

25 August 2021

New Zealand Productivity Commission
PO Box 8036
Wellington 6143

By email to: info@productivity.govt.nz

Tēnā koutou

Re: A fair chance for all

Thank you for the opportunity to make a submission on the Productivity Commission's Terms of Reference for a new inquiry into the drivers of persistent disadvantage within people's lifetimes and across generations. Psychiatrists see first-hand the many barriers that prevent people with complex mental and physical health needs and their whānau being able to live well.¹ We welcome any opportunity to better understand systemic issues that perpetuate disadvantage.

This letter provides background information about the Royal Australian and New Zealand College of Psychiatrists and gives answers to the Productivity Commission's four consultation questions.

About the Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people experiencing mental health issues, and advises governments on mental health care.

This submission has been prepared by Tu Te Akaaka Roa – the RANZCP New Zealand National Committee; and the New Zealand Committees for the Faculty of Child and Adolescent Psychiatry, Faculty of Forensic Psychiatry, and Section of Psychiatry of Intellectual and Developmental Disabilities.

Question 1: What are the main aspects of disadvantage that should be investigated in this inquiry?

- Many areas of disadvantage are interrelated and overlapping. The RANZCP encourage investigation into the social determinants of health and inequities – including colonisation, poverty, stigma and discrimination, substance abuse and dependency, minority status, fragmentation of social structure, family and sexual violence, and engagement with the justice system.

¹ For more information see the RANZCP report [Keeping Body and Mind Together](#) (2015).

Question 2. Where should the Commission focus its research effort?

- We encourage the Commission not to replicate the numerous reports that have investigated different aspects and drivers of disadvantage and have often raised similar issues.² It may be helpful to summarise previous research and investigate obstacles the government faces in responding to these reports in a timely and tangible way.

Question 3. Where should government focus its effort on finding solutions?

- Solutions must be multifaceted to address intersecting structural, community and individual/family factors. Current approaches are often siloed, which can perpetuate inequities further. For example, people with intellectual disabilities and mental health conditions can struggle to access support when the services involved in their care are not well connected.
- Many communities, iwi, hapū, and whānau or support groups have solutions, but face barriers being able to implement them. It may be helpful to focus on how these barriers can be addressed.
- While solutions are needed to break the cycle for people already entrenched in persistent disadvantage, work must also be done to prevent others falling into this cycle. Preventative actions are likely to be the most successful. For example, early interventions to address adverse childhood events can reduce mental health issues developing in later life.³ Of these, parental mental illness and substance abuse during pregnancy, are highly modifiable risk factors for poor outcomes for children.
- We urge the Government to focus its efforts on identifying solutions that are based on evidence that is informed by New Zealand data and research. Part of the Commission's brief should be to prepare an environmental scan to provide the Government with relevant information about what works when seeking to address disadvantage.

Question 4. Is there anything else that you would like to see covered in this inquiry?

- We are concerned that Te Tiriti o Waitangi is not acknowledged in the consultation paper. Breaches of Te Tiriti have been key contributors to disadvantage for Māori,⁴ so it is important that Crown entities consider how Te Tiriti underpins their work. The Commission may also wish to expand its scope to the imprisoned subpopulation with serious mental illnesses.

² For example, *Puao-te-ata-tu* (Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1988), *He Ara Oranga* (Mental Health and Addiction Inquiry report, 2018), *Whakamana Tāngata* (Welfare Expert Advisory Group, 2019), criminal justice reform reports (most recently in 2019), and reports by monitoring organisations such as the Human Rights Commission.

³Jorm A, Mulder R. Prevention of mental disorders requires action on adverse childhood experiences. *The Australian and New Zealand Journal of Psychiatry*. 2018. Available at: <https://apmd.org.au/wp-content/uploads/Jorm-2018-prevention-requires-action-on-ACEs.pdf>

⁴ See for example, *Haora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* and *He Pāharakeke, He Rito Whakakīkinga Whāruarua Oranga Tamariki Urgent Inquiry*.

General comments

- Given the recent Mental Health and Addiction Inquiry, we suggest that the Commission's proposed 'deep dive' into mental health focuses on a specific aspect of mental health. For example, comorbidities among people who live with very serious mental health and addiction issues. This group often experience persistent disadvantage due to stigma, barriers to employment, and a lack of adequate and ongoing wrap-around support. We also note the bi-directional relationship between mental health and addiction issues.⁵

If you have any questions about this submission, please contact the National Manager, New Zealand, Rosemary Matthews. Rosemary supports the New Zealand based Committees and can be contacted on 04 4727 265 or by email at rosemary.matthews@ranzcp.org.

Nāku noa, nā



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Chair, Tu Te Akaaka Roa – New Zealand National Committee

⁵ For more information see the RANZCP's [submission on the Mental Health and Addiction Inquiry](#) (2018).