

The Mental Health and Addiction System and Service Framework 2022–2032
Ministry of Health - Manatū Hauora
30th May 2022

Executive Summary

1. The Salvation Army supports the principles and critical shifts proposed for the mental health and addiction system and service framework (SSF) 2022–2032. We acknowledge that this is an aspirational document that will govern a high-level framework that seeks to transform the current system. We are aware that this will be an ongoing conversation with the sector about the development of the SSF and how the SSF translates into our services on the ground. As an addictions service provider, we highlight gaps we see in the proposed SSF such as early intervention and aftercare of Tangata Whaiora. Addictions is often overshadowed by mental health services, and this is reflected in funding and resourcing of addictions services particularly in the community sector. We hope to continue our feedback in the next stage of development to ensure that the aspirations for Tangata Whaiora outlined in the SSF are achieved.

Background of The Salvation Army

2. The mission of The Salvation Army Te Ope Whakaora is to care for people, transform lives, and reform society by God's power. The Salvation Army is a Christian church and social services organisation that has worked in New Zealand for over one hundred and thirty years. It provides a wide range of practical social, community, and faith-based services, particularly for those who are suffering, facing injustice, or who have been forgotten and marginalised by mainstream society.
3. The Salvation Army's combined services provide support to around 140,000 people annually. These services included providing around 88,000 food parcels to more than 33,000 families, providing some 4,600 people with short-or long-term housing, and over 4,000 families and individuals supported with social work or counselling. The Salvation Army also provides almost 20,000 addictions services and counselling sessions through Bridge (Alcohol and other drugs) and Oasis (gambling). Bridge and Oasis support over 2,000 Tangata Whaiora and their whanau annually across the country.
4. This submission has been prepared by the Social Policy and Parliamentary Unit (SPPU) and Addictions, Supportive Housing and Reintegration Services (ASARS) of The Salvation Army. The SPPU works towards the eradication of poverty by advocating for policies and practices that strengthen the social framework of New Zealand. This submission has been approved by Commissioner Mark Campbell, Territorial Commander of The Salvation Army's Aotearoa New Zealand Fiji Tonga, and Samoa Territory.

Person-centred principles

5. We support the SSF principles of Tino rangatiratanga, equity, active protection, options, and partnership. In our view, these principles will need to work together to achieve the transformation that SSF aspires to achieve. Overall, we also support the system-wide principles and the practice principles – we acknowledge that the concerns we note may be highlighted later in the critical shifts of SSF.
6. The Salvation Army conducts recovery churches across the country. In the addiction space, providing opportunities for peer-to-peer support benefits our Tangata Whaiora whether they have been in sobriety for many years or are early on in their journey. Person- and whānau-centred principles must be inclusive of peer-to-peer support. This is particularly important concerning practice principles being recovery oriented. Recovery church plays a key role in supporting Tangata Whaiora in their sobriety.
7. *“We tried to reach out for help for one of our clients to get mental health support and they were not able to access the support because their case was not severe enough to receive intervention... her mental health continued to deteriorate to a point it detrimentally impacted every other area of her life including her recovery. When her life finally fell apart THEN she was finally able to get support. If she was just supported before things got so bad, she wouldn’t be in the situation she is in now.”*

- Bridge Staff Whangarei, The Salvation Army

Our frontline team calls this the “grey area” and this issue is seen right across our services from addictions, housing support, reintegration, and in our food banks. If your mental illness is not severe or if Tangata Whaiora don’t have a dual mental illness diagnosis, they often fall into this grey area where they are not severe enough to receive the help and support that they need. We highlight this grey area because the holistic system-wide principle *“acknowledges that most people will be able to cope without formal mental health and addiction services.”* Whilst we do not disagree with this notion the SSF is a high-level framework, and the wording of this principle can perpetuate the grey area we highlighted prior. We recommend that the above sentence quoted is removed or reworded. For example, *“The system will provide pathways for people to access holistic support for their needs, in partnership with mental health and addiction services.”*

8. We believe that **Early Intervention** should be included as a practice principle in the SSF (we note that it is included as a critical shift). SSF needs to place more emphasis on early intervention/access and choice this will ensure that the appropriate resources are allocated to services at the initial stages of Tangata Whaiora support. E.g. consultant psychiatrist to help advise local GPs in regards to making assessments and decisions for further treatment. This level of resource and support supports the harm reduction approach.

Critical Shifts

9. We have no additional critical shifts to add – however we have highlighted specific areas we believe need to be adjusted or added based on the gaps we see in our services.

10. Actively deliver on Te Tiriti

- a. The Salvation Army is a mainstream service provider – a significant proportion of Tangata Whaiora we support are Māori. We believe that all Māori should have options and choices, so it is important for Māori to have services for Māori by Māori. At the same time, we serve many Tangata Whaiora who would prefer mainstream services often because of whakamā or disconnection from culture. Our Māori Tangata Whaiora should be able to access the same level and type of support in a mainstream service as they would in a Māori provider. We refer back to the SSF principle of partnership – this critical shift needs to ensure that it is equitable across all services.
- b. We highlight the need for further training of staff to ensure they have the cultural capacity to address the needs of our Māori Tangata Whaiora. We refer back to a partnership as this can be achieved through ongoing engagement and building of relationships with Iwi, Hapu, and Marae-based treatment.

11. Design out inequities

- a. A significant proportion of Tangata Whaiora we serve is also in the justice system. We note there is no mention of prisons, corrections, or justice in the discussion document. In our experience, those who are in the justice system are limited in their ability to seek help both for mental health and addictions. Ensuring there are no inequities is not confined to ethnicity, gender, or sexuality but should capture those who are in our justice system.
- b. Across other social services and in the addictions and mental health space we are seeing an increase in the neglect of the “too hard basket” or those with high complex needs. Designing out inequities also needs to ensure that service is provided for everyone and that in partnership services can work together to address the needs of those with high and complex needs. Our current services have a high percentage of Māori Tangata Whaiora, and the ability to deliver for high/ complex needs. The current level of physical and medical support we receive does not cater to people currently presenting to our services in regard to co-existing disorders. Further funding would be required to strengthen these existing supports.

12. Create connected, locally driven networks

- a. Under this shift, we believe that there needs to be an acknowledgment from SSF of the role other government agencies play in achieving the aspirations set out in SSF. We would like to acknowledge the challenges we see with our whanau accessing other government services such as the Ministry of Social Development or Kainga Ora. Often stringent processes perpetuate the distress our whanau with addictions and mental health issues are facing.

“James¹ came to the Salvation Army with complex mental health needs, distressed, homeless, and looking for accommodation. After we advocated with MSD, James secured emergency accommodation and was able to get connected with a mental health support worker and wrap-around support. James returned to our center after being turned away from MSD, distraught and struggling James was taken for a mental health

¹ Pseudonym

assessment and advice. Following his assessment MSD called and agreed to fund Jame's emergency accommodation" – Manukau Salvation Army Community Ministries

Our staff sees stories like James often across many different government ministries that are supporting our whanau. The triggers of mental health and addictions are multi-faceted, so it is important to acknowledge that other agencies play a role in achieving SSF.

Service Structure

- 13.** We would like to see increased support for aftercare services for whanau and Tangata Whaiora including whanau support groups being run by locality irrespective of what service their significant others were accessing. More after-care services need to be made available for people transitioning through treatment and also corrections back into our communities. Spaces that allow people to create pro-social relationships and goal setting towards rebuilding their lives and sense of identity.

Enablers

- 14. Leadership:** The Salvation Army would like to see representation from the addictions sector and the community sector in the governance of the SSF. Addiction services are often overshadowed by mental health, and this has implications on the resources and supports that are provided to addiction services.
- 15. Investment:**
 - a. The Salvation Army are concerned that the AOD sector has not received the anticipated boost in funding to expand and develop services under the Access and Choice funding envelope. While the development of HIP role is to be commended it is becoming evident that the impact of addictions in Tangata Whaiora's lives is not receiving enough attention. This should be a priority in the next phases of development.
 - b. Budget 2022ⁱ allocated \$202 million to mental health and addiction services. There were two initiatives that funded were Piki – Continuation of Integrated Primary Mental Health and Addiction Support for Young People in Greater Wellington (12.25m) and Increasing Availability of Specialist Mental Health and Addiction Services (100m). In order for the principles of the SSF to become a reality for our Tangata Whaiora there needs to be significant investment and accountability to outcomes for addictions and mental health.
- 16. Workforce:** In order for us to optimize the aspirations of SSF there is a significant amount of training for current and new staff required to meet the delivery. Current AOD training institutions are not delivering the skill level required in terms of the workforce to meet these aspirations. In our view, it is the people that make up the system that will bring SSF to fruition so there is a gap in regard to upskilling and ensuring staff are equipped and supported to achieve SSF.
- 17. Technology:** We'd just like to note that for some of the Tangata Whaiora we support Wi-Fi poverty and/or digital exclusion are the realities they deal with daily. Whilst technological advances ensure efficiency and accessibility ensuring that those who are technologically illiterate there need to be alternative options. Citizen's advice bureau released a report 'Face to Face with Digital Exclusion' to spotlight the impacts of government digital services on inclusion and wellbeing in societyⁱⁱ.

If you have any questions or would like to discuss any areas, we highlighted you can contact –
Ana Ika – Social Policy Analyst/Advocate – ana.ika@salvationarmy.org.nz
Emma Hunter – National Consumer Advisor - emma.hunter@salvationarmy.org.nz

ⁱ <https://budget.govt.nz/budget/2022/wellbeing/index.htm>

ⁱⁱ <https://www.cab.org.nz/news/assumption-that-digital-is-best-excludes-nzs-vulnerable/?stage=Live>