

Platform Charitable Trust
PO Box 6380, Marion Square
Wellington, 6141
181 Thorndon Quay
Pipitea, Wellington
www.platform.org.nz

Tēnā koe,

Atamira | Platform Trust (Platform) welcomes the opportunity to comment on The New Zealand Productivity Commission's (NZPC) Terms of Reference (TOR) for the 'A fair chance for all' inquiry (the inquiry). We support the NZPC's inquiry into finding the causes and solutions to persistent disadvantage in Aotearoa New Zealand.

Platform is a peak body representing Mental Health and Addiction (MHA) Non-governmental organisations (NGO) and community sector organisations. Notably, some MHA NGO and community organisations include Māori and Pasifika providers and organisations that are run by people and whānau with a lived experience of mental distress and addiction and provide peer support services. In addition, Platform represents a wider network of MHA NGOs (approximately 166) who share the same aspiration of a MHA system and sector that is driven by the need for better and more equitable outcomes for all. Collectively, during the year 2019/20 the whole MHA NGO & community sector organisations supported over 75,940 tangata whaiora, and their whānau, that are directly impacted by MHA issues.

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Mental health, addiction, wellbeing and persistent disadvantage

We support the proposed area of linking productivity and wellbeing, particularly exploring how reducing persistent disadvantage translates into direct increases in wellbeing.

Poor mental health, addiction and wellbeing are intimately connected with persistent disadvantage. Disadvantage plays a significant role in key risk factors for MHA, and MHA lead to disadvantage. This information was conveyed in He Ara Oranga – The Government’s response to the Mental health Inquiry (HAO). People saw MHA as a symptom of poverty, social exclusion, trauma, and disconnection. These are akin to the four mana in the He Ara Wairua framework used to explain disadvantage by the inquiry.

In HAO, disadvantage was seen as a threat to the needs of affordable housing, quality education, meaningful employment, social connectedness, freedom from violence and reliable social support. These are key factors to maintain mental health and wellbeing. Disadvantage and MHA are a positive feedback loop, one leading to higher levels of the other. If the inquiry is to tackle persistent disadvantage, it must treat MHA as both a cause and an outcome, with the services that support people viewed as part of the solution.

The MHA NGO and community sector will be a useful source for the inquiry. In this sector, organisations work together in innovative ways to reduce the effects of MHA on tangata whaiora. They understand the issues which effect people suffering from MHA, with a large portion of the workforce being people with a lived experience of mental distress and/or addiction. Their work is not limited to MHA, with many organisations working across many social sectors, such as employment and housing, as well as working on other social determinants of health. If the inquiry is looking to understand the nuances of persistent disadvantage it should engage with the MHA NGO and community sector.

Persistent disadvantage of Māori

Platform Trust supports the theme of the scoping document to a strong commitment to Te Tiriti o Waitangi and the proposed focus on the intersectionality of disadvantage or ‘deep disadvantage’ which would capture the facets of disadvantage or discrimination faced by Māori in Aotearoa. We support a focus on the intergenerational effects of colonisation, racism, discrimination and working from a Māori world view. These effects and those of persistent disadvantage on MHA are seen when looking at the statistics of Māori MHA service use. In the financial year 19/20, Māori made up 29% of the 184,000¹ people who used Vote Health funded MHA services in New Zealand. This is despite only making up 16.5% of the New Zealand population.

The effects of persistent disadvantage on Māori are well known. As such we strongly recommend the Inquiry engage directly with tāngata whenua leadership in determining the scope of the inquiry. Doing so is paramount to further understanding the experience of disadvantage for Māori and finding solutions designed by Māori for Māori and of Māori. Many of these leaders working on MHA solutions for Māori can be found in the NGO and community sector. MHA NGOs see a higher proportion of Māori as compared to the general population. Although MHA NGOs see 41% of people using publicly funded MHA services,

¹ Programme for the Integration of Mental Health Data



they saw 52%² of those who identify as Māori. Kaupapa Māori MHA organisations are common in the NGO and community sector, so reaching out to these organisations is key to understanding the connection between MHA and persistent disadvantage for Māori.

Key windows – The perinatal and justice system

In the scoping document the NZPC asks if there are key windows of opportunity in a person's life course where positive changes are easier to secure, or where they are more likely to endure. The perinatal period is important and has a significant impact on intergenerational inequity and provides the biggest return on investment.

A call to focus on perinatal mental health was recently put out by The Mental Health Foundation of New Zealand's (MHFNZ) position paper. In this paper, MHFNZ called for prioritizing investment in perinatal mental health. This improves the lives of pregnant people, parents, and the long-term outcomes of tamariki, whanau and subsequent generations. It would be wise for NZPC to investigate the perinatal period during the inquiry as a high impact window for investment.

In addition, we support exploration of interface with the justice system as an important determinant of intergenerational disadvantage and a key opportunity for intervention, particularly for Māori and those living with MHA issues (2 in 3 people in prison live with mental illness and addiction²).

Other data sources & measurements

Another measurement of interest to the inquiry is the WHO-5 Well-Being Index. This is brief self-reported measurement, used by the World Health Organisation to measure current mental wellbeing. This measurement has high validity. It has been translated and used across multiple cultures. This has been proven to be an effective measure for New Zealand, with NZMHF using the measure.

It would be best to avoid the replication of work already being done in New Zealand. For example, the Mental Health and Wellbeing Commission are currently exploring data and monitoring pathways for wellbeing. These measurements will be based on the He Ara Oranga wellbeing outcomes framework and aim to understand the cultural, economic, educational, spiritual, societal, environmental, and other factors that affect mental health and wellbeing. These measurements will be of interest to the inquiry, as they will be collecting data on the factors that contribute to or protect against persistent disadvantage. We believe this is consistent with the United Nations Sustainable Development Goals³ adopted by the Government in 2015. They provide a framework to ensure wellbeing through balancing social, economic and environmental sustainability, with a key focus on leaving no one behind.

END

For further contact about this submission
Elliot Farr, Data & Digital Analyst, Platform Trust
elliott@platform.org.nz

² Health and Disability Commissioner. (June 2020).

³ [The 2030 Agenda for Sustainable Development](#), adopted by all United Nations Member States in 2015

