

New Zealand
Psychological Society
Rōpū Mātai Hinengaro o Aotearoa



Submission to the Ministry of Health for the Health and Disability System Review

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31 May 2019

1. Acknowledgement

The New Zealand Psychological Society (NZPsS) welcomes the opportunity to comment on the New Zealand Health and Disability System

2. About the New Zealand Psychological Society

The NZPsS is the national, professional association that serves psychologists from all areas of psychological practice in New Zealand. Our collective aim is to improve individual and community wellbeing by disseminating and advancing the rigorous practice of psychology.

The NZPsS has over 1300 members working in a wide range of health, education, justice, corrections, children and young people's services, academic and NGO settings. We also have over 700 post graduate psychology student members.

3. Introduction

We would like to acknowledge that the New Zealand health and disability system currently provides excellent care and support in some areas of its functioning. We are fortunate to have many New Zealand and international health professionals providing quality care. We acknowledge their dedication and commitment to their roles in the health system.

We consider that now is the time for a courageous transformation of New Zealand's health and disability system where we acknowledge the demographic changes in our society, the impact of poverty on health and wellbeing, the disproportionate burden of illness and disability on Māori and Pasifika peoples; the unmet mental health and wellbeing needs in society, the links between equity and access to health services, and other issues. We address some of these issues in our submission.

4. Values underpinning our future public health and disability system

The core values the New Zealand Psychological Society would like to see underpin our future public health and disability system are:

- Equity of access to health and disability services throughout Aotearoa
- Culturally competent provision of services
- Parity of funding of mental health and physical health services
- Collaboration and cooperation across Ministries to ensure effective and efficient delivery of health and disability services
- Valuing the voices of consumers
- Treatments/interventions are based on evidence
- Health care and support is convenient, prompt and when needed ongoing

*We believe the New Zealand health and disability system should be based on the core value that
no one is left behind.*

5. Health and disability system in 2030- how would people's experiences differ from today?

Our view for the future transformed health and disability system is that:

- There would be no inequalities in health outcomes for Māori and Pasifika peoples compared with the non-Māori/non-Pasifika population
- Māori and Pasifika peoples would lead health and disability service provision for their people
- There would be equity of access to health and disability services- i.e all New Zealanders would be able to access timely, quality health care/disability services
- There would be few poverty-related health issues- e.g. rheumatic fever, poor dental care
- There would be income support for those impacted by illness and disability that is not currently covered by ACC. Currently serious illness and disability can reduce earning capacity and we hope by 2030 at least, that this inequity is addressed.
- Suicide rates would have fallen because mental health services will be easily accessed and mental health and wellbeing promotion would have reduced the stigma and increased mental health literacy
- Waiting lists for treatments/surgery would be much reduced
- Health workforce development would use evidence-based data to determine workforce needs and focus equally on medical, nursing and allied health service provision
- There would be an increased number of psychologists and their skills would be fully utilized throughout the health and disability system
- Consumers would have greater choice in the health and disability services they need to access
- Governments policy would have a greater focus on the sociocultural determinants of health and wellbeing and on primary prevention
- Violence and other behavioural signs of distress and trauma would be responded to as public health issues.
- Those in Corrections' facilities would have their physical, mental health and rehabilitation needs treated as a priority
- The health and wellbeing of children would be a high priority from pre-natal care onwards

- The Ministry of Education would view emotional/relationship literacy/skills as central to the school curriculum
- Drug addiction would be viewed as a health rather than a criminal issue and services would be easily accessed for those with drug use problems
- Parenting support and assistance would be viewed as an important primary care intervention
- There would be a greater number of mental health services for men and boys to lower the rates of male suicide and the rates of family, sexual and other violence in New Zealand.
- In 2030 the health and disability system would be experienced by people as a joined up, collaborative and cooperative system in which consumer voices help shape changes and innovations
- We know that 74% of all mental health problems have emerged by the age of twenty.ⁱ By 2030 (and hopefully much earlier), mental health services for children and young people in Aotearoa would be well-funded, culturally appropriate, effective and efficient

6. Health and disability system equity

We suggest the following in relation to system equity:

- Consulting with Māori and Pasifika people about the health and disability system that will work for them and honouring that consultation with action
- Bringing health care to the people – using schools, universities and community hubs, mobile clinics, and Corrections facilities as centres to provide health/mental health and wellbeing, disability and dental services
- Making health care affordable for everyone, supporting those on low incomes to access culturally competent health care
- Rebuilding the mental health system to improve access and broaden the range of treatment options- less pharmaceutical intervention and more talking therapy interventions
- Ensuring that NGO health and disability providers have sufficient, predictable income to function effectively
- Broadening ACC's reach for a fairer response to health and disability needs
- Better access to mental health services will result in less chronic/long term illness and disability, greater wellbeing and ultimately health savings. A healthy population is more likely to be engaged in employment and effective parenting and will be less reliant on social services etc.

Changes to improve health for Māori?

We suggest:

- Researching the provision of services with and for Māori – find out what works, apply the principles and evaluate
- Ensuring Māori designed and led services are properly funded and supported
- Making a real commitment to developing the Māori health and disability workforce
- A focus on alleviating poverty, unemployment and trauma in Māori communities
- Ensuring that cultural competence is a core practice skill for all health and disability practitioners
- Ensuring joined up services for Māori health and wellbeing services through whanau ora and other services

Changes to improve health for Pasifika peoples?

We suggest:

- Researching the provision of services with and for Pasifika – find out what works, apply the principles and evaluate
- Promoting Pasifika designed and led services
- A real commitment to developing the Pasifika health and disability workforce
- A focus on alleviating poverty in Pasifika communities
- Ensuring that cultural competence is a core practice

Changes to ensure that people with disabilities have equal opportunities to achieve their goals and the life they want

We suggest:

- Researching the provision of services with and for people with disabilities – find out what works, apply the principles and evaluate
- Ensuring a disability inclusive health care system that reduces barriers for people with disabilities to engage with healthcare providers and access health and wellbeing services and information.
- Focus support and rehabilitation services on people with disabilities being fully integrated into NZ society

7. Existing or previous actions working well in New Zealand or overseas

We suggest:

- Measuring health intervention outcomes is important- particularly with a focus on the outcomes that matter to consumers
- The healthy homes initiative is an excellent example of a public health initiative improving health and wellbeing- this example suggests that funding public health initiatives can be cost saving as well as improving quality of life.
- We understand that Portugal's decriminalization of drugs in 2001 has led to a reduction in overdoses, HIV and drug related crime. New Zealand needs to find a health pathway to managing addiction rather than a criminal justice pathway.
- We need to find successful international indigenous health stories and strategies and work with Māori to look at what might fit the Aotearoa context
- Germany and Norway have innovative community based mental health systems aimed at improving access to mental health care- we need to study these systems and find out what would work for New Zealand

8. Most important changes that would make the biggest difference to New Zealanders

We suggest:

- Working towards the alleviation of inequality/poverty and a living wage for all
- Making it a priority to focus on accessible, evidence-based wellbeing services for children and their parents
- Ensuring that New Zealand's mental health system is funded sufficiently to be accessible, with the capacity to meet needs throughout the life span, is culturally competent, evidence-based and community-based.
- Making policy and providing funding to enable Māori and Pasifika to provide health and wellbeing services for their people
- Ensuring that workforce development is evidence based and recognizes the contribution that psychologists and other professionals can make to the wellbeing of New Zealanders.
- The current funding models for health need to be examined for efficiency and efficacy. The current system does not appear to be managing issues of equity of access,

workforce need, maintaining state of the art health technology and even maintenance and repair of infrastructure such as buildings.

9. Conclusion

We are hopeful that this review will result in the transformation of the Aotearoa health and disability system by identifying what is working well and what needs to be changed. We are aware that the mental health system needs particular attention. We offer our support and expertise in building a health and disability system that ensures that no one is left behind.

References

ⁱ Faculty of Public Health, British Mental Health Foundation. 2016. Better mental health for all. A public health approach to mental health improvement.
<http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf>