

**He Ara Āwhina framework consultation  
Mental Health and Wellbeing Commission  
19<sup>th</sup> April 2022**

**Executive Summary**

1. The Salvation Army agrees with and supports the He Ara Āwhina framework and its vision for a mental health and addictions system. We believe a framework grounded in Te Tiriti o Waitangi and in partnership with a Te Ao Māori perspective ensures that we are moving forward to a system that addresses the over-representation and better supports Māori. He Ara Āwhina also covers six key domains that are broad and captures outcomes we as an organisation would like to see. We highlight some of the key challenges we see amongst our tāngata whaiora in light of the framework. Our recommendations around monitoring are based on our review of Te Huringa: Change and Transformation report, which includes increasing the scope of monitoring and differentiating mental health and addiction measurable outcomes.

**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 employs almost 2,000 people in New Zealand, and the combined services of The Salvation Army provided 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 counseling. The Salvation Army also provides almost 20,000 addictions services and counseling sessions through Bridge (Alcohol and other drugs) and Oasis (gambling). Bridge and Oasis support over 2,000 people annually across the country.
4. This submission has been prepared by the Social Policy and Parliamentary Unit (SPPU) 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.

**Does He Ara Āwhina reflect your hopes for a mental health and addiction system?**

5. As an addictions service provider, we see the disproportionate impact of addictions on Māori, so we are pleased to see He Ara Āwhina's bi-cultural framework and the emphasis on Te Tiriti o

Waitangi. He Ara Āwhina reflects a mental health and addictions system that works in partnership with both Te Ao Māori and shared perspective. The growing diversity in Aotearoa shows that the mental health and addictions system needs to remain innovative to address the differing needs of our whanau and the ever-changing social and economic context - these, directly and indirectly, act as key drivers to the levels of addictions we see in our services. We view the partnership hoped for in He Ara Āwhina as a key factor in ensuring innovation happens.

6. We are also encouraged to see He Ara Āwhina highlight whanau with lived experience – we believe that the best voices to speak into changing the addictions system are the voices that know and understand what it is like in the system. Across our addiction services, we have roles that provide an opportunity for those with lived experience to speak into approaches and strategies to caring for and supporting our whanau.
7. The six domains covered by He Ara Āwhina are broad (equity, access and options, partnership and leadership, safety, effectiveness, and connected care) therefore desired outcomes for our whanau can be captured under one of these domains.

**Is He Ara Āwhina missing anything important to you?**

We acknowledge that He Ara Āwhina is a high-level framework that governs a complex mental health and addictions system, however, we'd like to highlight some of the challenges our tāngata whaiora face.

8. He Ara Āwhina's goal is centered around whānau, however, for many of our tāngata whaiora addictions or mental health issues have disintegrated their whānau support systems. When some tāngata whaiora walk through our doors they are often alone or isolated. On the other end of the spectrum, some tāngata whaiora for the benefit of their recovery and well-being choose to cut off contact with whānau. It is important to us that tāngata whaiora with complex whānau dynamics are afforded the same level of awahi and manaaki as any other tāngata whaiora in the mental health and addictions system. Our team in Bridge and Oasis can provide support to our tāngata whaiora who are alone and isolated however the reality is creating dependency on a service we believe is not mana enhancing. Therefore, our services endeavor to foster and create a peer to peer support opportunities.
9. He Ara Āwhina addresses connected care, mana whānau, and whanaungatanga and we hope that under these pillars the system would be able to foster authentic relationships - not only for tāngata whaiora and their whānau but also between tāngata whaiora if safe and feasible to do so. Particularly for tāngata whaiora who set out on their road to recovery from addictions alone. The Salvation Army runs Recovery Churches across the country which are open to all. As a Christian church and social service provider Recovery churches allow us to meet the spiritual needs of our tāngata whaiora. In addition, Recovery churches create a safe and supportive environment for tāngata whaiora to engage and meet others with lived experience irrespective of where they are in their addiction and recovery journey.
10. We also identify reparations to whānau relationships are an integral part of recovery for many. We highlight these because we hope He Ara Āwhina can capture that the road to recovery from addictions is not a linear path, but it is often a circular path that requires the mental health and

addictions system to support tāngata whaiora at different levels and needs in their journey. As mentioned prior we welcome He Ara Āwhina's acknowledgment of whanau with lived experience. In our experience creating opportunities for those who are in long-term sobriety or recovery to give back and support others who are starting their journey to recovery or who have relapsed has exponential benefits. These benefits include peer support and mentoring opportunities but also hope inspired for many of our tāngata whaiora.

11. Whilst we write this submission primarily as an addictions service provider, we also 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 mental health issues are facing.

*“James<sup>1</sup> 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 assessment and advice. Following his assessment MSD called and agreed to fund James’s emergency accommodation” - Salvation Army Community Ministries*

Our staff see 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 services play a role in achieving He Ara Āwhina.

12. He Ara Āwhina addresses access and options; we agree and believe that all whanau should have the right to access the services and supports that best fit their needs. For many tāngata whaiora, we support they are also in the justice system with restrictions and limitations to movements and activities. Criminal and offending history also contribute to accessibility to programs and supports that are needed. In light of Covid-19, many organisations have had to adjust to working in a new way – we hope that these new methods of working can be integrated into the mental health and addictions system to ensure access and options to all tāngata whaiora including those in the justice system.

**Is there anything else you want us to know about how we should monitor services and system transformation?**

In our view ensuring that the goal in He Ara Āwhina is achieved and becomes a reality for our Whanau depends on the effectiveness of how it is monitored. We believe in the hopes of He Ara Āwhina for the mental health and addictions system, but the challenge is translating the vision of He Ara Āwhina into tangible and practical outcomes for our whanau. Our feedback regarding monitoring is concerning the Te Huringa: Change and Transformation report.

13. Te Huringa only covered mental health and addiction services covered by the public health fund. We hope that the Mental Health and Wellbeing Commission would have the capacity and capability to monitor a wider scope of the system. These include community, primary and specialist services that have other streams of public funding. The community sector is often the

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<sup>1</sup> Pseudonym

first port of call for many of our whanau – in our view strengthening the community sector to support whanau with addictions provides early intervention. He Ara Āwhina emphasizes the importance of community care and connections so we hope that future monitoring would capture the impact and difference that is made in the community sector.

- 14.** One of the challenges we face often as addiction service providers is that the focus in the sector is often on mental health. Whilst many of our tāngata whaiora face both addictions and mental health challenges we also support many tāngata whaiora who do not have mental health challenges. We'd like to see future monitoring to capture measures that separate mental health and addictions services if feasible.
- 15.** We also note that Te Huringa uses quantitative data – we'd recommend that monitoring in the future of the mental health and addictions system capture qualitative data also. Quantitative data only illustrates a fraction of what is happening in the system, but qualitative data allows the richness of stories and better captures the realities that tāngata whaiora face. In our experience working with vulnerable and at-risk whanau, qualitative data captured through focus groups and conversations with key support workers allows us to grasp a full picture of how our tāngata whaiora are doing and what we can do to better support them.
- 16.** We note in the previous question the role other agencies play in the support and care for our tāngata whaiora – whilst we acknowledge that He Ara Āwhina focuses on the mental health and addictions system we recommend that monitoring extends to the capability of other sectors to achieve the vision of He Ara Āwhina. The complex dynamics tangata whaiora face are often related to other aspects of their lives such as welfare, housing, justice, and education. Achieving the goals in He Ara Āwhina is not dependent on one agency alone but requires a collaborative and collective effort across all sectors.