

## Ministry of Health

### ***COVID-19 Kia Kaha, Kia Maia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Recovery Plan***

#### **Executive Summary**

1. COVID-19 has adversely impacted our nation and as we move into a post-COVID19 world we expect to see the repercussions of COVID 19 in our communities. We welcome the Ministry of Health's COVID-19 Kia Kaha, Kia Maia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Recovery Plan to build upon the vision of He Ara Oranga. We play a pivotal role in New Zealand in supporting people with substance harm and gambling addictions. We understand the importance of this plan as we move into recovery, we wanted to add some brief comments based on our experience with our clients in our services. Overall, we see the value in the plan moving forward however we do share our concerns around shortfalls of this plan that can perpetuate issues that we are already seeing in service delivery and outcomes.

#### **Background**

2. The mission of The Salvation Army Te Ope Whakaora is to care for people, transform lives and reform society by God's power. We are 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 those who have been forgotten and marginalised by mainstream society.
  - a. The combined services of The Salvation Army provided support to around 120,000 people in 2019. In our Community Ministries service, over 57,000 food parcels were distributed to more than 28,000 families and individuals. Our workers also conducted nearly 13,000 financial mentoring and budgeting sessions with about 3,800 clients in 2019. In addition, The Salvation Army is a registered Community Housing Provider, providing social housing for hundreds of tenants, and we are one of the largest transitional housing providers in the country. Also, we continue to provide various housing support services around the country through our Salvation Army Social Housing (SASH) and Transitional Housing units. Furthermore, our Addictions Supportive Accommodation and Reintegration Services (ASARS) continued to provide support for those facing addictions to alcohol, other drugs, and problem gambling, and also assisting those leaving prison.
  - b. This feedback has been prepared by the Social Policy and Parliamentary Unit (SPPU) of The Salvation Army. The SPPU works towards the eradication of poverty by encouraging policies and practices that strengthen the social framework of New Zealand. Additionally, Lt Colonel Lynette Hutson, National Director of ASARS, Lisa

Campbell, National Operations Manager of Oasis (Gambling harm support service), Martin Burke, National Consumer Advisor of ASARS, Michael Douglas, National Operations Manager Bridge (Alcohol and other drugs (AOD) support services) and Sue Hay, National Bridge Director contributed invaluable insights to inform this document.

## Context

3. The goal of the Psychosocial and mental wellbeing plan is to protect and enhance people's mental wellbeing so that they can adapt and thrive after their lives have been disrupted by the COVID-19 pandemic.

The plan framework encompasses five focus areas:

1. Collectively build the social and economic foundations for psychosocial wellbeing
  2. Empower community-led response and recovery
  3. Equip people to look after their own mental wellbeing
  4. Strengthen primary mental health and addiction support in communities
  5. Support specialist services
4. SPPU released fortnightly dashboards<sup>1</sup> during level 3 and 4 of lock down illustrating the social impacts of COVID-19 on our communities. The dashboards focussed on five areas of concern – food security, financial hardship, addictions, housing, income support and employment. The following focusses on reflections drawn from our addictions section as pertaining to the Psychosocial and Mental wellbeing plan.

## Feedback

### 5. The overall vision, principles and focus areas in the Plan

We support the vision of the plan to create *“an equitable and thriving New Zealand in which mental wellbeing is promoted and protected, and high-quality mental health and addiction support can be easily accessed”*. People utilising our services are predominantly marginalised and come from high deprivation communities. Focussed support for mental health and addiction services in these communities assist in reducing the inequities experienced by New Zealanders struggling with mental health, substance harm and gambling addiction, particularly as our nation finds a new normal post-COVID19.

### 6. The Salvation Army's contribution to the plan

- a. Our services span all five focus areas in communities across New Zealand. During level 3 and 4 of COVID-19 lockdown we distributed 31,829 food parcels across the country. We distributed double the number of food parcels within these 7 weeks than we had over 12 weeks in 2019 (Oct-Dec). We support 1388 clients for AOD with 86 in residential placements and 948 in the community and 354 clients remotely in the community for gambling via phone, video calls, emails and texts.

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<sup>1</sup> [Dashboard 1](#), [Dashboard 2](#), [Dashboard 3](#), [Dashboard 4](#)

- b. We have forecasted several issues to arise as we move to a new normal post-COVID19 which include;
  - i. There had been a reduction in new referrals for addiction services particularly in residential services and our gambling harm service during COVID-19 lockdown. The decrease in referrals during lock down periods will result in a build-up of referrals post-lockdown which may result in client surges for our gambling harm service.
  - ii. AOD Services did not experience system blockages over the lock down period however are expectant of a high demand for services as we move out of lockdown and into a new normal post-COVID19.
  - iii. There was a long delay in Homecare Medical and Health Promotion Agency (HPA) to get service information out to the public for those who needed gambling support.
  - iv. There have been positive outcomes identified during lock down with reduced access to alcohol and drugs, gambling venues and isolation from some negative influences. However, struggles with accessing food, employment and income and housing-related matters have negatively impacted people's mental health. The decrease in mental health wellbeing in conjunction with the return of increased accessibility to alcohol, drugs and gambling opportunities with lockdown measures lifting is likely to increase substance harm and gambling addictions and exacerbate system blockages as we see surges in clients accessing addiction services post-lockdown.
  
- c. We are already an integral part in communities across the nation addressing the five focus areas identified in the plan. We are the largest provider of food parcels across the nation, we work with whanau and communities around housing, reintegration, finance, substance harm and gambling addictions. We work with whanau and communities collectively to address issues which can lead to poor mental health wellbeing. Community providers such as ours need the opportunity and resources to be equipped to address these issues.

## **7. Critical factors to ensure success of this plan**

- a. We are concerned at the lack of support from Budget 2020 and therefore recommend the government to increase funding to addiction services. Funding is required to support the increase of brief and early interventions for substance harm, specialist tele-health, e-addiction services and integration of mental health services into addiction services. These are a few of the interventions that are essential in dealing with the current addictions crisis and those arising from COVID-19.
- b. The plan is predominantly composed of overarching themes designed to provide direction and guidance for communities and organisations. However, we believe that the "actions" and "how we are going to do this" section is not detailed enough to translate on the forefront of services for communities and organisations.
  - i. For example, across all five focus areas for this section there are 50 instances of the word "support" but support can mean many different things. Does support mean extra funding? Is this type of support identified

by communities and organisations? If so, does the Ministry of Health have the capacity to provide these supports.

- ii. We recommend the inclusion of timeframes and measurable outcomes such as funding, resources, targets and measures in the plan. Such clarification is needed to achieve the visions and goals of this plan.
- b. A broader range of early and varied prevention and interventions for addictions are urgently needed. We propose tele-health, digital e-mental health and addiction service development as a funded part of specialist NGO service delivery.
- c. The following policy recommendations are integral to addressing the causative factors of substance harm and addictions in our communities. The Ministry of Health need to take responsibility to address these causative factors but also to adopt a cross-government approach and engage with other agencies such as Department of Internal Affairs (DIA)
  - i. Restricted access to alcohol, drugs and gambling venues during lockdown showed beneficial impact. Therefore, we propose stronger regulations around gambling and alcohol.
    - 1. Decrease the density of pokie machines in poorer communities
    - 2. Decrease the density of liquor shops in poorer communities
    - 3. Reduce the hours of alcohol purchases in supermarkets and trading hours of liquor stores
    - 4. Strong limitations on alcohol and gambling advertising, particularly online gambling
  - ii. Consider **legislation** preventing overseas **internet gambling** as social isolation can contribute to an increase of gambling online and harmful impacts.
  - iii. Alternative, sustainable funding model and opportunities for community groups dependent on grants from Class 4 gambling.

#### **8. Positive examples of actions to support mental health and wellbeing**

- a. There was a good uptake of remote phone and video sessions for substance harm and gambling addiction support via our specialist AOD and gambling harm services. However, there are issues for people in rural communities who struggle with poor phone and internet access or those who cannot afford good internet connections and a lack of specialist addiction e-service development. Many of our clients cannot afford data plans or adequate credit for simple phone plans.
- b. Public health/Health promotion education and awareness are early interventions that ensure that substance harm and gambling addiction behaviours do not develop and become entrenched. It is more cost effective to prevent and minimise harm early in the continuum of addiction harm. Addiction services have limited funding for health promotion whilst AOD does not have any funding.

#### **9. Do you think there is anything missing from the plan?**

- a. The plan does not clearly identify/differentiate distinctions between mental health and addictions. Historically the absence of this distinction between mental health and addictions has resulted in people experiencing addictions with inequitable

access to appropriate services and supports. The plan needs to have a clearer differentiation between mental health and addictions as the provisions of care for each is different. Without acknowledging these differences, the plan may perpetuate the inequalities in accessibility to service, already experienced by many New Zealanders.

- i. Evidence suggests that when services for mental health and addictions are delivered together without specialist addiction support included addiction needs and or engagement in recovery interventions does not occur.
  - ii. Mental health and addictions do not always cross over, people with addictions do not always have mental health issues. Services that integrate mental health into addiction services is not always beneficial to recovery. Hence, we believe there needs to a clear distinction between mental health and addictions in the plan.
- b. The plan does not address the differing extents of addictions. We work with substance harm and gambling harm addictions. The provisions of care and delivery of service for Bridge and Oasis are vastly different.
  - i. The plan does not address mental health and addictions equally. Majority of the actions within the plan are singularly focussed on mental wellbeing.
  - ii. The actions in the plan refer to substance harm but do not address addictions. Addiction is more than just substance harm.
- c. Overseas online gambling operators utilised this pandemic and lockdown to promote their services, so we need to develop specialist gambling harm platforms to match the rising online gambling activity and inevitable harm. This includes the interaction between gaming and gambling which shifts service orientation to a younger client group and digital access to services via phone, text and chat service platforms
- d. Accessibility to treatment also needs to be addressed for people who have geographical and logistical problems, as well as addressing shame and stigma which prevent many people from accessing support, especially in the gambling harm area.

## 10. Summary

We support the vision, guiding principles and focus areas in ***COVID-19 Kia Kaha, Kia Maia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Recovery Plan***. The consensus however across our services is that mental health and particularly addiction services is under funded and under resourced. The lack of budget allocations to addiction in Budget 2020 places a question mark on the successful implementation of this plan. Words such as empower, encourage and support constantly repeated in the focus areas and actions are not measurable outcomes. The implementation of the plan needs timeframes, targets, funding and resources. The plan also needs to make a clear distinction between mental health and addictions. Addressing mental health and addictions synonymously perpetuates the inequalities within these services which impact our communities and their journey to recovery.