



Report of the Health Committee

Petition of Amy Skipper: Increase funding for public and private mental health care services

Petition of Rylee Hays: Invest more resources into mental health and support

May 2023

Contents

Recommendation.....	2
Requests for increased funding for public and private mental health services.....	2
Comments from Amy Skipper	2
Under-resourcing of the mental health system.....	2
Ms Skipper’s experiences of the mental health system.....	3
Ms Skipper’s requests for increased funding to improve services	3
Comments from Rylee Hays	4
The petitioner’s requests to reform the health system.....	4
Comments from the Ministry of Health	5
Work to transform New Zealand’s approach to mental wellbeing.....	5
Work to increase and develop the workforce	6
Increasing publicly funded mental health and addiction support	7
Support for suicide prevention and people affected by suicide	8
Use of seclusion	9
Monitoring the investment in mental health and addiction services.....	9
Comments from the NZ College of Clinical Psychologists	9
Our response to the petitions	10
New Zealand National Party differing view	11
Appendix.....	13

Dr Tracey McLellan
Chairperson

Petitions of Amy Skipper and Rylee Hays

Recommendation

The Health Committee has considered the petition of Amy Skipper—Increase funding for public and private mental health care services—and the petition of Rylee Hays—Invest more resources into mental health and support—and recommends that the House take note of its report.

Requests for increased funding for public and private mental health services

The petition of Amy Skipper was presented to the House on 29 March 2022. It requests:

That the House of Representatives increase funding for public mental health services and offer increased subsidies for private mental health care options, overall increasing the resources available for people who are struggling with their mental health.

The petition of Rylee Hays was presented to the House on 30 April 2021. It requests:

That the House of Representatives urge the Government to allocate more funding towards all hospitals, mental health facilities, and counselling services for people in New Zealand.

Given that the requests of the petitioners are similar, we considered and are reporting back on these petitions together. We received written submissions from each of the petitioners, as well as written submissions from the Ministry of Health and the NZ College of Clinical Psychologists, which covered both petitions.

Comments from Amy Skipper

Under-resourcing of the mental health system

According to Amy Skipper, New Zealand has a mental health crisis, and underfunding is its primary cause. Ms Skipper submits that there are not enough resources to respond to the increasing demand for mental health support. She maintains that public services were already overrun before the pandemic and unable to support the number of people who needed help. Ms Skipper believes services now have even less capacity to handle the increased demand caused by the mental strain of COVID-19 on individuals.

Ms Skipper considers that there is overwhelming evidence that the system is under-resourced. She referred to statistics showing the increase in the proportion of non-urgent mental health referrals that took longer than eight weeks between 2016/17 and 2019/20. In 2019/20, more than 20 percent of patients under the age of 12 waited more than eight weeks for a referral. The proportion of people aged 12 to 19 waiting for a referral was about 10 percent but it was increasing.

In Ms Skipper's view, the number of people who need mental health support is nearly impossible to measure. This is because statistics may not include people who are struggling in ways that people around them cannot see. She considers that the increase in hospitalisations for self-harm illustrates the growing need for resources. Ms Skipper noted that the number of hospitalisations for self-harm of people aged 10 to 24 increased from 4,274 to 5,652 between 2016 and 2021. Ms Skipper said that this data proves that young people increasingly need mental health support. However, she submits that the prolonged wait times for care push people into more vulnerable positions. This is reflected in the increased number of people reaching "crisis point".

Ms Skipper considers that the increased use of seclusion within mental health facilities is another way of demonstrating under-resourcing. Seclusion is an intervention to prevent a person from inflicting harm on themselves or others by locking them in a room by themselves. Ms Skipper described seclusion as a "last resort". She referred to data from the Ministry of Health that 1 in 10 general inpatients were put in seclusion in 2020. This is despite the ministry's 2017 target of not using seclusion by 2020.

Ms Skipper's experiences of the mental health system

Ms Skipper told us that she has experienced both public and private mental health care. In her view, the public health care was ineffective and did not provide the care that she needed.

Ms Skipper explained that she has struggled with anxiety since the age of about seven, as well as dangerous and self-destructive thoughts during adolescence. At the age of 15, she was referred to a mental health counsellor after she and her mother talked to their GP. Ms Skipper said that the space and treatment felt clinical and impersonal and the counsellor appeared to ignore aspects of how deeply she was hurting. We were told that Ms Skipper was unable to book another appointment because the counsellor was too busy, leading to feelings of abandonment, self-hatred, and hopelessness.

We heard that Ms Skipper's mother was able to access private therapy for her, which worked well. Ms Skipper recognises that she was in a fortunate position because her family could afford to pay for this treatment. However, she is concerned that other young people are in a similar position but cannot afford the cost of private therapy.

Ms Skipper's requests for increased funding to improve services

Ms Skipper considers that the Ministry of Health is introducing some "great initiatives" but they are long-term solutions. She submits that people are struggling in New Zealand "today and now" and reform is needed to provide them with the right health care. Ms Skipper considers that this reform can be achieved in the ways set out below.

Increased funding for publicly funded mental health services

Ms Skipper would like publicly funded mental health services to receive more funding. She maintains that these services are "overrun", making them "practically unusable" for the majority of people. Ms Skipper would like appropriate funding to be allocated to district health boards (DHBs) (now Te Whatu Ora) because they have closer links to what communities need. These funds would be distributed to health practices, which would be responsible for ensuring that there are enough mental health practitioners to manage local demand.

Ms Skipper would also like some funding moved from DHBs to non-governmental organisations (NGOs). This would provide an alternative to accessing free care through GP practices. Ms Skipper considers that this could add a layer of anonymity, so that people feel more comfortable accessing services.

We observed that an important lesson from the COVID-19 response was that people should be able to access care where they feel comfortable. Examples of places where people may feel more comfortable include churches and temples. We asked whether the petitioner supports a model where funding would provide services in these types of places. Ms Skipper agreed that providing care where people feel comfortable is crucial to overcoming a barrier to people seeking help. She highlighted Kāpiti Youth Support, an NGO that provides youth-centred healthcare, as a good example of this.

Subsidised care in the private sector

Ms Skipper requests that funding be allocated to the private sector to provide subsidies for people who would otherwise not be able to afford private care. People could access subsidies when the care they were receiving in the public system was not working for them. She considers that this would spread out the very high levels of demand and protect workers in the public health sector who she described as “incredibly overworked”.

Ms Skipper would like up to 10 sessions subsidised. She said that 10 sessions were enough to get her on the medication that she needed and equipped with strategies to put her in a safer position.

New education programmes to train mental health professionals

Ms Skipper requests that funding be allocated to programmes that train qualified mental health professionals. She considers that no middle ground exists in the system. At one end is school counsellors, who she described as being “overwhelmingly ineffective”, “with minimal qualifications”. Psychiatrists and therapists who study for long periods then work in hard to access tertiary programmes are at the other end. Ms Skipper requests programmes to produce more qualified workers whose work is in the middle of this spectrum.

Comments from Rylee Hays

Rylee Hays told us that she has spent most of her life saving people and talking people out of suicide attempts. She has also spent countless nights staying awake, so her friends have someone there for them. Ms Hays said she has seen people admitted to psychiatric wards after suicide attempts and then discharged several days later because of a lack of space or capacity. We heard that Ms Hays sought help and was referred to a counsellor after the suicide of a close friend. However, she submits that the care she received was ineffective.

The petitioner’s requests to reform the health system

According to Ms Hays, the mental health system urgently needs reform and more resources. Her requested changes include employing more helpline workers, nurses, psychologists, and psychiatrists, as well as more training for counsellors and doctors. Ms Hays would also like people with experience of mental health challenges to be enabled to work in the mental health sector.

Ms Hays requests more support for suicide prevention initiatives and people affected by suicide. This includes separate safe houses for adults and more beds for children recovering from suicide attempts. She referred to figures from the New Zealand Police's 2018/19 annual report: police were called out 24,662 times to suicide attempts and threats, an average of 67 times a day and a 10 percent increase from the previous years. Despite this, new cadets entered the workforce with just eight hours of mental health training. Ms Hays would like some police officers to specialise in dealing with suicide attempts.

Other changes that Ms Hays would like include:

- more beds for people who are in hospital because of mental illness
- more support for Māori
- regular screening of social workers and more checks on them
- separate safe houses in secure environments for people recovering from addictions.

We asked what areas Ms Hays would prioritise if she had the ability to make changes. Ms Hays said she would like to see more a lot more empathy and “humanness”. We also heard from the petitioner's partner who reiterated her comments about the need for empathy. He also highlighted other areas that affect mental health, such as house and food prices, which cannot be changed “overnight” and are outside the Ministry of Health's control. He observed that people seek help for mental health issues but then return to their lives with the same socioeconomic problems that contributed to these issues.

Better communication about existing initiatives

Ms Hays observed that many of the services referred to in the Ministry of Health's written submission may be helpful and effective. However, she told us that neither she nor her peers have heard of them. Ms Hays said that the services have never been mentioned and they have not received referrals to, or pamphlets about, them. She submits that GPs, counsellors, and psychologists should be aware of the services available and know how to access them.

Ms Hays referred to recent mental health campaigns funded by a private organisation and a charity. Although she supports these programmes, she is concerned that she has not seen similar advertisements for government-funded mental health resources. She considers that media, including social media, should be better used to communicate the available services.

Comments from the Ministry of Health

The Ministry of Health—Manatū Hauora acknowledged that the current system is not working well for everyone in New Zealand. It said that good progress has been made in improving the system. However, the ministry is aware that sustained investment and effort are needed to better support New Zealanders' mental wellbeing.

Work to transform New Zealand's approach to mental wellbeing

In 2018, *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* contained recommendations for a better mental health and addiction system in New Zealand. As part of its response, the Government released *Kia Manawanui: Long-term Pathway to Mental Wellbeing*. The document sets the direction for the long-term transformation of the country's approach to mental health and wellbeing. It recognises that

mental wellbeing requires more than just mental health and addiction services. *Kia Manawanui* outlines a whole-of-government approach to addressing the factors that affect people's mental wellbeing.

The ministry explained that in recent years the Government has made substantial investments in its mental health and addiction system. This includes funding of \$1.9 billion in Budget 2019 for a cross-government mental wellbeing package. Further investment has also been provided in subsequent Budgets. The ministry said that good progress has been made. However, it recognises that it will take more time and sustained investment over many years to transform the system.

Work to increase and develop the workforce

The ministry recognises that developing a resilient, diverse, and skilled workforce is crucial to improve the public health system's approach to mental health and addiction services. It noted that Budget 2019 contributed funding of \$77 million over four years to develop a broader and more diverse workforce. Budget 2022 also allocated funding of \$10 million for workforce development and specialist mental and addiction services.

The ministry explained that Te Whatu Ora—Health New Zealand has a work programme dedicated to the mental health workforce. The work involves increasing and upskilling the existing workforce, and developing new ways to provide services in primary and community settings. Initiatives include providing:

- more than 100 New Entry to Specialist Practice places annually for nurses, social workers, and occupational therapists to enter the mental health and addiction workforce
- additional scholarships and bursaries for Māori and Pacific students to pursue careers in mental health and addiction services
- training in talking therapies for mental health and addiction professionals and knowledge and skills in kaupapa Māori, Pacific, and youth settings
- 200 placements for primary care nurses to achieve credentialing in mental health and addiction services
- more than 70 post-graduate study placements for mental health and addiction practitioners.

Increasing the psychologist workforce

The ministry observed that increasing the psychologist workforce takes time. Typically, professional training for psychologists in New Zealand takes about six years. The ministry highlighted several other barriers to increasing the psychologist workforce, which include the lack of internships and senior staff to supervise internships. It told us that Te Whatu Ora is working to address these issues. The ministry and Te Whatu Ora are also working with other agencies to understand and respond to local barriers. The work includes increasing the number of funded internships in clinical psychology and trialling intern hubs to provide a coordinated approach to clinical supervision.

We understand that, prior to the establishment of Te Whatu Ora, funding was available for internships but actual places were not. We asked whether this problem has been addressed. We heard that Te Whatu Ora's mental health workforce team is managing the internship

programme. The team has reshaped the way that internships are provided to create hubs around the country. The changes would guarantee placement and funding of more psychology students (from 12 in 2019, to up to 40 by 2024). At the time of our hearing in November 2022, the procurement process was under way.

Enabling counsellors to be employed in publicly funded mental health services

The ministry noted that counsellors are a self-regulated workforce. This has prevented counsellors from working in clinical mental health and addiction roles in services funded by the ministry. In July 2022, the Government announced a new opt-in accreditation pathway for counsellors. It enables New Zealand Association of Counsellors members who meet specific requirements to be employed as clinical staff in publicly funded mental health and addiction services.

Increasing publicly funded mental health and addiction support

The ministry pointed out that it does not directly subsidise private mental health and addiction services because the country has a public health system. It added that some Te Whatu Ora districts and other government agencies may have their own arrangements. The ministry said that Te Whatu Ora is investing in increasing options available through the public health system. Te Whatu Ora also funds mental health and addiction services that are provided by NGOs.

Access and Choice programme

The Access and Choice programme is an example of work to increase options in the public health system. Budget 2019 provided funding of \$455 million over four years for the initiative *Expanding access and choice of primary mental health and addiction support*. The programme aims to help people earlier by providing access to free and immediate primary mental health and addiction services when and where a person needs them. It is being implemented over five years and includes four work streams to achieve:

- Integrated primary mental health and addiction services through general practices. The services are for people of all ages, including young people.
- Kaupapa Māori primary mental health and addiction services provided by Māori for Māori people of all ages.
- Pacific primary mental health and addiction services for people of all ages in areas with high populations of Pacific people.
- Youth-specific primary mental health and addiction services for 12- to 24-year-olds.

Support for specialist services

The ministry acknowledged that specialist mental health and addiction services have been under considerable pressure for some time. As a result, people often need to wait for help. The ministry expects that the Budget 2019 investment in primary mental health and addiction services and early intervention will gradually relieve some of this pressure.

In the meantime, Budget 2022 allocated funding of \$100 million over four years to increase the availability of specialist services, including services for young people. The investment aims to ease some of the immediate pressures and provide better support for people who

are experiencing more serious mental health and addiction issues. It will also enable the public health system to try new models to better meet people's needs. We were told that Te Whatu Ora is determining the locations of the additional support and services. It will prioritise areas with the highest level of need and existing service gaps.

The ministry considers that this work is a critical part of rebuilding the mental health and addiction system. However, it emphasised that sustained effort and investment is needed to fully address pressures on specialist mental health and addiction services and further reduce wait times.

Telehealth and online support services

The ministry noted that telehealth and digital services can reduce the financial, physical, geographic, and psychological barriers to mental health support. The ministry and Te Whatu Ora fund:

- The national telehealth service, which includes phonelines dedicated to mental health and addiction. The mental health helpline (1737 Need to Talk?) provides access to trained counsellors. The service is free to call or text at any time.
- The Small Steps website, which includes tools to help people maintain or improve their mental wellbeing.
- Two free applications which were being developed. The Groov app will support adults to manage their mental health and wellbeing, every day and during times of increased stress. The Headstrong app, which is aimed at people aged 12 to 18, is a chatbot that provides strategies to help young people improve their wellbeing.

The ministry acknowledged Ms Hays' comments that these services need to be promoted on social media better. It told us that there has been significant investment in telehealth and digital wellbeing tools because it is a developing area of work.

We are interested in the extent to which campaigns for young people are being led by youth. This includes using their language and the way that they communicate with each other. The ministry said that, after listening to the petitioners, "not enough is the short answer". It told us that there is an increasing focus on listening to the voices of young people. The ministry works closely with Whāraurau, which provides workforce development initiatives for child and adolescent mental health services. Whāraurau has a support group of young people who have lived experience of care, which helps advise the ministry on a lot of its work. The ministry recognises that it needs to listen more to young people, both when determining policy but also how services will operate.

Support for suicide prevention and people affected by suicide

In 2019, the Government released a 10-year suicide prevention strategy, which includes a five-year action plan for work to reduce New Zealand's suicide rates.¹ The strategy and plan respond to the 2018 *He Ara Oranga* report's calls for action on suicide prevention. The

¹ The strategy *Every Life Matters—He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand* is [available here](#).

Government also established a Suicide Prevention Office in 2019 to provide national leadership and coordinate suicide prevention efforts throughout the health sector.

Budget 2019 provided funding of \$40 million over four years to prevent suicide and better support people bereaved by suicide. The investment has funded free national support for people bereaved by suicide, expanded suicide prevention training, and suicide prevention initiatives within the Māori and Pacific communities.

Use of seclusion

The ministry explained that its guidelines for seclusion make clear that it should seldom be used. It should only be used when there is an imminent risk of danger to the individual or others and when there is no other safe and effective alternative.

The ministry referred to its *Office of the Director of Mental Health and Addiction Services 2020 Regulatory Report*. The report includes the rates of seclusion per 100,000 population. In 2020, Māori were 5.1 times more likely to be secluded in adult inpatient services than non-Māori and non-Pacific people. Pacific people were 1.1 times more likely to be secluded than non-Pacific people and non-Māori. In this time period, 446 Māori, 64 Pacific people, and 423 people from other ethnicities were secluded. The ministry acknowledged that these disparities are unacceptable and that more work is needed to address the inequitable outcomes. The ministry is committed to reducing and eliminating seclusion in mental health services and is working on this goal.

Monitoring the investment in mental health and addiction services

The ministry noted that several external groups monitor the effectiveness of investment in mental health and addiction services. The external monitoring groups and mechanisms include:

- The Mental Health and Wellbeing Commission—Te Hiringa Mahara provides independent system-level oversight of mental health and wellbeing. It also holds the government to account for the mental health and wellbeing of people in New Zealand. The commission publishes monitoring reports regularly.
- In 2021, the Department of the Prime Minister and Cabinet's Implementation Unit reviewed the implementation of the \$1.9 billion Budget 2019 cross-government mental wellbeing package.
- An external Mental Health and Addiction Assurance Group provides assurance to the Minister of Health and Director-General of Health about health entities' activities. The group receives monthly reports about progress on the mental health and addiction work programme.
- The Minister of Health reports quarterly to the Cabinet Priorities Committee on its progress implementing the Budget 2019 cross-agency mental wellbeing package.

Comments from the NZ College of Clinical Psychologists

Clinical psychologists are registered practitioners under the Health Practitioners Competence Assurance Act 2003. They are experts in mental wellbeing, behaviour, and neurodiversity, working in a large range of specialities and employers, including government

agencies, NGOs, and in private practice. The NZ College of Clinical Psychologists represents more than 1,800 registered clinical psychologists in New Zealand. We sought a written submission from the college as a collective for psychologists in the private sector.

The college explained that clinical psychologist training is extensive and focuses specifically on mental health care. It noted that clinical psychologists are most commonly employed within the mental health system. This includes services funded by Te Whatu Ora and the Accident Compensation Corporation, as well as in privately funded clinics. The college said it supports the principle of both petitions—that is, to improve access to, and the quality of, mental health services.

We were told that many consumers, where they are able to do so, seek to pay for private sessions from a clinical psychologist. However, a 2021 survey found that many private sector clinical psychologists were overwhelmed with referrals and may not have been able to offer timely support.

The college mentioned Ms Skipper's request for private therapy sessions to be subsidised. It explained that in Australia people have been able to access up to 10 Medicare-funded psychological therapy sessions annually since 2011. This was increased to 20 sessions in response to the COVID-19 pandemic.

The college acknowledged that subsidised therapy schemes have significant advantages, which can include improvements in mental health outcomes. However, it pointed out that these schemes have substantial limitations. For example, a scheme would not directly address the current lack of clinicians in New Zealand. Australian data suggests that these schemes better serve families in affluent, urban areas rather than those in rural or economically disadvantaged regions. Consideration would therefore be needed on how to maintain equity within the health system.

The college said it is pleased that initial investments have been made into training more clinical psychologists. It considers that Te Whatu Ora must continue to prioritise this work as it takes over the workforce planning and funding roles from the ministry. In the college's view, significant work is still needed to improve the training, recruitment, retention, and development of psychologists.

Our response to the petitions

We thank both petitioners for their courage in openly sharing their experiences and for their advocacy to improve mental health services. We commend Ms Skipper for her work to ensure that others are able to benefit from the services that helped her. We acknowledge Ms Hays for the support that she has provided for people who are close to her.

We acknowledge Ms Skipper's request for funding to be allocated for private care for people who would otherwise be unable to afford it. However, the majority of us do not consider that it is appropriate for us to make recommendations in this area given that New Zealand has a publicly funded health system. We also note the comments from the NZ College of Clinical Psychologists that psychologists in the private sector may not be able to provide timely support. Instead, we encourage Te Whatu Ora to continue to invest in increasing the available options through the public health system.

We note Ms Skipper's request for funding to shift from DHBs to NGOs. We understand that Te Whatu Ora funds mental health and addiction services provided by NGOs. This includes the Access and Choice programme, as well as specialist services. We encourage Te Whatu Ora to continue to fund services provided by NGOs and to particularly prioritise services that are provided in places where people feel comfortable.

We acknowledge both petitioners' requests to increase and upskill the mental health workforce. We were pleased to hear about initiatives to develop the workforce. However, we recognise that these initiatives will take time.

We were concerned to hear Ms Hays' comments that she has not been told about many of the services that are available. We urge the ministry to promote the services that are currently available better. This includes telehealth and online services, as well as the support available for people bereaved by suicide. We note that the mental health campaign after the Canterbury earthquakes was particularly effective. We encourage the ministry to take into account lessons from that work. We also consider that any promotional campaigns should be led by young people, using appropriate language and methods of communication.

New Zealand National Party differing view

The National Party believes that New Zealanders have made good progress breaking down the stigma around asking for help with mental health. But when people do ask for help, they often find a mental health system that is too hard to access; it is too slow, too bureaucratic, and not innovative enough to deal with growing demand.

The result has been a significant and increasing level of unmet need, with the number of people reporting they are unable to get the professional help they need increasing by 180 percent compared to when Labour took office five years ago.

Despite big spending promises, Labour has not delivered the improvement in mental health services and outcomes New Zealanders urgently need, with the Mental Health and Wellbeing Commission finding there had been no material improvement in services despite \$1.9 billion in funding announced in 2019.

One reason for the lack of material progress on mental health is that Labour, as with so many other areas, is trying to run everything from Wellington. This inevitably results in slow decision-making, low levels of innovation, and resources being tied up in unnecessary bureaucracy and red tape while community organisations who are making a difference on the ground miss out.

At the same time, the Government's disruptive restructure of the health system is diverting much needed time, effort, and resources away from where the need is greatest—on the frontlines and in our communities.

The National Party believes we need to move faster and with far greater urgency in mental health as there is an increasing unmet need and our publicly funded mental health services are at capacity. This means accepting and embracing the fact that Government does not have all the solutions. There are amazing organisations out there in our communities working tirelessly to improve mental health outcomes; offering better services at lower cost than anything the Government has been able to deliver over the last five years.

The NGO sector can achieve this by embracing technology, developing innovative operating models, or simply by understanding their communities better than health bureaucrats in Wellington. But they could be doing so much more. National wants to back these community organisations to keep innovating and keep delivering better mental health outcomes for more New Zealanders.

Appendix

Committee procedure

The petitions of Amy Skipper and Rylee Hays were referred to us on 23 September 2022. We met between 19 October 2022 and 10 May 2023 to consider them. We received written submissions from both petitioners, the Ministry of Health, and the NZ College of Clinical Psychologists. We heard oral evidence from the petitioners and the Ministry of Health.

Committee members

Dr Tracey McLellan (Chairperson from 15 February 2023)
Tangi Utikere (Member and Chairperson until 8 February 2023)
Matt Doocey
Dr Elizabeth Kerekere
Dr Anae Neru Leavasa
Marja Lubeck (from 8 February 2023)
Debbie Ngarewa-Packer
Sarah Pallett
Soraya Peke-Mason (from 3 May 2023)
Dr Shane Reti
Toni Severin
Lemauga Lydia Sosene (until 3 May 2023)

Evidence received

The documents we received as evidence in relation to this petition are [available on the Parliament website](#).

Recording of our hearing

A recording of our hearing can be accessed online.

- [Hearing of evidence with the petitioners and the Ministry of Health \(9 November 2022\)](#).