing needs

1. It is estimated that each year one in five people in New Zealand will experience mental illness or significant mental distress, and over 50–80 percent of New Zealanders will experience mental distress, addiction challenges or both in their lifetime. These challenges have flow-on impacts for people's whānau, families and communities.

2. Suicide is a major issue in New Zealand, with persistently high suicide rates and a youth suicide rate that is amongst the highest in the Organisation for Economic Co-operation and Development (OECD). Every year over 550 people die by suicide. It is estimated that every year around 150,000 people will think about taking their own life; 50,000 will make a plan to take their own life; and 20,000 will attempt to take their own life.

3. People's mental wellbeing needs are strongly influenced by their experiences earlier in life. Half of all lifetime cases of mental illness are thought to start by 14 years of age and three quarters start by 24 years of age. Experiencing poor mental health early in life can have lifelong impacts, including reduced participation in the future workforce, enduring disability and/or poor family and social functioning. Intervening early can however significantly improve long-term outcomes and reduce future dependence on the health and social system.

Impact of COVID-19 on mental wellbeing needs

4. COVID-19 and the measures taken to control it have affected the lives of all people in New Zealand. We have seen a direct impact on people's mental wellbeing, including higher levels of distress, anxiety, and a sense of uncertainty about the future.

5. People's mental wellbeing is also indirectly affected by the impacts of COVID-19 on other areas such as education, income and employment, and family and community relationships.

6. Most people, whānau and communities can recover and adapt in challenging times, and we have already seen positive examples of increased community cohesion, innovation and resilience. However, we expect to see impacts on mental wellbeing and mental health and addiction service demand continue to emerge in the coming months and years, particularly associated with the potentially long-lasting economic impact of COVID-19.

Equity

7. *He Ara Oranga* highlighted that there are significant inequities and unmet needs, particularly for Māori, as well as for other population groups such as Pacific peoples, refugees and migrants, rainbow communities, rural communities, disabled people, veterans and people interacting with the justice system. People at certain stages of the life course also experience inequitable outcomes, including young people, older people and children experiencing adverse childhood events or in state care.

8. For example:

   a. around 30 percent of Māori are estimated to have experienced mental health and addiction challenges in the past 12 months, compared to around 20 percent of non-Māori

   b. Māori are approximately four times more likely than non-Māori to be subject to compulsory treatment orders

   c. the suicide rate among Māori is 2.1 times higher than among non-Māori

   d. Māori and Pacific people are estimated to be more likely to have experienced alcohol abuse or dependence in the past 12 months than people from other ethnic groups (7.4, 4.2 and 2.2 percent respectively)

   e. young people aged 15–24 years have the highest suicide rate of all life-stage age groups (16.8 per 100,000 people compared to 11.3 per 100,000 people for the general population), with Māori young people aged 15–24 years having a rate 2.7 times higher than non-Māori young people

   f. males are more likely to experience alcohol abuse than females (16.3 percent compared with 6.9 percent).

9. People with mental health and addiction needs also experience disproportionately higher levels of other health and social issues, such as poorer physical health outcomes, homelessness, interaction with the justice system, unemployment and poverty. Poor physical health and social outcomes are also associated with an increased likelihood of people experiencing mental health and addiction needs.

Mental health and addiction system overview

10. Over the last few decades, the mental health and addiction sector has moved from an institutional base to a stronger focus on community-based services. There has been a wide range of community services developed, as well as further development of specialist and acute services.

11. New Zealand's health and disability system now provides a continuum of mental health and addiction services. This includes:

   a. wellbeing promotion for all New Zealanders

   b. primary-level mental health, substance use and problem gambling services, including support accessed through general practice and in the community

   c. specialist services to support those with higher and more complex needs, including crisis responses for people experiencing significant distress and forensic services for people interacting with the justice system.

12. It is important to note that other sectors also contribute to mental wellbeing through providing support for the social, economic and cultural foundations of mental wellbeing, and through ensuring people's mental wellbeing is supported through interactions with the social, education and justice systems.

Workforce

13. The mental health and addiction workforce is diverse and includes a range of clinical roles (eg, nurses, social workers, psychologists and doctors) and non-clinical roles (eg, peer workers, employment support workers and cultural support workers). The workforce in Vote Health-funded mental health and addiction services is estimated to be around 12,500 full-time equivalent (FTE) staff and represents about 12 percent of the total DHB workforce.

14. In recent years, growth in the mental health and addiction workforce has been slower than the increase in demand for mental health and addiction services. This is placing increasing pressure on the workforce and services.

15. *He Ara Oranga* called for new and different support options for New Zealanders, which will require the development of a more diverse workforce and the use of workforces in different ways. Workforce growth and development is a key focus of the Ministry's work programme to implement the Government's response to *He Ara Oranga* (refer **Appendix Five** for further information about workforce development)

Mental health and addiction funding

16. Historically, funding for mental health and addiction has focused on specialist mental health and addiction services, which provided support to 3.7 percent of the population in 2019/20.

17. In 2018/19, of the approximately $1.53 billion of Vote Health funding spent on mental health and addiction (excluding pharmaceuticals and general medical services funded to help treat or manage mental health matters):

    a. around 95 percent was distributed via DHBs. Around 30 percent of this was used to purchase services delivered by non-governmental organisations and primary health organisations

    b. around 89 percent was spent on mental health services, and the remaining approximately 11 percent was spent on addiction services.

18. Mental health and addiction expenditure in DHBs is 'ring-fenced'. This means that although a DHB has discretion over where it allocates funding and can increase its allocation to mental health and addiction, it cannot spend less than the previous year on mental health and addiction.

19. The Ministry of Health also contracts directly with NGOs and DHBs for some mental health and addiction services. Additionally, some NGOs may receive funding from other government agencies or through grants and philanthropic sources.

Appendix Two: Government response to *He Ara Oranga* recommendations

The table below sets out the Government's response to the 40 recommendations in *He Ara Oranga*. The definitions of the responses are as follows:

- **Accept:** The Government accepted the intent of the recommendation and the mechanism for delivery.
- **Accept in principle:** The Government accepted the intent of the recommendation, but not the mechanism proposed.
- **Further consideration needed:** Further consideration is required before the Government is in a position to respond to this recommendation.
- **Do not accept:** The Government is not progressing this recommendation at this time.

#	Theme / recommendation	Response
Expand access and choice		
	Expand access	
1	Agree to significantly increase access to publicly funded mental health and addiction services for people with mild to moderate and moderate to severe mental health and addiction needs.	Accept
2	Set a new target for access to mental health and addiction services that covers the full spectrum of need.	Accept in principle
3	Direct the Ministry of Health, with input from the new Mental Health and Wellbeing Commission, to report back on a new target for mental health and addiction services.	Accept in principle
4A	Agree that access to mental health and addiction services should be based on need so: • access to all services is broad-based and prioritised according to need, as occurs with other core health services	Accept
4B	• people with the highest needs continue to be the priority.	Accept
	Increase choice of services	
5	Commit to increased choice by broadening the types of mental health and addiction services available.	Accept
6	Direct the Ministry of Health to urgently develop a proposal for Budget 2019 to make talk therapies, alcohol and other drug services and culturally aligned therapies much more widely available, informed by workforce modelling, the New Zealand context and approaches in other countries.	Accept

Appendix 1

#	Theme / recommendation	Response
	Facilitate co-design and implementation	
7A	Direct the Ministry of Health, in partnership with the new Mental Health and Wellbeing Commission (or an interim establishment body) to: • facilitate a national co-designed service transformation process with people with lived experience of mental health and addiction challenges, DHBs, primary care, NGOs, Kaupapa Māori services, Pacific health services, Whānau Ora services, other providers, advocacy and representative organisations, professional bodies, families and whānau, employers and key government agencies	Accept in principle
7B	• produce a cross-government investment strategy for mental health and addiction services.	Accept
8	Commit to adequately fund the national co-design and ongoing change process, including funding for the new Mental Health and Wellbeing Commission to provide backbone support for national, regional and local implementation.	Accept in principle
9	Direct the State Services Commission to work with the Ministry of Health to establish the most appropriate mechanisms for cross-government involvement and leadership to support the national co-design process for mental health and addiction services.	Accept in principle
	Enablers to support expanded access and choice	
10A	Agree that the work to support expanded access and choice will include reviewing and establishing: • workforce development and worker wellbeing priorities	Accept
10B	• information, evaluation and monitoring priorities (including monitoring outcomes)	Accept
10C	• funding rules and expectations, including DHB and primary mental health service specifications and the mental health ring fence, to align them with and support the strategic direction of transforming mental health and addiction services.	Accept in principle
11	Agree to undertake and regularly update a comprehensive mental health and addiction survey.	Accept in principle
12A	Commit to a staged funding path to give effect to the recommendations to improve access and choice, including: • expanding access to services for significantly more people with mild to moderate and moderate to severe mental health and addiction needs	Accept
12B	• more options for talk therapies, alcohol and other drug services and culturally aligned services	Accept
12C	• designing and implementing improvements to create more people-centred and integrated services, with significantly increased access and choice.	Accept
Transform primary health care		
13	Note that this Inquiry fully supports the focus on primary care in the Health and Disability Sector Review, seeing it as a critical foundation for the development of mental health and addiction responses and for more accessible and affordable health services.	Accept
14	Agree that future strategies for the primary health care sector have an explicit focus on addressing mental health and addiction needs in primary and community settings, in alignment with the vision and direction set out in this Inquiry.	Accept in principle

Appendix 1

#	Theme / recommendation	Response
Strengthen the NGO sector		
15	Identify a lead agency to: • provide a stewardship role in relation to the development and sustainability of the NGO sector, including those NGOs and Kaupapa Māori services working in mental health and addiction • take a lead role in improving commissioning of health and social services with NGOs.	Accept in principle
Enhance wellbeing, promotion and prevention		
	Take a whole-of-government approach to wellbeing, prevention and social determinants	
16	Establish a clear locus of responsibility for social wellbeing within central government to provide strategic and policy advice and to oversee and coordinate cross-government responses to social wellbeing, including: • tackling social determinants that impact on multiple outcomes and that lead to inequities within society • enhancing cross-government investment in prevention and resilience-building activities.	Accept in principle
17	Direct the State Services Commission to report back with options for a locus of responsibility for social wellbeing, including: • its form and location (a new social wellbeing agency, a unit within an existing agency or reconfiguring an existing agency) • its functions.	Do not accept
	Facilitate mental health promotion and prevention	
18	Agree that mental health promotion and prevention will be a key area of oversight of the new Mental Health and Wellbeing Commission, including working closely with key agencies and being responsive to community innovation.	Accept in principle
19	Direct the new Mental Health and Wellbeing Commission to develop an investment and quality assurance strategy for mental health promotion and prevention, working closely with key agencies.	Accept in principle
Place people at the centre		
	Strengthen consumer voice and experience in mental health and addiction services	
20	Direct DHBs to report to the Ministry of Health on how they are including people with lived experience and consumer advisory groups in mental health and addiction governance, planning, policy and service development decisions.	Accept in principle
21	Direct the Ministry of Health to work with people with lived experience, the Health Quality and Safety Commission and DHBs on how the consumer voice and role can be strengthened in DHBs, primary care and NGOs, including through the development of national resources, guidance and support, and accountability requirements.	Accept

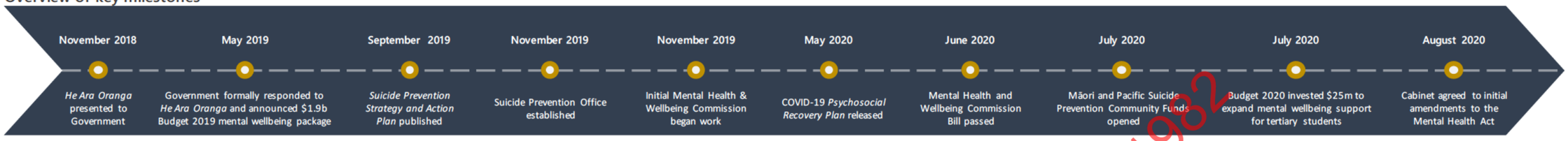
#	Theme / recommendation	Response
22	Direct the Health and Disability Commissioner to undertake specific initiatives to promote respect for and observance of the Code of Health and Disability Services Consumers' Rights by providers, and awareness of their rights on the part of consumers, in relation to mental health and addiction services.	Accept in principle
	Support families and whānau to be active participants in the care and treatment of their family member	
23	Direct the Ministry of Health to lead the development and communication of consolidated and updated guidance on sharing information and partnering with families and whānau.	Accept
24	Direct the Ministry of Health to ensure the updated information-sharing and partnering guidance is integrated into: • training across the mental health and addiction workforce • all relevant contracts, standards, specifications, guidelines, quality improvement processes and accountability arrangements.	Accept
	Support the wellbeing of families and whānau	
25	Direct the Ministry of Health, working with other agencies, including the Ministry of Education, Te Puni Kōkiri and the Ministry of Social Development, to: • lead a review of the support provided to families and whānau of people with mental health and addiction needs and where gaps exist • report to the Government with firm proposals to fill any gaps identified in the review with supports that enhance access, affordability and options for families and whānau.	Accept in principle
Take strong action on alcohol and other drugs		
26	Take a stricter regulatory approach to the sale and supply of alcohol, informed by the recommendations from the 2010 Law Commission review, the 2014 Ministerial Forum on Alcohol Advertising and Sponsorship and the 2014 Ministry of Justice report on alcohol pricing.	Further consideration needed
27	Replace criminal sanctions for the possession for personal use of controlled drugs with civil responses (for example, a fine, a referral to a drug awareness session run by a public health body or a referral to a drug treatment programme).	Further consideration needed
28	Support the replacement of criminal sanctions for the possession for personal use of controlled drugs with a full range of treatment and detox services.	Further consideration needed
29	Establish clear cross-sector leadership and coordination within central government for policy in relation to alcohol and other drugs.	Accept
Prevent suicide		
30	Urgently complete the national suicide prevention strategy and implementation plan and ensure the strategy is supported by significantly increased resources for suicide prevention and postvention.	Accept
31	Set a target of 20% reduction in suicide rates by 2030.	Do not accept
32	Establish a suicide prevention office to provide stronger and sustained leadership on action to prevent suicide.	Accept

#	Theme / recommendation	Response
33	Direct the Ministries of Justice and Health, with advice from the Health Quality and Safety Commission and in consultation with families and whānau, to review processes for investigating deaths by suicide, including the interface of the coronial process with DHB and Health and Disability Commissioner reviews.	Accept
Reform the Mental Health Act		
34	Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992 so that it reflects a human rights-based approach, promotes supported decision-making, aligns with the recovery and wellbeing model of mental health, and provides measures to minimise compulsory or coercive treatment.	Accept
35	Encourage mental health advocacy groups and sector leaders, people with lived experience, families and whānau, professional colleges, DHB chief executive officers, coroners, the Health and Disability Commissioner, New Zealand Police and the Health Quality and Safety Commission to engage in a national discussion to reconsider beliefs, evidence and attitudes about mental health and risk.	Accept
Establish a new Mental Health and Wellbeing Commission		
36A	Establish an independent commission to provide leadership and oversight of mental health and addiction in New Zealand.	Accept
36B	Establish the Mental Health and Wellbeing Commission (with the functions and powers set out in Figure 4 in section 12.2.2).	Further consideration needed
37	Establish a ministerial advisory committee as an interim commission to undertake priority work in key areas (such as the national co-designed service transformation process).	Accept in principle
38	Direct the Mental Health and Wellbeing Commission (or interim commission) to regularly report publicly on implementation of the Government's response to the Inquiry's recommendations, with the first report released one year after the Government's response.	Accept in principle
Wider issues and collective commitment		
39	Ensure the Health and Disability Sector Review: • assesses how any of its proposed system, structural or service commissioning changes will improve both mental health and addiction services and mental health and wellbeing • considers the possible establishment of a Māori health ministry or commission.	Accept
40	Establish a cross-party working group on mental health and wellbeing in the House of Representatives, supported by a secretariat, as a tangible demonstration of collective and enduring political commitment to improved mental health and wellbeing in New Zealand.	Accept in principle

Appendix 1

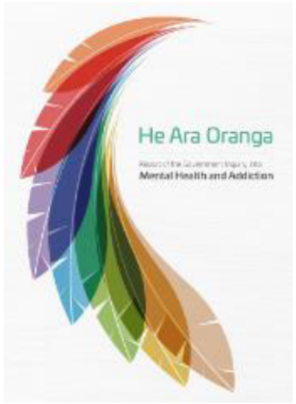
Appendix Three: Overview of activities and progress since *He Ara Oranga*

Overview of key milestones



Overview and context

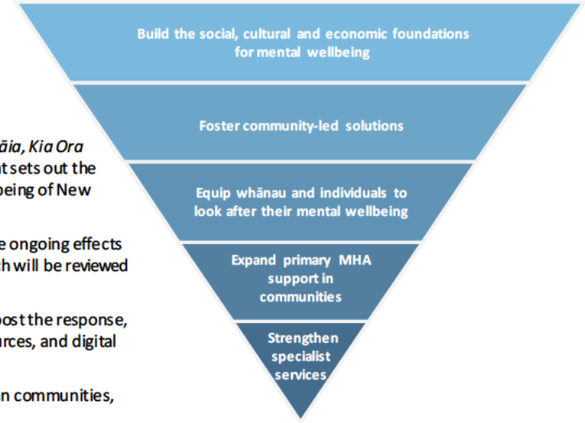
- The Inquiry into Mental Health and Addiction was an independent inquiry tasked with hearing the voices of the mental health and addiction sector and communities and with setting a clear direction for mental health and wellbeing in New Zealand.
- The Inquiry was established in January 2018 and operated until November 2018, receiving over 5,200 submissions and attending over 400 meetings and 26 public community forums.
- The Government released an initial response to *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* in December 2018 [CAB-18-MIN-0621]. This identified initial priorities including the establishment of a Mental Health and Wellbeing Commission; the repeal and replacement of the Mental Health Act; and the establishment of a Suicide Prevention Office and release of a national suicide prevention strategy and plan.
- In May 2019, the Government formally responded to *He Ara Oranga* by accepting, accepting in principle, or agreeing to further consider 38 of the 40 recommendations [CAB-19-MIN-0182].
- Also in May 2019, Budget 2019 invested $1.9 billion in a cross-government mental wellbeing package, including $883 million investment over four years in Vote Health mental wellbeing initiatives.
- Since then, significant progress has been made to deliver this investment and the Government's response to *He Ara Oranga*. Progress in six areas of focus is outlined below.



Psychosocial responses: Christchurch mosque attacks, Whakaari and COVID-19

- The Ministry of Health is responsible for coordinating national-level psychosocial support following an emergency.
- Following the 15 March 2019 Christchurch mosque attacks and the 9 December 2019 Whakaari/White Island eruption, the Ministry worked with the relevant district health board, iwi and local organisations to respond to immediate needs and guide longer-term response and recovery actions at the national level.
- As part of the COVID-19 response, the Ministry developed *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan* that sets out the national approach and actions necessary to support the psychosocial wellbeing of New Zealanders during the recovery phase.
- COVID-19 and its health, social and economic impacts are expected to have ongoing effects on people's mental wellbeing. As such, *Kia Kaha* is a living document, which will be reviewed and updated as new needs emerge and our context changes.
- The Ministry invested $15 million in a range of psychosocial supports to boost the response, including wellbeing promotion campaigns, online tools and self-help resources, and digital and telehealth support options.
- This investment includes targeted supports for Māori, Pacific peoples, Asian communities, older adults, rainbow populations and others.

Psychosocial recovery and mental wellbeing framework



Areas of focus

Establishing the Mental Health and Wellbeing Commission

- In July 2019, Cabinet agreed to establish the Commission as a Crown Entity to hold the government of the day and other decision makers to account for the mental health and wellbeing of people in New Zealand [CAB-19-MIN-0329.01].
- The Government also agreed to establish an Initial Commission to undertake some, but not all, of the functions of the permanent Commission while establishment work progressed.
- In November 2019, the chair and members of the Initial Commission commenced their terms, and the Mental Health and Wellbeing Commission Bill was introduced to Parliament.
- In June 2020, the Mental Health and Wellbeing Commission Bill received Royal Assent, confirming the permanent Commission's objective, functions and powers.
- The Initial Commission delivered an interim progress report in June 2020 and will deliver its final progress report on the Government's progress responding to *He Ara Oranga* in November 2020.
- The permanent Commission is expected to be operating by February 2021.

Preventing suicide

- In September 2019, *He Tapu te Oranga o ia tangata - the Suicide Prevention Strategy 2019–2029 and Action Plan 2019–2024 for Aotearoa New Zealand* was published.
- In November 2019, the Suicide Prevention Office was established, initially as a team within the Ministry of Health, to lead and coordinate nationwide actions to prevent suicide. Carla na Nagara was appointed the Director of the Suicide Prevention Office.
- Since opening, the Office has engaged regularly with national, regional and community-based stakeholders and has delivered a range of initiatives with the $40 million investment over four years through Budget 2019.
- In August 2020, the Chief Coroner released the 2019/20 provisional suicide figures (related to deaths where suicide is suspected but has not yet been confirmed by a coroner). This indicated 654 New Zealanders died by suicide, a provisional rate of 13.01 per 100,000 people. This is the lowest provisional suicide rate in three years.
- Māori, males, youth, people accessing mental health and addiction services, and other groups continue to be disproportionately represented in New Zealand's suicide statistics. Addressing these inequities is a key focus in *He Tapu te Oranga*.

Repealing and replacing the Mental Health Act

- In July 2019, Cabinet agreed to the principles that would underpin the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992 with legislation that supports human rights and improves equity [CAB-19-MIN-0329].
- In December 2019, the Minister of Health agreed to a phased approach to replacing New Zealand's mental health legislation including:
  - improvements to the application of the current Act and provider practice
  - initial amendments to the current Act to address immediate issues
  - longer-term policy work to fully repeal and replace the Act, including public consultation to acknowledge the complex issues and diverse perspectives involved.
- In August 2020, Cabinet agreed to a number of initial amendments to the current Mental Health Act, including eliminating indefinite compulsory treatment orders. This amendment bill is intended to be introduced following the 2020 election.
- In September 2020, the Ministry published updated guidelines to the current Act, which promote human rights approaches and give greater emphasis to the Crown's obligations under Te Tiriti o Waitangi and engagement with families and whānau.

Supporting the mental wellbeing of children and youth

- Experiences early in life, both beneficial and traumatic, can have major impacts on people's lives, including their longer-term mental wellbeing. We know that half of all lifetime cases of mental illness start by age 14 and three quarters start by age 24.
- Mana Ake, a three-year programme established in 2018, focuses on promoting wellbeing and positive mental health for year 1-8 students in 220 schools in Canterbury and Kaikoura. As at June 2020, 5,694 children had been supported to date, including 2,783 supported as individuals and 2,911 supported in groups.
- Piki, a three-year programme established in 2018, provides free counselling and other mental wellbeing support for young people aged 18-25 in the greater Wellington region. As at June 2020, Piki had delivered 10,775 sessions to 3,006 people.
- Budget 2019, Budget 2020 and the psychosocial response provided targeted investment to support children and youth, including youth-specific primary mental health and addiction services; the expansion of School Based Health Services; support for parents and whānau; and youth-focused wellbeing promotion and digital supports.

Taking a health approach to addiction

- *He Ara Oranga* was clear that addiction should be viewed as a health and social issue that requires care and support.
- The Ministry is funding a range of new services through Budget 2019 investment in both primary and secondary alcohol and other drug services. New initiatives are also being funded through the Acute Drug Harm Discretionary Fund and the Proceeds of Crime Fund.
- In August 2019, the Misuse of Drugs Act 1975 was amended to make drug possession a health issue. As at August 2020, there have been 565 referrals to health services as part of a new referral pathway allowing Police diversion to a nationwide helpline.
- The Ministry continues to progress cross-agency work and joint governance with the Justice sector to support a health approach to drug harm, including through the National Drugs Intelligence Bureau and Alcohol and Other Drugs Treatment Courts.
- In June 2019, the Ministry published the *Strategy to Prevent and Minimise Gambling Harm 2019/20-2021/22*. The strategy was developed following comprehensive consultation and includes public health activities, research, evaluation and workforce development.

Addressing equity

- Where people and communities have differences in health outcomes that are not only avoidable but unfair, different approaches and resources are needed to address this.
- Māori, Pacific peoples, people living in lower decile socioeconomic areas and other populations experience disproportionately poorer mental wellbeing outcomes.
- Budget 2019 and the psychosocial response provided targeted investment to address equity including:
  - collaboratively-design kaupapa Māori and Pacific primary mental wellbeing services
  - Māori and Pacific suicide prevention community funds
  - targeted psychosocial support options and messaging for Māori, Pacific peoples, Asian communities, older adults, rainbow populations and other groups.
- Work is ongoing to strengthen lived experience voices in the mental health and addiction system. This has involved establishing a People at the Centre team at the Ministry, creating lived experience roles and connecting with external networks.

Appendix Four: Ministerial responsibilities for decisions about special and restricted patients

Purpose of appendix

1. This appendix informs you of your role in the management of special patients and restricted patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (Mental Health Act).

Special and restricted patients

2. 'Special patient' and 'restricted patient' are legal statuses determined when a Court orders that a defendant be detained in a forensic mental health facility for treatment.

3. A defendant who is charged with an imprisonable offence and is suspected of being mentally impaired can be assessed under the Criminal Procedure (Mentally Impaired Persons) Act 2003 (Criminal Procedure Act). After an assessment, defendants can be made a special patient if they meet the definition of 'mental disorder' in the Mental Health Act.

4. The main categories of special patients are:

   a. unfit to stand trial because of a mental disorder

   b. not guilty by reason of insanity (as defined in the Crimes Act 1961)

   c. found guilty but the Court orders compulsory mental health treatment instead of, or as well as, a prison sentence

   d. people transferred from a Corrections facility (sentenced or on remand) to a forensic mental health facility for treatment.

5. Forensic mental health services provide treatment and rehabilitation services for mentally disordered offenders, alleged offenders, or people who pose a high risk of offending. Forensic mental health services provide inpatient treatment facilities (such as secure units and step-down rehabilitation units) and community mental health services.

6. When a person is made a special patient after being found not guilty by reason of insanity, the order is for an indefinite period. A person found unfit to stand trial may be detained subject to a special patient order for up to half of the maximum sentence to which they would otherwise be subject, to a maximum of 10 years, or until the person becomes fit to stand trial.

7. 'Restricted patients' are compulsory mental health patients that present special difficulties because of the danger they pose to themselves and others. The Court makes decisions about restricted patient status based on an application from the Director of Mental Health under the Mental Health Act.

8. The number of special patients is relatively small with about 130 people currently detained under such provisions. There are currently only four people with restricted patient status. Approximately 50 to 60 ministerial decisions are required for special and restricted patients each year. Information on the nature and type of decisions you will be required to make are outlined in the sections below.

Management of special and restricted patients

9. The legal framework for managing special and restricted patients is set out in the Criminal Procedure Act and the Mental Health Act.

10. Special and restricted patients are detained for treatment in one of the five Regional Forensic Psychiatric Services located in Auckland, Hamilton, Wellington (with a site in Whanganui), Christchurch and Dunedin.

11. Special and restricted patients are progressively reintegrated into the community by being granted leave from a secure forensic mental health facility. This approach enables both the forensic mental health service and special patient to work towards planned treatment and recovery goals while giving due consideration to public safety.

12. Each forensic mental health service conducts regular Special Patient Review Panels to review the clinical progress of special patients and make recommendations for treatment and rehabilitation. The Panels are made up of representatives from a multi-disciplinary team that works with the special patient and may have a member external to the service.

13. The Director of Mental Health may grant special and restricted patients up to six nights of leave per week ('short leave'), requiring a return to hospital at least once per week (section 52 of the Mental Health Act).

14. Once a patient has demonstrated an ability to live safely and adaptively in the community on unsupervised short leave, the responsible clinician can apply for longer periods of leave in the community, referred to as 'ministerial long leave' (section 50 of the Mental Health Act).

15. Once the responsible clinician is satisfied that the special/restricted patient no longer requires management as a special/restricted patient, they may also apply for a change of legal status. Figure 1 sets out the rehabilitative pathway for special and restricted patients.

16. The Minister of Health is responsible for making decisions on applications for long leave and changes of legal status of certain special and restricted patients. These decisions mark an important milestone in a person's rehabilitation and reintegration into the community. It can take years for a person to reach these milestones, and it is a meaningful occasion for them and their treating team.

Director of Mental Health

17. The Director of Mental Health, Dr John Crawshaw, has oversight of the management of special and restricted patients in New Zealand. The Director has specific powers in relation to:

    a. granting applications for short leave (section 52 of the Mental Health Act)

    b. approving special patient transfers to another hospital (section 49)

c. approving the return of certain inpatient special patients to prison, once their mental health can be adequately managed in prison (section 47).

18. The Director of Mental Health also considers applications for ministerial long leave and changes of legal status and provides advice to assist the Minister of Health's decision in these matters. The Director is assisted by the Deputy Director of Mental Health and a small team of advisors.

Ministerial decisions about special and restricted patients

19. A special/restricted patient's responsible clinician is accountable for the patient's clinical management in the forensic service. However, applications for long leave and changes of legal status require a decision by the Minister of Health (and/or the Attorney-General for certain categories of legal status).

20. As Minister of Health you will be asked to make these decisions about special/restricted patients subject to orders under section 24(2)(a) of the Criminal Procedure Act, who have been found not guilty of an offence by reason of insanity or deemed unfit to stand trial.

21. This level of decision-making reflects the seriousness of special and restricted patients' status and the need to ensure that a wide range of factors are considered when making decisions about such patients.

Ministerial long leave

22. Under the Mental Health Act and the Criminal Procedure Act, you are responsible for granting long leave and approving changes of legal status for certain special and restricted patients.

23. When a responsible clinician assesses a special patient as fit to be absent from hospital, an application will be submitted to the Director of Mental Health for consideration of long leave. The application must be supported by the Forensic Director of Area Mental Health Services (DAMHS). The DAMHS is responsible for the operation of the Mental Health Act in a district health board (DHB).

24. Long leave applications will typically follow a sustained period of successful short leaves in the community granted by the Director of Mental Health, up to a maximum of six nights per week.

25. The application contains supporting documents such as:

a. clinical progress notes and any notable incidents

b. a risk assessment and management plan for the patient while on leave

c. the proposed conditions of leave

d. a certificate, signed by two medical practitioners, stating that the patient is fit to be allowed to be absent from hospital (section 50(1) of the Mental Health Act).

25. The Director of Mental Health will review all information provided, giving careful consideration to the rights and rehabilitation needs of the patient and the protection of the public. This cautious approach enables both the service and the patient to develop a clear understanding of the course of treatment and future goals and gives due consideration to public safety.

26. You would then be provided with a report setting out the Director's advice and requesting your decision. The report summarises the relevant aspects of the special patient's rehabilitative progress, risk and management plan. A glossary of terms used in these health reports is enclosed for your information.

27. If you choose to grant a period of long leave, a leave of absence is attached to the health report for you to sign, giving effect to your decision. The leave of absence includes standard conditions of leave and conditions that may be particular to certain patients.

28. It is convention to grant long leave for an initial period of six months, followed by subsequent periods of 12 months if the initial leave is successful. If you choose to not approve a period of long leave, no further action is required. The Director of Mental Health will write to the patient's responsible clinician about the reasons for refusing an application.

Revoking ministerial long leave

29. Occasionally the Minister is asked to revoke long leave under section 50(3) of the Mental Health Act. This may be necessary if the conditions of leave are breached or if there are concerns about the safety of the special patient or the public.

30. A revocation of long leave requires urgent attention, and the Minister is required to sign the revocation within 72 hours of the patient's return to hospital.

31. While revoking leave is disappointing in terms of the patient's progress, timely leave revocation demonstrates that the system in place for long leave is effective in terms of identifying and managing risks to the patient and others.

Changes of legal status

32. Special patients acquitted on account of insanity may be considered for a change of legal status. When a responsible clinician assesses that a special patient no longer requires special patient status, an application will be submitted to the Director of Mental Health for consideration. Applications must be supported by the Forensic DAMHS.

33. The Director of Mental Health reviews the application, giving careful consideration to the progress of the special patient and the protection of the public. The Director will provide you with a health report summarising the special patient's progress over time, their treatment and rehabilitation activities, as well as any significant adverse events and risk considerations, and a recommendation about the special patient's legal status for your consideration.

34. Under section 33(3) of the Criminal Procedure Act you are required to decide whether continued detention for a special patient is necessary to safeguard the patient's own interests and the safety of the public. You will be assisted in your decision by advice and a recommendation from the Director of Mental Health as noted above.

35. In deciding whether a special patient status is no longer necessary for the safety of the public or a person, considerations of risk are central. The Director's advice will include information on the special patient's risk to self and others as assessed by the responsible clinician using clinical tools. The range of protections and mitigations put in place by the mental health service and the patient themselves will also be taken into account.

36. Considerations of risk are complex and multifactorial, but some key factors include:

    a. the stability of the special patient's mental state and abstinence from substance use

    b. the special patient's understanding of their mental health and how it links to their offending

    c. their level of engagement in treatment and rehabilitation plans and activities, and an understanding of how treatment reduces their risk of future harmful behaviour

    d. other protective factors such as relationship with family and meaningful engagement in community life (such as work, learning and cultural activities)

    e. the length of time living in the community without incident or recurrence of behaviour mirroring the original offence

    f. evidence of a robust management plan for the patient, should they be granted a change of status

    g. whether they can be adequately managed as a compulsory patient under the Mental Health Act.

37. If you find that the special patient's continued detention is no longer necessary to safeguard the interests of the person or the public, you may direct that the individual be held as a patient subject to a compulsory treatment order under the Mental Health Act, or that they be discharged.

38. The reports append a direction for you to sign, should you choose to grant a change of status.

Change of status for special patients found unfit to stand trial

39. Occasionally you will be required to make decisions about the status of special patients who have been found unfit to stand trial. Most decisions about the legal status of this group of patients are made by the Attorney-General, as set out in section 31 of the Criminal Procedure Act.

40. However, on rare occasions you will be required to make decisions about such patients in concurrence with the Attorney-General. Clinicians can request a change of legal status from the Minister of Health if the patient remains unfit to stand trial, but special patient status is no longer required. This is unlikely to happen more than once a year.

Mental Health Review Tribunal findings

41. The Mental Health Review Tribunal (the Tribunal) is appointed by the Minister of Health under the Mental Health Act. The principal role of the Tribunal is to consider whether a patient is fit to be released from compulsory status. The Tribunal comprises of one lawyer, one psychiatrist and one community member, and a number of deputy members.

42. Every person subject to a compulsory treatment order is required to have their condition reviewed at least every six months. Should a patient disagree with their responsible clinician's decision that they are not fit to be released from compulsory status, the patient can apply to the Tribunal for a review of his or her condition.

43. Applications for a change of legal status can arise when the Tribunal issues a certificate stating that in their opinion, it is no longer necessary for a person to be held as a special patient.

44. Section 80(5)(a) of the Mental Health Act requires the Tribunal to consider whether "the patient's condition still requires, either in the patient's own interest or for the safety of the public, that he or she should be subject to the order of detention as a special patient."

45. The Tribunal describes the threshold for "requires" as high and falling between expedient and desirable on one hand and essential on the other. The Tribunal will consider the patient's interest, the safety of the public and immediate and longer-term factors, including what may happen if the patient is not a special patient.

46. The Director of Mental Health will seek advice from the forensic mental health service on their view of the patient's condition and clarification of any aspects of the Tribunal's decision. The process for seeking a ministerial decision on a Tribunal finding is the same as described in paragraphs 33 to 38.

Restricted patient leave and change of status

47. In relation to restricted patients, as the Minister of Health, you are also required to make decisions about restricted patients' detention where the:

    a. responsible clinician has applied for long leave

    b. responsible clinician or Tribunal has found that a restricted patient remains mentally disordered, but that it is not necessary for them to remain subject to restricted patient status.

48. Restricted patient long leave is handled the same way as special patients (see paragraphs 22 to 31). Change of legal status recommendations for restricted patients must be agreed upon by you in concurrence with the Attorney-General.

Victims of special patients

49. Decisions around special patients are required to made within the current legislative provisions; however, the notification and engagement with registered victims of special patients has been problematic for the victims and the services and has led to adverse media coverage on occasions.

50. These challenges are due to how the legislation around victims' rights is drafted and the expectations and responsibilities for services arising from the Privacy Act, in particular the Health Privacy Code with respect to the protection of the privacy of special patients.

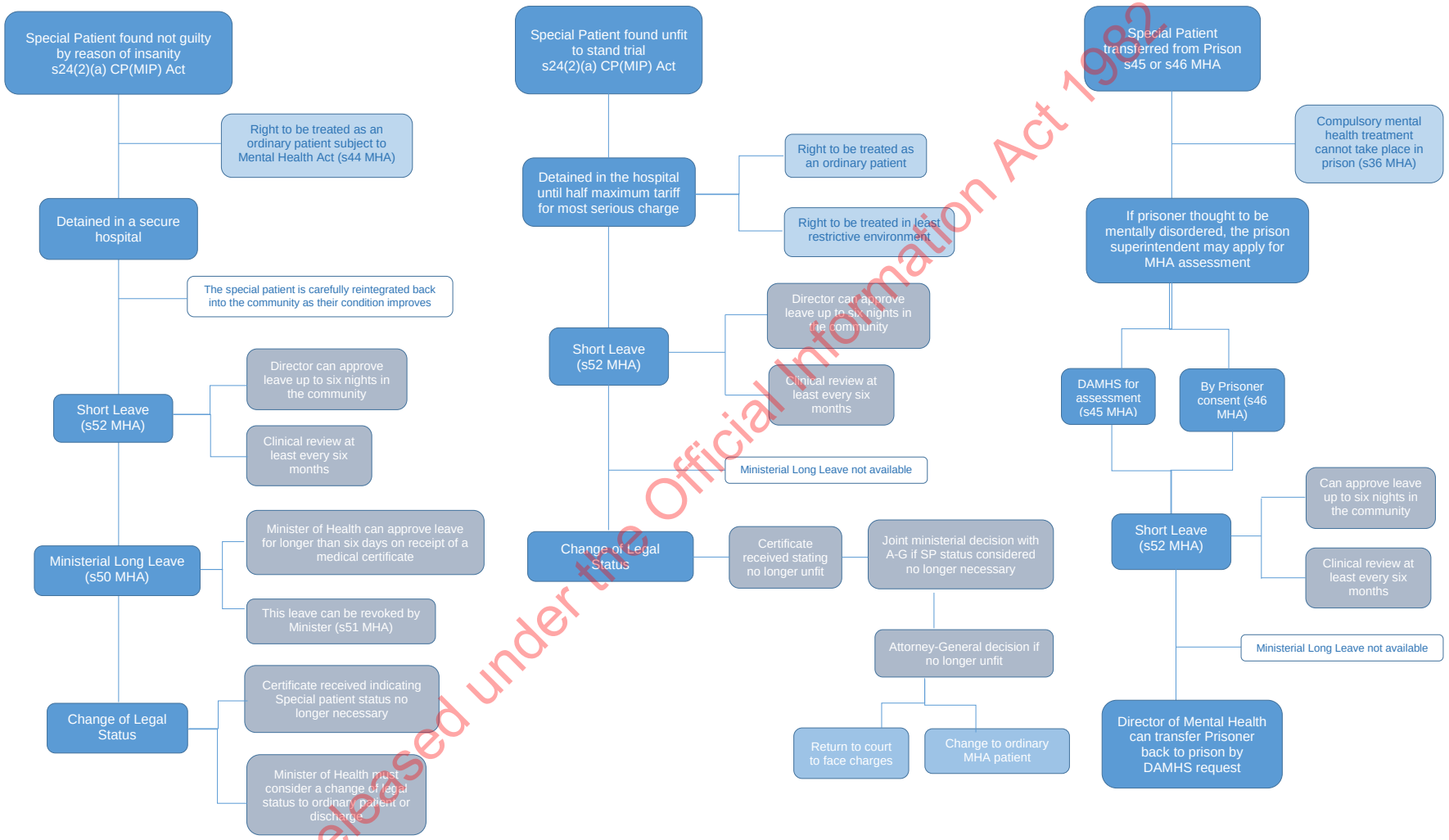
51. The Ministry is able to brief you separately on this issue and possible mechanisms to address this.

Next steps

52. Dr John Crawshaw, Director of Mental Health and Addiction Services, is available to assist you in making these decisions and to brief you further at your convenience.

Appendix 1

Figure 1: Special patient pathways



Appendix 1

Glossary of terms used in special patient health reports

Criminal Procedure (Mentally Impaired Persons) Act 2003 (the Criminal Procedure Act)

The Criminal Procedure Act was the first significant revision of the law relating to mentally impaired offenders in 50 years.

A defendant who is charged with an imprisonable offence and is suspected of being mentally impaired can be assessed under the Criminal Procedure Act. At the conclusion of such an assessment, the Court may find a defendant unfit to stand trial or acquit a defendant on account of insanity.

The Criminal Procedure Act prescribes orders that the Court can make for the detention, treatment and care of a defendant found unfit to stand trial or acquitted on account of insanity, and for certain mentally impaired defendants who are convicted of an imprisonable offence.

Director of Mental Health

The Director and Deputy Director of Mental Health have certain powers under the Mental Health Act in relation to special patients, including:

- the administration of matters relating to 'special patients', including approval of leave and transfer
- the ability to apply to the Court for a 'restricted patient' order
- the ability to direct that patients be transferred between services
- the ability to instruct a district inspector to inquire into issues relating to the assessment and treatment of patients and proposed patients under the Mental Health Act
- the authority to inspect any aspect of a mental health service.

Directors of Area Mental Health Services (DAMHS)

DAMHS are appointed to each DHB, as well as to the five regional forensic mental health services, by the Director-General of Health. The forensic DAMHS have responsibilities in relation to special and restricted patients, including:

- appointing health professionals to be responsible clinicians for each patient undergoing compulsory assessment and treatment
- applying to the Director of Mental Health for the leave and transfer of 'special patients'
- receiving applications for the compulsory assessment of a person detained in a penal institution
- deciding whether certain 'special patients' are fit to be returned to a penal institution
- directing the temporary return of certain 'special patients' to hospital
- receiving clinical reviews and Tribunal reviews of patients and special patients subject to a compulsory treatment order.

District inspectors

District inspectors are lawyers appointed by the Minister of Health, with responsibilities to:

- make regular visits to hospitals and other services in the district of appointment
- conduct inquiries into any breach of legislation or breach of duty by persons employed in the hospital or service
- monitor patients' rights and investigate any complaints of breaches

- ascertain views and wishes of patients during their course of treatment and assist where appropriate with applications for review by a Judge or Tribunal
- prepare visitation reports for the DAMHS
- provide regular reports to DAMHS on the exercise of the district inspector's responsibilities and monthly reports to the Director of Mental Health.

Forensic mental health services

Regional forensic mental health services are responsible for the management of special patients and restricted patients, within the legislative framework of the Mental Health Act and the Criminal Procedure Act.

New Zealand legislation specifically allows for people who have been charged with or convicted of an offence and who meet the definition of mental disorder in the Mental Health Act to be treated in hospital for that illness. Treating the mental disorder is an important step in assisting an individual to acknowledge and address the reasons for their offending and in doing so, can reduce the chances of future offending and significantly improve their wellbeing.

In managing special patients, forensic services are required to balance the treatment and rehabilitative needs of the individual with the safety of the public and the concerns of victims.

Index offence

The criminal offence that led to charges of which the special patient was found not guilty by reason of insanity.

Medical certificate

A certificate pursuant to section 50(1) of the Mental Health Act signed by two medical practitioners stating that they have examined a special patient and found that they are fit to be absent from hospital.

Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act)

The Mental Health Act provides the framework for the management of special patients, including provisions for leave and transfer. The main sections of the Mental Health Act relating to the management of special and restricted patients are:

- granting of ministerial long leave (section 50)
- granting of short leave by the Director of Mental Health (section 52)
- approving the transfer of special patients between facilities (section 49)
- enabling the transfer of prisoners into a forensic mental health facility for treatment (sections 45 and 46)
- approving the return of certain special patients to prison (section 47)
- enabling the Court to declare a patient to be a restricted patient (sections 54 to 56).

The key objectives of the Mental Health Act are to:

- define the circumstances in which compulsory assessment and treatment may occur
- ensure that both vulnerable individuals and the public are protected from harm
- identify the rights of patients and proposed patients and ensure those rights are protected
- ensure that assessment and treatment occur in the least restrictive manner consistent with safety
- provide a legal framework consistent with good clinical practice
- promote accountability for actions taken under the Mental Health Act.

A '**patient**' under the Mental Health Act, means a person who is:

- required to undergo assessment under section 11 or section 13 of the Mental Health Act; or
- subject to a compulsory treatment order made under Part 2 of the Mental Health Act; or
- a special patient.

Mental Health Review Tribunal

The Minister of Health appoints members of the Tribunal pursuant to section 101 of the Mental Health Act. One member must be a lawyer, one a psychiatrist, and the other a community member.

Key functions of the Tribunal in relation to special and restricted patients are:

- reviewing the condition of special patients found not guilty by reason of insanity, and reaching an opinion as to whether "the patient's condition still requires, either in the patient's own interest or for the safety of the public, that he or she should be subject to the order of detention as a special patient" (section 80)
- reviewing the condition of special patients found not unfit to stand trial, and reaching an opinion as to whether they are no longer unfit to stand trial, and if so, whether they still require special patient status (section 80)
- reviewing the condition of patients who are subject to 'restricted patient' orders and reaching an opinion as to whether the patient is fit to be released from restricted patient status (section 81)
- investigating complaints, including in relation to special and restricted patients (section 75).

Mental state

In clinical psychology and psychiatry, an indication of a person's mental health, as determined by a mental status examination.

Psychosis

Psychosis occurs when a person loses contact with reality. The person may:

- have false beliefs about what is taking place, or who one is (delusions)
- see or hear things that are not there (hallucinations).

Responsible clinicians

Key responsibilities of responsible clinicians include:

- determining whether or not a person is mentally disordered
- making applications to the Court for compulsory treatment orders (CTOs)
- overall management of the patient's treatment
- regular clinical reviews of persons subject to CTOs and of 'special patients' and 'restricted patients'
- ensuring consultation with the family or whānau of the patient or proposed patient unless there are reasonable grounds not to do so.

Restricted patients

'Restricted patients' are compulsory mental health patients that present special difficulties because of the danger they pose to themselves and others. The Court makes decisions about restricted patient status based on an application from the Director of Mental Health under the Mental Health Act. Restricted patient status is rare, with only eight people given this status since 1992. Restricted patients have the same access to leave and change of legal status as special patients.

Revoking ministerial long leave

Section 51 of the Mental Health Act permits the forensic DAMHS to direct that a patient on long leave be admitted or readmitted to hospital if it is necessary 'in the interests of the safety of that patient or the public'.

Such an admission can only be for 72 hours, during which time the Director of Mental Health will provide a health report to the Minister of Health seeking revocation of leave.

Special patients

'Special patient' is a legal status received when the Court orders that a defendant be detained in a forensic mental health facility for treatment. Defendants can be made a special patient when they meet certain criteria in terms of a mental disorder.

The main categories of special patients are:

- unfit to stand trial because of a mental disorder
- found not guilty by reason of insanity (as defined in the Crimes Act 1961)
- found guilty but the Court orders compulsory mental health treatment instead of, or as well as, a prison sentence.

Another category of special patient is where people in prison (sentenced or on remand) are transferred under the Mental Health Act to a forensic mental health facility for treatment. The person is transferred back to the Corrections facility when their responsible clinician considers their mental health can be adequately managed in prison.

When a person is made a special patient after being found not guilty by reason of insanity, the order is for an indefinite period. A person found unfit to stand trial may be detained subject to a special patient order for up to half of the maximum sentence to which they would otherwise be subject, to a maximum of 10 years, or until the person becomes fit to stand trial.

Special Patient Review Panel (SPRP)

Each forensic mental health service conducts regular SPRPs to review the clinical progress of special patients. The Panels are made up of representatives from a multi-disciplinary team that works with the special patient (e.g. psychiatrists, nurses, social workers), and may have a member external to the service.

The special patient appears before the panel with support people (such as family and whānau) for a discussion about their progress in the preceding period. The SPRP will then make comments and recommendations for the patient's treatment and management plan, including recommendations about leave and change of status.

The SPRP's recommendations serve as a second multi-disciplinary team opinion for ministerial leave or change of legal status decisions and are referenced in the health reports to the Minister of Health.

Treating team

The treating team is a multi-disciplinary team that works with the special patient. Treating teams may include psychiatrists, nurses, social workers, cultural support workers, kaumātua, addiction practitioners, and peer support workers.

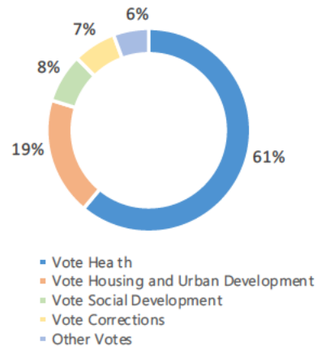
Appendix 1

Appendix Five: Overview of Budget 2019 mental wellbeing investment

Budget 2019 provided significant investment in mental wellbeing

- Budget 2019 invested $1.9 billion over four years in a cross-government mental wellbeing package. This package of initiatives seeks to address social determinants of mental health and wellbeing and reflects a whole-of-government approach to supporting New Zealanders' mental wellbeing.
- This package includes $883 million investment over four years in Vote Health initiatives, including $455 million for the initiative *Expanding Access and Choice of Primary Mental Health and Addiction Support*.
- 2019/20 was a foundational year which focused on laying the groundwork for the longer-term delivery of these Vote Health initiatives. The phasing of funding and delivery reflects the need to build capacity in the sector to work in new ways and deliver new services. While COVID-19 slowed some investment activities, good progress has been made.
- *He Ara Oranga* was clear that services should be designed collaboratively with communities. The beginning of 2019/20 focused on engaging with Māori, Pacific peoples, young people, people with lived experience and the mental health and addiction sector. The Ministry undertook national roadshows, hui, focus groups and surveys to understand the core components of new services that would work for communities.
- Work to deliver these Budget 2019 initiatives has also involved a number of procurement processes. These procurement processes have been informed by the above engagement with communities and the sector, and have been carried out in accordance with the Government Procurement Rules to ensure that investment is targeted toward evidence-informed services which deliver public value.

Budget 2019 mental wellbeing package by Vote



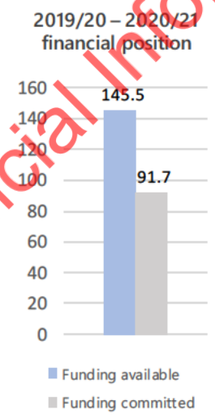
Budget 2019 Vote Health financial position at September 2020

	Allocated ($m)	Committed ($m)
2019/20	151.7	127.3
2020/21	201.9	142.1
2021/22	241.9	88.4
2022/23	288.0	85.1
Total over four years	883.4	443.0

Expanding access to and choice of primary mental health and addiction support

- Budget 2019 invested $455 million over four years to expand access and choice of primary mental health and addiction support.
- This five-year national rollout is introducing new primary mental health and addiction services in general practices, as well as in kaupapa Māori, Pacific and youth-specific settings.
- By the end of June 2021, there will be over 350 Health Improvement Practitioners, Health Coaches and Support Workers providing integrated primary mental health and addiction services across over 100 general practice sites in 15 district health board areas to an enrolled population of 1.5 million.
- As at September 2020, there have already been over 47,000 sessions delivered by Health Improvement Practitioners and Health Coaches that wouldn't otherwise have been delivered.
- Māori-specific services are being rolled out across the country, and announcements for new Māori services are expected in November 2020.
- Pacific-specific services are being rolled out across the country. Investment of $1.5 million was recently announced to grow services for Pacific peoples in Auckland, Hamilton and Canterbury, and additional new services are expected to be announced in November 2020.
- Youth-specific services are also being rolled out across New Zealand. New or expanded mental health and addiction services operating in Rotorua and Taupō, Wairarapa, South Canterbury, Dunedin and Southland from October were recently announced. Contracts for additional youth-specific services in other regions are currently being negotiated.
- This initiative also includes funding for workforce development and system enablers, such as engagement, IT infrastructure and evaluation. An external evaluation has been procured for new integrated GP primary mental health and addiction services, which will report back in June 2022.

2019/20 – 2020/21 financial position



Developing our workforce

- The development of a resilient, diverse and skilled workforce is crucial to delivering the Government's response to *He Ara Oranga*.

The Ministry has focused on increasing the number of people practicing in mental health and addiction, as well as supporting the existing workforce to develop new skills and competencies.

- The Ministry is also developing new roles, including Health Improvement Practitioners and Health Coaches for the *Expanding Access and Choice* initiative.
- In 2019/20, workforce development investment has focused on three key areas:

Growing existing workforces	Upskilling existing workforces	Developing new workforces
98 additional New Entry to Specialist Practice places this year for nurses, social workers and occupational therapists to enter MHA	Over 100 new training places for post-graduate study in specialist practice areas	70 Health Improvement Practitioners and 88 Health Coaches in training between February and September 2020
Expanding Nurse Practitioners (NPs) training to support NPs to practice in MHA settings	60 new places for primary care nurses to achieve credentialing in MHA	46 new bursaries for Māori students pursuing a career in MHA
8 additional clinical psychology internships each year, bringing total supported internships to 20	800 new places for Māori and Pacific cultural competence training	30 new scholarships for Pacific students pursuing a career in MHA

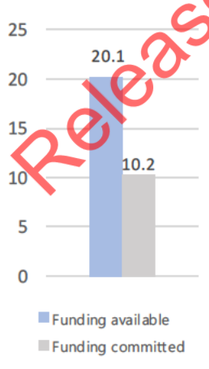
Suicide prevention

- Budget 2019 invested $40 million over four years in a range of suicide prevention and postvention activities.

Key milestones to date

- Māori and Pacific Suicide Prevention Community Funds have been established and announcements of successful applicants have begun
- A national suicide bereavement response service has been established. Virtual access to support has commenced. Rollout of face-to-face services is beginning in Counties Manukau with a view to having nationwide delivery by mid-2021
- DHBs have been contracted to provide additional postvention services
- Enhancements to the suicide information service for whānau are underway
- Reviews of the regional and community suicide prevention landscape and Coronial Suspected Suicide Data Sharing Service have concluded and are being considered to inform ongoing investment and activity

2019/20 – 2020/21 financial position



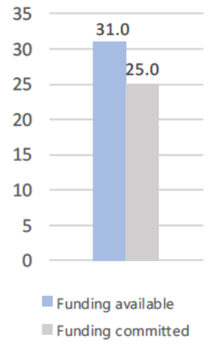
Addiction

- Budget 2019 invested $67 million over four years in a number of initiatives to support people experiencing alcohol or other drug (AOD) harm or addiction.

Key milestones to date

- New AOD peer support services and family/whānau peer support services in Taranaki
- Continuation of the Haven Recovery Café run by Odyssey House in Auckland
- Te Ara Oranga supported 751 people and whānau in 2019,exceed the expectation of 500 per annum, and has supported 341 people and whānau in 2020 at August 2020
- Two new sites selected in Eastern Bay of Plenty and Whanganui for the Pregnancy and Parenting Service, which delivers intensive outreach for parents experiencing AOD challenges
- Funding to sustain and improve quality in NGO-delivered specialist AOD services, and a range new specialist AOD services funded across New Zealand

2019/20 – 2020/21 financial position



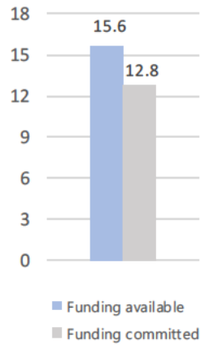
Specialist, crisis and forensic services

- Budget 2019 invested $42 million over four years to enhance specialist mental health services, focusing on forensic and crisis services.

Key milestones to date

- Increasing staff capacity in community-based forensic mental health services for both adults and youth
- Improving the provision of forensic mental health prison in-reach services for adults
- Funding ongoing placements in the Youth Forensic Psychiatry programme and placements in the Postgraduate Certificate in Specialty Care (endorsed in Forensic Practice)
- Supporting all 20 DHBs with capability planning and service development in Emergency Department crisis services
- Work underway with Hawke's Bay DHB to develop a pilot for a community-based alternative crisis centre

2019/20 – 2020/21 financial position



Appendix 1

Appendix Six: Indicative milestones through to 2023/24

	2020	2021		2021/22	2022/23	2023/24
	2020/21 Q2	2020/21 Q3	2020/21 Q4			
Expanding Access and Choice	▪ Commence de ivery of expanded Māori services ▪ Commence phased de ivery of expanded and new youth services ▪ Commence procurement of new B20 services for tertiary students	▪ Commence phased delivery of new Māori services ▪ Commence phased delivery of new Pacific services ▪ Commence procurement for next tranche of youth services	▪ Integrated Primary Mental Hea th and Addiction Services being delivered in over 100 general practice sites in 15 DHB areas, providing coverage for around 1.5 million people ▪ Commence delivery of new B20 services for tertiary students	[redacted]	[redacted]	[redacted]
Addiction	▪ Commence estab ishment of Waikato Alcohol and Other Drug (AOD) Treatment Court ▪ Sites identified for additional B19 primary AOD services	▪ Commence procurement processes for Waikato AOD treatment court ▪ Procurement of additional B19 primary AOD services underway ▪ Commence services of two additional Pregnancy and Parenting Services sites (Whanganui and Eastern Bay of Plenty)	▪ New refined drug testing regime for Auckland AOD Treatment Court starts ▪ Waikato AOD Treatment Court starts ▪ Contracts in place for additional B19 primary AOD services	[redacted]	[redacted]	[redacted]
Suicide Prevention	▪ Report-back to Cabinet on progress implementing *He Tapu te Oranga*, the suicide prevention strategy (TBC pending Ministerial decisions) ▪ First round of B19 Māori and Pacific Suicide Prevention Community Fund projects underway ▪ One year anniversary of Suicide Prevention Office	▪ Additional LifeKeepers suicide prevention training workshops and e-learning modules commence ▪ Commence phased delivery of face-to-face bereavement response service (note: national on ine services commenced in May 2020)	▪ Development of updated media guidelines and engagement with media completed	[redacted] s 9(2)(f)(iv) [redacted]	[redacted]	[redacted] s 9(2)(f)(iv) [redacted]
Psychosocial plan & longer-term pathway	▪ Finalise updated *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan* (the Psychosocial Plan) to reflect stakeholder feedback ▪ Release updated Psychosocial Plan (TBC)	▪ s 9(2)(f)(iv) [redacted]	▪ s 9(2)(f)(iv) [redacted]	[redacted]	[redacted]	[redacted]
Mental Health Act	▪ Provide drafting instructions for initial amendments to Par iamentary Counsel Office (PCO)	▪ Introduce initial amendment Bill (TBC pending Ministerial decisions) ▪ Commence targeted stakeholder engagement to inform policy development for repeal and replacement of the Act	▪ First reading and Select Committee consideration of initial amendment Bill (TBC)	▪ s 9(2)(f)(iv) [redacted]	▪ s 9(2)(f)(iv) [redacted]	▪ s 9(2)(f)(iv) [redacted]
Mental Health and Wellbeing Commission	▪ Initial Commission delivers report on Government progress responding to *He Ara Oranga* ▪ Finalise appointment process for permanent Mental Hea th & Wellbeing Commission (TBC pending Ministerial decisions)	▪ Permanent M ntal Hea th & Wellbeing Commission established ▪ Initial Commission term ends	▪ Monitoring and oversight of mental wellbeing activities	[redacted]	[redacted]	[redacted]
Other priority MHA initiatives	▪ Commence procurement of additional B19 digital supports ▪ Commence service de ivery of B19 Well Child Tamariki Ora Enhanced Support Pilot in Lakes	▪ Commence service de ivery of Well Child Tamariki Ora Enhanced Support Pilots in Counties Manukau s 9(2)(f)(iv) [redacted] ▪ Commence service delivery of pilot to improve transitions from acute mental hea th inpatient units (part of Homelessness Action Plan) ▪ s 9(2)(f)(iv) [redacted]	▪ Commence delivery of additional B19 digital supports	[redacted]	[redacted]	[redacted]

Note: This is an indicative overview of potential activities to implement priority areas of the Government's response to He A ra Oranga and the confirmed investment in mental health and addiction. Some activities are unconfirmed and subject to future Ministerial or Cabinet decisions. This is not intended to pre-empt or advise on those decisions.