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To the Mental Health and Wellbeing Commission

Please find attached DPA’s submission on the development of a monitoring framework for mental health services and addiction services.

## Disabled Persons Assembly NZ

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# Introducing Disabled Persons Assembly NZ

The Disabled Persons Assembly NZ (DPA) is a pan-impairment disabled person’s organisation that works to realise an equitable society, where all disabled people (of all impairment types and including women, Māori, Pasifika, young people) are able to direct their own lives. DPA works to improve social indicators for disabled people and for disabled people be recognised as valued members of society. DPA and its members work with the wider disability community, other DPOs, government agencies, service providers, international disability organisations, and the public by:

* telling our stories and identifying systemic barriers
* developing and advocating for solutions
* celebrating innovation and good practice

# General Comment

DPA is pleased to see that the Mental Health and Wellbeing Commission (MHWC) is consulting on the development of a monitoring framework for mental health services and addiction services prior to its formal set up. This should enable the MHWC to ‘hit the ground running’ when it is formally constituted.

Whilst the framework for mental health services and addiction services deals specifically with the monitoring of such services, the MHWC is responsible for promoting wellbeing in addition to this monitoring, so we will also touch on wellbeing in this submission.

Before answering the questions set out in the consultation document, we wish to comment on supporting the wellbeing of disabled people.

Recent reports and data indicate that disabled people fare worse than non-disabled people across a range of wellbeing and labour market outcomes. Data from a new supplement, added to the June 2020 quarter of the household labour force survey, shows that disabled people were more likely than non-disabled people to rate their lives poorly in a number of key aspects, including overall life satisfaction, how worthwhile they felt their life was, and family wellbeing.[[1]](#endnote-2) The report of the Independent Monitoring Mechanism (IMM)[[2]](#endnote-3) and the State of Wellbeing and Equality for Disabled People, their Families and Whanau[[3]](#endnote-4) highlight further the poorer wellbeing indicators for disabled people.

**Recommendation 1. DPA recommends that the MHWC has as a strategic priority to improve wellbeing outcomes for disabled people and to have disabled people on its Board and reference groups.**

# Response to questions

The consultation document asks three questions, which we answer below:

* 1. Why monitor? *What is the value and desired impact of the Commission’s function to monitor mental health services and addiction services and advocate for improvement?*

It is important that the MHWC monitor mental health and addiction services to ensure that they are fit for purpose, meet the needs of all users and that the system as a whole provides the necessary holistic care and support consumers need.

The monitoring of such services provides a baseline and should demonstrate progress, or not, over time.

The MHWC is not the only organisation monitoring/reporting on such services. It is important that the MHWC takes heed of other monitoring/reporting bodies in this sector including: the Director of Mental Health and the Mental Health District Inspectors; and the Ombudsman and other National Preventative Mechanisms (NPM) (designated under the Crimes of Torture Act 1989).

* 1. Monitor what? *What should be included as a mental health service and addiction service for the purpose of the Commission’s monitoring and advocacy function?*

The Ministry of Health defines mental health services and addiction services in Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan.[[4]](#endnote-5) This definition includes services NGO and DHB-delivered community and residential services as well as services delivered in a hospital setting. We believe that this definition covers the mental health services and addiction services that require to be monitored by the MHWC. However, we would suggest that the MHWC is broad in its service monitoring in order to capture all the service settings that provide mental health services and addiction services.

* 1. Monitor how? *Is the current* [*Mental Health Commissioner’s Mental Health And Addiction Services Monitoring and Advocacy Framework*](https://www.hdc.org.nz/media/5437/mental-health-and-addiction-services-monitoring-and-advocacy-framework.pdf) *‘fit for purpose’? What other models, frameworks and approaches could inform the work?*

DPA believes that the current framework is fit for purpose. However, we wish to stress that the framework needs to monitor the accessibility of mental health and addiction services. We are not just talking about the physical accessibility of such services, although that is important, we are talking about issues such as: accessibility of information, workforce awareness and understanding of disability, referral mechanisms and all policies and procedures.

**Recommendation 2. DPA recommends that the monitoring and advocacy framework for mental health services and addiction services monitors the accessibility of such services and advocates for improvements in accessibility.**

The framework needs to allow the voices of service users to be paramount, in order to be authentic. Any monitoring and advocacy framework needs to reflect how people experience using services.

MHWC also needs to examine the framework to ensure that it allows the authentic voice of service users to direct the monitoring and advocacy.

In terms of service quality, we believe that the framework needs to be strengthened to ensure that it looks at the quality of service that disabled people with impairments in addition to mental health issues, receive.

DPA supports taking a twin-track approach; mainstream mental health and addiction services must be as accessible as possible and meet the needs of disabled service users, however it must be recognised that some people may require access to specialised mental health and addiction services that are provided by impairment specific providers.

**Recommendation 3. DPA recommends that the framework monitors the quality of service provided to disabled people by mental health and addiction services and advocates for specialist impairment specific services where necessary.**

# Conclusion

# DPA makes the following recommendations:

**Recommendation 1:** DPA recommends that the MHWC has as a strategic priority to improve wellbeing outcomes for disabled people and to have disabled people on its Board and reference groups.

**Recommendation 2:** DPA recommends that the monitoring and advocacy framework for mental health services and addiction services monitors the accessibility of such services and advocates for improvements in accessibility.

**Recommendation 3:** DPA recommends that the framework monitors the quality of service provided to disabled people by mental health and addiction services and advocates for specialist impairment specific services where necessary.

1. Stats NZ, Wellington, 2020: Disabled people fare worse in work and wellbeing.

   <https://www.stats.govt.nz/news/disabled-people-fare-worse-in-work-and-wellbeing>

   Accessed 25 November 2020. [↑](#endnote-ref-2)
2. Making Disability Rights Real, Ombudsman, Wellington, 2020. [↑](#endnote-ref-3)
3. The State of Equality and Wellbeing for Disabled People, their Families and Whanau, CCS Disability Action, Wellington, 2019. [↑](#endnote-ref-4)
4. Ministry of Health, Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial

   and Mental Wellbeing Recovery Plan. Wellington: Ministry of Health (2020).

   Accessed on 19 November 2020. [↑](#endnote-ref-5)