Taking a social investment approach to mental health

Mental health in New Zealand

What is the prevalence of mental health issues in New Zealand?
In line with international trends here in New Zealand we've seen an increase in demand for mental health and addiction services in recent years.

We know that around one in five will meet the criteria for a diagnosable mental disorder in any given year.

Over the last decade demand for specialist mental health and addiction services has increased from 2.3 per cent to 3.6 per cent of the population, an increase from around 96,000 people, to almost 168,000 people. The numbers of people accessing specialist services are in line with international benchmarks for access to services.

At the same time the number of people treated by services for alcohol and other drugs, including methamphetamine related substance use, has almost doubled since 2008/09, increasing from around 26,200 to around 46,000 in 2015/2016.

What is driving increasing demand both here and around the world?
The drivers of mental disorders and addiction are complex, and there is no simple answer as to why across the world we are seeing increased demand for services.

How we live our lives has changed greatly over recent decades, and as the Government's Science Advisors have said, these changes have created a range of poorly understood but probably critical pressures that affect our psyche and behaviour. Societal and family structures have changed; child rearing practices have changed; technology has changed the nature of our social networks and how we communicate. At the same time the role of traditional community supports such as sports, church and youth groups have declined.

Against this backdrop, our understanding of mental disorders has increased, as has our willingness to report problems and seek help.

What are the current suicide rates in New Zealand?
In New Zealand, a death is only officially classified as suicide on the completion of a coroner inquiry. With this mind, please note that the 2014 data is provisional with the fully confirmed data due for release in the coming months.

In 2014, 504 people died by suicide in New Zealand, which equates to an age-standardised rate of 10.7 per 100,000.

There were 378 male suicides and 126 female suicides (16.4 per 100,000 and 5.3 per 100,000 respectively). For every female suicide there were 3.1 male suicides. The highest rate of suicide was among people aged 25–44 years (16.2 per 100,000).

The rate of youth suicides (15 – 24 years) in 2014 dropped below the rate of suicide among people aged 25–44 years for the first time since 2007, continuing the decreasing trend for this age group since in 2012.

We know that there are some population groups that have higher rates of suicide than others. Suicide rates are disproportionately high for Māori, Pacific young people and young people aged 15-24.

We also know that around 60 per cent of the people who die by suicide in New Zealand each year have not interacted with a mental health or addiction service in the previous 12 months.

Why do we need to make a change?
Over the last few decades our responses to mental disorders and addictions have changed dramatically.

New Zealand has moved from an institutional model, to a recovery model, in which the vast majority of people with mental disorders receive treatment in the community.

The Government has been working with its Science Advisors and subject experts to help consolidate our learnings over recent years and shape the path ahead.

We have a greater understanding of brain development and of the risk and protective factors that influence mental health and wellbeing.

We now know that we need to have a greater focus on promoting mental health, preventing mental disorders as far as possible, and more effectively identifying and responding to the needs of people with mental disorders.

We also know that we need to be focusing our efforts much younger in life, for example the evidence shows that half of all lifetime cases of mental illness begin by age 14, and three-quarters by 24 years.

A social investment approach to mental health

What does a 'social investment approach' mean?
Social investment at its most simple is about investing earlier, and more effectively, in the lives of those who may otherwise be on track to experience poor outcomes so they achieve better longer-term outcomes and at a lower total cost. This will be achieved through better use of data and evidence, more rigorous programme evaluation and both a whole-of-life and whole-of-system understanding of impact, centred around people, not agencies and whole of life service decision-making and delivery systems.

What is the $100 million Mental Health Social Investment Fund?
A Mental Health Social Investment Fund totalling $100 million over four years was established in Budget 2017. The purpose of the Fund is to trial new and innovative approaches to improving mental health, while also helping to build the New Zealand evidence base of 'what works'.

The Fund provides an opportunity to act immediately to trial and/or expand innovative approaches that will forms part of a wider programme of work to prevent and respond to mental disorders.

The $100 million package announced today

Why were these 17 initiatives chosen?
The package reflects a mix of 17 initiatives intended to:

- provide a more effective range of responses to meet the needs of people in crisis (or at risk of a crisis situation) and/or experiencing trauma;
- extend the coverage of supports for people experiencing mild to moderate mental disorders;
- begin to reorient our approach to mental health towards a focus on prevention, early intervention and resilience-building (focused particularly on school-aged children and young people); and
- explicitly test and build the New Zealand evidence base, including through adapting, trialling and evaluating programmes or approaches from overseas.

The initiatives proposed represent a mix of trials, service enhancement and service expansion across a range of settings closer to communities.

We are investing in a schools-based package, focused on building resilience and improving support for children and young people.

The package also commits resources to primary and community mental health care, to expand services and upskill the mental health workforce.

We are also investing in additional distance and e-therapy options, which will enable provision of support earlier in the course of mental disorders and closer to communities.

When will these 17 new initiatives be up and running by?
The initiatives will be co-designed with key stakeholders. This represents a different way of working. We will work with providers first to design the proposals before funds are drawn down. Some proposals will be tested first in an area and learning shared with others. Those areas will be determined further down the track. We estimate that around half will be ready in early 2018, with a few taking up to 12 months until they're fully operational.

How does the package of new initiatives align with the new strategic framework for mental health?
Cabinet agreed in July on a new strategic approach for mental health. Consistent with the direction set, the $100 million package:

1. Reflects shared cross-government responsibility for mental health - proposals will engage workforces across the health, education, justice and social sectors for collective impact;
2. Adopts a social investment approach – proposals have been informed by information and research, as far as possible, and ongoing evaluation mechanisms will contribute to the New Zealand evidence base; and
3. Reflects a life-course approach - proposals recognise the importance of working with individuals and whānau to tackle known risk factors (e.g. poor family functioning, insecure housing and bullying), addressing trauma early in the life course, and building resilience.

What research has been done to demonstrate the effectiveness of e-therapies and Cognitive Behavioural Therapy (CBT)?
Cognitive Behavioural Therapy (CBT) is an approach to short-term psychotherapy that is hands-on, practical, and aimed at problem solving and the acquisition of skills.

CBT can be tailored and delivered in different ways to meet the varying needs of individuals and population groups, including culturally appropriate approaches.

There is a strong evidence base both overseas and in New Zealand for CBT. There is a high success rate with CBT with randomised clinical trials showing that about 50 per cent of patients/clients are “cured”. They have acquired and practised a variety of skills (both mental and behavioural) with which to tackle what life throws at them.

CBT is considered one of the best choices among face-to-face therapies and has become increasingly fine-tuned over time.

The electronic delivery of therapy and other programmes focused on improving mental health is a newer concept and has a strong overseas evidence base, particularly delivery of CBT-based therapies for people experiencing anxiety and depressive disorders.

A systematic review of computerised anxiety and depression interventions for young people found that 60 per cent of anxiety and 83 per cent of depression programmes improved against at least one outcome measure.

Research has highlighted the benefits of distance therapy in reducing financial, physical, geographic, and psychological barriers such as stigma, perceived judgement by therapist, fear of rejection and perceived privacy issues. Research has also shown electronic delivery can improve adherence/completion rates; and results in higher self-disclosure and stronger therapeutic alliance.

However, there is a lack of evidence for the use of e-therapies in New Zealand and this funding is an opportunity to tailor, trial and test e-therapy approaches in the New Zealand context to build that evidence base. We need to choose the most effective and appropriate approaches and tools and ensure professionals are trained well in their use and oversight.

There’s a strong focus on e-therapies, do people have ready access to the technology needed to use them?
The e-therapy initiative will undergo a development phase as a first step. This phase will include consideration of the current service coverage/gaps and the range of therapeutic approaches and products available that could usefully be tailored for, and tested in, the New Zealand context. This would consider practical issues of suitability to certain populations, including any barriers to accessibility and possible ways of mitigating any issues identified (e.g. accessing Internet services through schools, public libraries or other community settings).

Are these initiatives in addition to existing services or are they intended to replace existing services?
The initiatives announced are intended to run in addition to existing services.

What groups will benefit from the trial of these new services?
The initiatives have been carefully developed so that they are suitable for trialling with their intended population, and factors such as vulnerability have been taken into account.

A detailed design phase will include co-design with individuals, whānau, communities and providers. This is important to help ensure services are appropriate for intended users. In addition, robust evaluation plans are being developed that will assess the effectiveness and impacts of initiatives.

How do all New Zealanders benefit from targeted initiatives?
In the longer term, increasing the health system's capacity, capability and responsiveness will have benefits for the broader population.

Improving the mental health of New Zealanders will have wide-ranging positive personal, social and economic impacts.

Over time, the social investment approach will provide data on health outcomes and on the effectiveness of services in promoting the wellbeing of those who use them; this, in turn, will inform the ongoing development of responsive and effective services for all New Zealanders.

What are the next steps?
Agencies are working to develop fully worked up implementation plans and will be engaging with designers and delivery partners. Work will continue with Science Advisors to develop detailed evaluation approaches.

New strategic approach for mental health

What is the new strategic approach for mental health?
The $100 million social investment package for mental health signals the beginning of a major programme of work to prevent and respond to mental disorders in New Zealand.

Cabinet recently agreed to a new strategic approach for mental health which looks to reorient our overall approach to mental health towards a holistic, cross-government model that responds to the multiple needs of people in the context of their families/whānau and communities.

The new strategic approach seeks to have a dual focus on promoting wellbeing and preventing mental disorders, and effectively identifying and responding to the needs of people with mental disorders.

Implementation requires agencies across the health, education, social and justice sectors (and more broadly) to take collective responsibility for improving the mental health of New Zealanders. A social investment approach will underpin the change process.

Who has been involved in setting the new strategic approach?
A co-ordinated, cross-agency approach was adopted, involving officials from across the health, education, social and justice sectors.

The Chief Science Advisors of the Department of Prime Minister and Cabinet, and the Ministries of Education, Health, Justice and Social Development had a key role in shaping the strategic direction and providing a supporting evidence base.

An external advisory group, established by the Ministry of Health, provided independent advice that helped to inform the development of the new direction.

We have also drawn from previous consultations including recent consultation on the draft Strategy to Prevent Suicide and on the Mental Health Act.

Will this new strategic approach include a target for reducing suicide?
There is no straightforward answer to what will prevent suicide, it remains a complex multifactorial challenge.

Public consultation on the draft suicide prevention strategy closed on 26 June, and the Ministry of Health is now assessing all the feedback received. A possible aspirational target is being considered as part of this wider process.

Advice will be provided to Ministers who will make a final decision in the coming months.

Does there need to be a review of mental health services?
Although there have been called for a review of mental health services, this would be a blunt bureaucratic exercise that would slow down the progress already being made.

The Mental Health Social Investment Fund and the new agreed strategic direction are the first step. We need to keep the momentum going, we know changes need to be made and we are actively working towards making those changes.

Ongoing work on designing the future state will provide an opportunity to gain a more in-depth understanding of the critical issues for service users, providers and other interested stakeholders.

Can mental disorders actually be prevented?
Social, biological and neurological sciences have identified the role that risk and protective factors play in pathways to mental disorders and poor mental health. Risk factors such as poverty and exposure to abuse or neglect, exist across the life-span. We know that exposure to risk factors early in life can affect mental health many years later.

Many of these risk factors are malleable and are therefore potential targets for prevention and promotion measures. The close links between risk of mental disorder and other poor social outcomes point to the need for integrated, cross-sectoral approaches to promoting mental health and preventing mental disorders.

There is a strong and developing evidence base on preventative policies and programmes at different stages of life, and in response to different risk factors.

The proposed new approach seeks to draw from this knowledge base and build the focus on promotion and prevention activities. Building resilience from an early age is very important, as is protecting the brain from exposure to stressors and from toxins (e.g. tobacco, alcohol and illicit drugs).

We cannot make many of life's stressors go away, but we can help children to grow up resilient.

How does this new approach compare to what is being done in other countries?
In many ways New Zealand will be 'ahead of curve' by taking a whole of Government, whole of nation and a life-course approach to the prevention of mental disorders, the promotion of mental health and treatment of mental disorders.

We are trialling some things known to work on other places, extending good practice in New Zealand, all within a planned, programmatic approach.