

COVID-19

Kia Kaha, Kia Māia,
Kia Ora Aotearoa:

Psychosocial and Mental
Wellbeing Plan

Revised edition – December 2020



Kia Kaha, Kia Māia, Kia Ora Aotearoa – Through strength and endurance our wellbeing will prevail Aotearoa.

Citation: Ministry of Health. 2020. *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan*. Wellington: Ministry of Health.

Published in December 2020 by the Ministry of Health
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-99-002974-5 (online)
HP 7543



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Deputy Director-General

foreword

Kia ora koutou katoa

The COVID-19 pandemic has changed the lives of many people in Aotearoa New Zealand. Throughout this time, individuals, whānau and communities have demonstrated care and resilience in navigating the challenges of these unexpected events. The many innovative responses within communities have shown our capacity for concerted, collective action.

Supporting mental wellbeing is a vital part of this united response. *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan (Kia Kaha)* provides a framework to guide collective efforts to support mental wellbeing across national, regional and local levels.

Kia Kaha focuses on the next 12 to 18 months and aims to support individuals, whānau and communities to respond, recover, adapt and thrive in the context of COVID-19. It is a living document and sits within the longer-term work to transform New Zealand's approach to mental health and addiction, committed to in the Government's response to *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*.

I am grateful to the many people who took the time to offer feedback on previous iterations of *Kia Kaha*. Working together within a common framework is important, so it was pleasing that feedback strongly supported the overall approach, while also highlighting areas that could be strengthened.

Kia Kaha takes into account that COVID-19 Alert Levels may continue to fluctuate and recognises that some groups may be more affected than others. Manaakitanga and kotahitanga – caring and unity – will be important to ensuring our collective efforts best support those most affected by the pandemic.

Kia Kaha includes examples of progress, along with priority actions for government to support mental wellbeing. Importantly, many influences on health and wellbeing lie at the local level, both within and outside of the health sector. I encourage all organisations that play a part in improving mental wellbeing to utilise this framework, collaborate and share information.

Together we can ensure whānau get the support they need, and communities are able to build resilience for all people, especially those most affected by COVID-19.

Ngā mihi



Toni Gutschlag

Deputy Director-General, Mental Health and Addiction Directorate
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About this plan

Kia Kaha sets out a national framework for action to support the mental wellbeing of people in Aotearoa New Zealand during the next 12–18 months as we adapt to the new environment created by COVID-19.

Kia Kaha updates the original psychosocial and mental wellbeing plan published in May 2020 and incorporates changes to reflect [feedback](#) received on that plan. One hundred and forty-seven organisations and individuals provided comments. The feedback indicated general endorsement of the mental wellbeing framework and provided valuable suggestions on details of the plan and the way forward.

This new version seeks to increase resonance with Te Ao Māori. It also adds the principle of ‘innovation’, provides examples of national-level progress and forward-focused priority actions, and expands the range of system enablers needed to ensure successful implementation of actions. Guidance and resources in the event of shifts to higher Alert Levels are also included.

Our approach

Kia Kaha provides principles and a mental wellbeing framework which can be used by all organisations to guide and shape their contributions – across central and local government; district health boards (DHBs); whānau, hapū and iwi; educational institutions; community organisations; businesses; and others who contribute to mental wellbeing.

Kia Kaha highlights central government priorities; however, local services and initiatives play a vital and significant role in transforming mental wellbeing. While the mental wellbeing framework in *Kia Kaha* is not intended to replace existing frameworks or strategies that organisations have, we encourage all who support mental wellbeing to consider how their activity aligns with and contributes to a national approach to mental wellbeing.

Individuals, whānau and communities across Aotearoa New Zealand have already shown great resilience and cooperation in our shared response to COVID-19. The approach outlined in *Kia Kaha* aims to build on the positive shifts that have already occurred and provide a framework which encourages new possibilities and innovations.

Our approach promotes actions that support a holistic approach to mental wellbeing, which range from ensuring basic needs are met (such as food and safe housing), through to providing specialist services in health, education and community settings.

While the mental wellbeing framework primarily focuses on recovery, it is recognised that the path may include further fluctuations in COVID-19 Alert Levels. This could affect regions or populations differently depending on the nature and location of COVID-19 clusters, and would require focused actions and tailored responses. **Appendix A** outlines key messaging, actions and resources of particular relevance when responding in a COVID-19 Alert Level 2 to 4 environment.

Kia Kaha is intended to be flexible. As we build our understanding about COVID-19's longer-term social and economic effects, we will adjust our approach as necessary to meet the changing needs of whānau, communities and different population groups. We encourage ongoing sharing of information and developments across national, regional and local levels.

He Ara Oranga and the longer-term transformation pathway

Since 2019, the Ministry of Health has been leading the [Government's response to He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction](#) and work to transform our approach to mental wellbeing. Continuation of this work will support our emergence from COVID-19 and help to build individual, whānau and community resilience.

While actions in response to *He Ara Oranga* are ongoing, COVID-19 has added a new dimension. Business as usual activities and existing resources of government agencies and other organisations must pivot to reflect the post-COVID-19 environment and support recovery.

The Government's response to *He Ara Oranga* committed to the development of a longer-term transformation pathway for mental wellbeing in Aotearoa New Zealand. *Kia Kaha* represents the first phase of that pathway. The pathway for transformation will draw on the mental wellbeing framework (vision, principles, outcomes and focus areas) and will provide sequenced actions to support recovery and create system change in approaches to mental wellbeing over the longer term.

As with our response and recovery to COVID-19, the longer-term transformation pathway will need to be flexible to adapt to emerging needs and incorporate what we have learnt from previous actions. It will need to be informed by engagement and new evidence. Further development of the longer-term pathway will progress after completion of this shorter-term plan.

Terms used and complementary plans

A glossary defining key terms in this plan is at the end of this document. Two key terms used are 'psychosocial' and 'mental wellbeing'. Derived from emergency planning, 'psychosocial' refers to the physical, psychological and social factors that affect wellbeing. Psychosocial response and recovery refers to efforts to minimise the physical, psychological and social consequences of emergencies to support mental wellbeing and positive adaptation to a changed reality.

We have primarily used the term mental wellbeing as the core concept in *Kia Kaha*. In doing so, we also place a strong emphasis on the wider social, cultural and economic foundations of wellbeing, expressed through important work that takes place outside the health sector.

Kia Kaha complements a number of other plans, in particular the [COVID-19 Health and Disability System Response Plan](#), which provides a framework for the health and disability sector, and related sectors, to manage the national response to COVID-19. *Kia Kaha's* revised mental wellbeing framework is consistent with the Ministry of Health's [Whakamaua: Māori Health Action Plan 2020–2025](#) and [Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025](#).

The actions in Kia Kaha include references to a range of other relevant strategies that will contribute to mental wellbeing. Further resources that may be useful when working to support mental wellbeing are in the bibliography.

Mental wellbeing framework

The mental wellbeing framework provides a high-level structure that sets out how we will work and what we are working towards achieving. Figure 1 is a depiction of the framework.

Our vision: achieving pae ora

The mental wellbeing framework has a **vision** of:

Pae ora (healthy futures): An equitable and thriving Aotearoa in which mental wellbeing is promoted and protected.

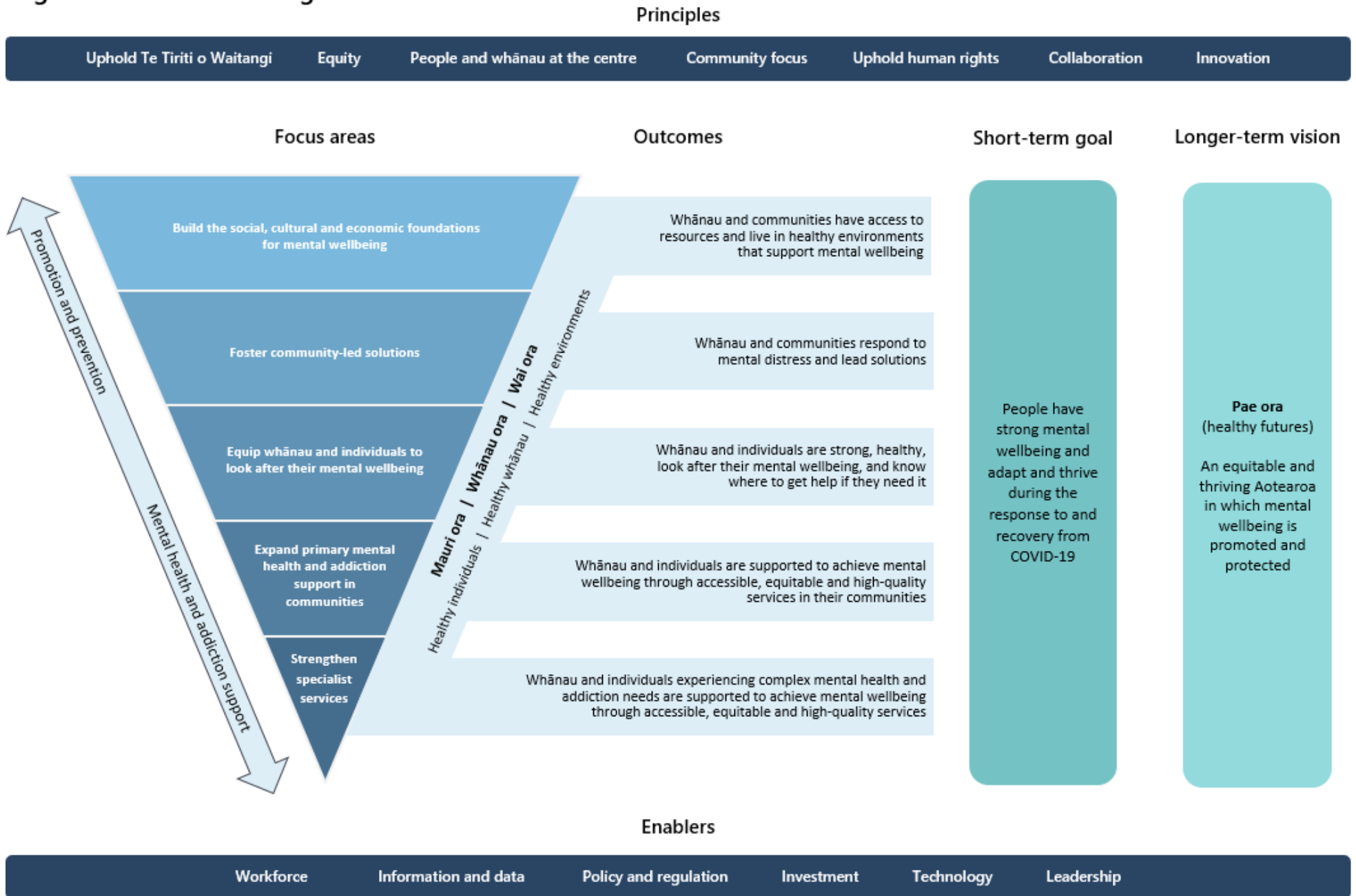
Pae ora is a holistic concept that includes the following interconnected elements.

- **Mauri ora** – healthy individuals: taha tinana (physical health), taha wairua (spiritual wellbeing) and taha hinengaro (mental wellbeing) are important interconnected elements of mauri ora. Protecting our mental wellbeing is essential for all of us, as is equitable access to effective mental wellbeing support when needed.
- **Whānau ora** – healthy families: whānau are integral to our wellbeing. We all need to belong, to share, to feel cared for, and to have close relationships. This can apply beyond blood-ties, for instance in rainbow communities, where whānau may be interpreted more widely than people with genealogical links.
- **Wai ora** – healthy environments: the communities and wider environments in which we live, learn, work and play need to be safe and support mental wellbeing. All people should be able to easily and equitably access social supports, including education, housing and income support.

This vision and its connected elements are consistent with [*Whakamaua: Māori Health Action Plan 2020–2025*](#), which outlines an approach to achieving pae ora. The path to ensuring wellbeing for Māori provides a platform for all people in Aotearoa New Zealand to live with good health and wellbeing.

To realise the vision, our **12 to 18 month goal** is ensuring people are able to build and sustain mental wellbeing so that they can adapt and thrive during the response to, and recovery from COVID-19.

Figure 1: Mental Wellbeing Framework



Guiding principles

Ngā Tohu Mātāpono: Ko ngā pae tawhiti whaia kia tata, ko ngā pae tata, whakamaua kia tina!

*Guiding Principles: Seek out distant horizons,
and cherish those you attain!*

To be jointly effective, we need common values and sense of direction. These are articulated in the mental wellbeing framework through seven guiding principles, which align with international best practice in psychosocial recovery and have been adapted to suit Aotearoa New Zealand's context. These principles should be embedded within every action.

Principle 1: Uphold Te Tiriti o Waitangi

*Mana motuhake, mana tangata, mana Māori, mana whakahaere –
Tihei Mauri Ora!*

*Māori self-determination and autonomy, Māori equity rights, rights to
Māori customary practice, philosophy and mātauranga Māori – hear
this call and the right to speak!*

It is the Crown's obligation to uphold Te Tiriti and protect and promote Māori health and equity. The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, underpin all actions in *Kia Kaha*. The principles that apply to work across the health and disability system are tino rangatiratanga, equitable outcomes, active protection, options and partnership.

Kia Kaha sits alongside the Ministry of Health's *Whakamaua: Māori Health Action Plan 2020–2025* which sets the direction for Māori health advancement over the next five years and is underpinned by the Ministry of Health's *Te Tiriti o Waitangi Framework*. *Whakamaua* articulates the importance of ensuring equity of outcomes for Māori, and the ability of iwi, hapū, whānau and Māori communities to exercise their authority to improve their health and wellbeing.

How this principle will be demonstrated

- Support iwi, hapū, whānau and Māori organisations to respond directly to the increasing health and other needs of their people due to COVID-19.
- Support iwi, hapū, whānau and Māori health organisations to utilise mātauranga Māori (Māori knowledge) approaches in the design and delivery of appropriate services for their people.

- Adopt a holistic wellbeing approach that incorporates mental, physical, spiritual, whānau and environmental wellbeing.
- Monitor delivery and outcomes for Māori and ensure accountability to whānau, hapū and iwi.

Principle 2: Equity

*Mai te iti me te rahi o te hunga rawakore,
ka kitea te hunga e tika ana –
From the least to the greatest of those in need,
one will see the most in need.*

The equity principle recognises that people have different levels of advantage and experience and require different approaches and resources to get equitable outcomes. A key driver of health inequity is differential access to power and decision-making, resources, and service access and quality on the basis of social identity (such as ethnicity, age, gender and disability).

All people in Aotearoa New Zealand should experience the best support and care, regardless of where they live or who they are.

How this principle will be demonstrated

- Acknowledge the cumulative effect of pre-existing, historical and generational inequities.
- Show fairness and respect by directing resources and effort in a timely manner to populations and groups that most need it.
- Work to address systemic barriers to individuals, whānau and communities achieving equitable outcomes.
- Provide tailored responses for disadvantaged groups.
- Work to address individual and institutional discrimination, including racism and the influence of colonisation in services and policy design.

Principle 3:

People and whānau at the centre

*Ko te tangata te hā o te whānau –
The breath of my being is my whānau.*

This principle seeks to strengthen the capacity of people and whānau to lead their own pathways to wellbeing, while ensuring support is easily available and appropriate to their needs, across different ages, ethnicities, backgrounds and circumstances.

It involves responding to people with respect and empathy, seeing the whole person and recognising their aspirations. This includes ensuring that personal, whānau, community, spiritual and cultural values are respected and integrated into the design and delivery of support.

This principle recognises whānau as a crucial part of the support network for individuals experiencing challenges. It involves focusing on prevention and early support – by supporting resilience from a young age, addressing the social and economic determinants of mental wellbeing, and supporting people early when they experience distress. It means involving people and whānau in making informed choices and promoting strengths-based paths to mental wellbeing.

How this principle will be demonstrated

- Support actions that involve people and whānau as equal partners in their wellbeing support.
- Promote systems, services and processes that put people and whānau at the centre and create space for self-determination.
- Provide support appropriate to people's culture, age, background and circumstances.
- Include a strong focus on prevention, early support and building resilience.
- Promote a sense of safety, self-efficacy, connectedness, calm and hope.
- Acknowledge and build on the strengths of people and whānau.
- Adopt a trauma-informed approach.

Principle 4:

Community focus

*Ma mua ka kite a muri, mā muri ka ora a mua –
Those who lead give sight to those who follow,
those who follow give life to those who lead.*

Strong communities provide a foundation of support and connection which is vital for mental wellbeing. Communities may be based around a particular locality (such as a suburb or town), identity (such as ethnicity or sexual orientation) or common interests/purpose (such as a profession, sports club or school).

The community-focused principle seeks to build on the strengths and assets of communities so that they can best support whānau and individuals. It recognises the value of communities exercising a high degree of self-efficacy and self-determination in implementing solutions to identified needs.

Fostering communities' ability to support mental wellbeing may involve partnering approaches such as co-design, or community-led processes where grassroots decision-making is supported by information and resources from outside the community.

There is an opportunity for more mental wellbeing services to move to community-based delivery models, in which integrated services and supports are provided according to need and matched to population diversity.

How this principle will be demonstrated

- Build on existing community strengths, such as knowledge, networks and resources.
- Collaborate with and involve communities in national and regional decision-making.
- Increase community-based options for supporting mental wellbeing.
- Consider and address potential barriers to communities implementing their own solutions to local issues.
- Support community-led decision-making, leadership and capacity.
- Encourage social cohesion, sense of belonging, manaakitanga and kotahitanga.

Principle 5:

Uphold human rights

*He Tapu te Oranga o ia Tangata –
Everybody's life is meaningful.*

Human rights place responsibilities on government and others holding public power, and they also place responsibilities on organisations when supporting individuals and whānau. Human rights are orientated around such values as partnership, participation, protection, safety, dignity, decency, fairness, freedom, equality, respect, wellbeing, community and responsibility – and are central to implementing an effective, equitable and balanced way forward as we respond and recover from COVID-19.

How this principle will be demonstrated

- Ensure actions adhere to human rights values – partnership, participation, protection, safety, dignity, decency, fairness, freedom, equality, respect, wellbeing, community and responsibility.
- Improve accessibility of information and services for diverse groups, for example through inclusive language, design, formats and approaches.
- Abide by the requirements of the Human Rights Act 1993 and New Zealand Bill of Rights Act 1990.
- Abide by international conventions including:
 - Universal Declaration of Human Rights
 - United Nations Declaration on the Rights Indigenous Peoples
 - Convention on the Rights of Persons with Disabilities
 - Convention on the Rights of the Child
 - Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
 - Convention on the Elimination of all Forms of Discrimination Against Women.

Principle 6:

Collaboration

*Ma tini ma mano, ka rapa te whai –
Many hands make light work; unity is strength.*

*Mā ngā pakiaka ka tū ai te rākau –
With strong roots, a tree is able to stand.*

Strong relationships at all levels are at the heart of collaboration. Previous local disasters have showed that established trusting relationships between and within agencies and communities are protective and stabilising factors during psychosocial recovery.

Many organisations and people have roles to play in responding to COVID-19 and supporting mental wellbeing – including central government agencies; DHBs; local authorities; whānau, hapū and iwi; community organisations (from major non-profit service providers to volunteer groups); general practices; educational institutions; faith communities; businesses and lived experience networks.

Working together well is vital. A positive aspect of the initial COVID-19 lockdown was the increased levels of cooperation between government agencies and service providers that ensured speedy and innovative responses.

Issues addressed by different organisations cannot be dealt with in isolation, as they are interlinked. Having shared goals and outcomes – and sharing information, ideas and plans – can reduce gaps in provision and avoid duplication of effort. Clarity of roles, coordination and effective communication are important at national, regional and local levels.

How this principle will be demonstrated

- Build strong relationships and collaboration between organisations and networks involved in supporting mental wellbeing, and responding to, adapting to and recovering from COVID-19.
- Work collaboratively across government agencies to provide unified responses to issues that span portfolios.
- Listen well to others and seek common ground and joint outcomes.
- Stay connected, share information and keep checking that activities are aligned.

Principle 7:

Innovation

*Whāia ngā mahi auaha pēnei te tauira i waihotia mai e ngā tīpuna –
Pursue innovation as the example left to us by our ancestors.*

Throughout Aotearoa New Zealand, people, whānau, communities and organisations have responded to the challenges presented by COVID-19 with innovation and ingenuity.

This principle is about continuing to encourage and support innovative and original approaches to supporting mental and social wellbeing. This includes actions and ideas from individuals, whānau and communities through to government-led initiatives.

Innovation includes changing how we deliver and design our current services to create more effective responses and equitable outcomes. It is an essential feature of work to transform the landscape of mental health and addiction supports in response to *He Ara Oranga*.

We must foster innovation by sharing and encouraging new ideas that work, and by learning from each other about what is being done, as well as responding to new challenges.

How this principle will be demonstrated

- Be responsive from the national/regional levels to community innovation and encourage flexible, adaptive and innovative approaches to addressing service pressures.
- Make use of new ways of delivering services, for example, ensure specialist expertise is available irrespective of where people live or receive support.
- Evaluate and disseminate emerging evidence of innovative solutions.
- Share ideas, evidence and resources, and learn from each other, to improve responses.
- Embed new ways of working throughout policy development and procurement to ensure actions meet need.
- Ensure workforces have the capability needed to support innovative approaches.

Effects of COVID-19 on mental wellbeing

Effects of COVID-19

The global pandemic has affected the lives of all people in Aotearoa New Zealand and around the world. This section discusses how people may experience different mental wellbeing needs and outcomes during the response to and recovery from COVID-19, while noting that information about the effects of COVID-19 on mental wellbeing outcomes is still evolving. This overview is important for helping tailor responses to those who may need targeted support for their mental wellbeing.

Our response is focused on enhancing wellbeing, and helping people to recover, adapt and thrive. While being alert to groups who may be negatively affected, it is crucial to recognise and foster the resilience that exists within individuals, whānau and communities.

We have already seen a collective effort to support each other, and positive examples of increased community cohesion, innovation and resilience. Being connected, cared for and having core needs met are important protective factors for people's wellbeing and resilience. Participating in whānau, employment, cultural and community activities is also a protective factor for individual wellbeing and strengthens wider community resilience. *Kia Kaha* recognises that community action; provision of mental wellbeing resources, supports and services; and addressing wider social, cultural and economic needs are critical actions to support individuals and whānau.

During higher COVID-19 Alert Levels, we have seen increases in self-reported symptoms such as anxiety and depression, loneliness, and stress about leaving the house. These are understandable and normal responses to crisis events. We have also seen these reported symptoms ease off in the general population as the Alert Levels drop. Most people, whānau and communities can recover and adapt in challenging times with appropriate support.

Based on the experience of the COVID-19 outbreak so far, and our knowledge from other significant events, we expect to see mental wellbeing affected:

- as a direct result of COVID-19, including distress, grief and stigma for people who have been unwell and the staff who work with them; fear of becoming infected; and fear of resurgence
- by the secondary stressors of COVID-19, related to economic, social and cultural changes people are experiencing. This may include financial hardship, unemployment, disengagement from education, homelessness, a lack of hope and other factors. The economic repercussions of COVID-19 in particular have the potential to affect wellbeing.

While we have begun to build our understanding of how the mental wellbeing of people in Aotearoa New Zealand will be affected by the pandemic, COVID-19 remains an unprecedented event. We must continue to learn and be flexible in our responses.

Who may be affected

The effects of COVID-19 are likely to differ according to various factors, such as where people live, their ethnicity or identity, and their current circumstances or stage of life. The groups affected are likely to change over time and will depend on the nature of any future outbreaks. Certain groups of people, areas and communities are experiencing poorer outcomes, and those most at risk may be different for each resurgence. Monitoring and understanding who may be affected, and in what way, can help to determine how our efforts and resources can be targeted.

COVID-19 has the potential to exacerbate existing inequitable health, social, educational and economic outcomes for Māori, Pacific peoples and other groups. Those facing multiple risk factors are more likely to experience poorer outcomes. For these groups, it will be important to ensure holistic support is available to meet their needs, while also supporting the protective factors, resilience and capacity for collective responses within communities.

Strengthening protective factors around children and young people is particularly important because of the potential effects over the course of their lifetime. Children in households where resources are diminished or strained may be exposed to stressful developmental environments such as material hardship, unusual levels of anxiety or increased family conflict. This can affect their learning, and result in psychological trauma and ongoing negative health and wellbeing outcomes over their life course, even though the effects may not be immediately apparent.

The sections below provide examples of groups who share a common identity, experience or stage in life that may increase their risk of experiencing disproportionately poorer mental wellbeing outcomes due to COVID-19. This is not an exhaustive list. We must monitor, adapt and respond to emerging needs, with particular attention to locations and communities where outbreaks occur.

People affected due to reasons associated with health

People whose mental wellbeing may be affected by reasons associated with health include those in quarantine or hospital due to contracting COVID-19, those struggling with after-effects on their health, and those who have been bereaved by COVID-19. Heightened stress and effects on health can also occur for those on extended waitlists for medical appointments or treatment due to delays created by Alert Level restrictions.

Māori as a population experience higher levels of psychological distress than non-Māori, and those who contract COVID-19 may be likely to experience poorer health outcomes due to existing health inequities. Pacific peoples also have disproportionate levels of long-term health conditions that may increase vulnerability if COVID-19 is contracted. Strong connections within whānau and communities are important protective factors for both Māori and Pacific populations but may also lead to increased risk of contracting COVID-19.

People who are immunocompromised, older people, and those with pre-existing health conditions are susceptible to worsened health effects from COVID-19, including poor mental health and addiction outcomes. Other groups with potentially greater vulnerability include those with existing mental health or addiction issues, rainbow communities, people experiencing homelessness, disabled people, and people with histories of trauma.

Many frontline staff, such as those in health and social service roles, are at greater risk of contracting COVID-19. While there are positive wellbeing benefits of purpose, agency and being able to help

others, these workforces bear the stress and responsibility of increased workloads and heightened distress in the communities they serve. Other people who may be at greater risk of contracting COVID-19 include people in overcrowded homes and those in geographic areas where the virus has re-emerged.

People affected due to economic reasons

Many people have lost jobs, businesses or household income as a result of the economic downturn. Some industries, such as hospitality and tourism, are particularly hard hit. Many of these people may be new to unemployment and hardship.

Populations that are already experiencing hardship or poverty are more susceptible to job loss, reduced household income, and housing instability. Māori, Pacific peoples, ethnic and migrant communities, and disabled people may be particularly vulnerable to changes in labour market conditions.

Others who may be more likely to experience significant economic hardship include:

- older workers (aged 50 and over)
- young people trying to enter the job market at a time of high unemployment
- women, who already earn less on average, are more likely to be in casual and part-time work and are more likely to be in vulnerable industries.

Sole parent families may be particularly likely to experience persistent hardship, which may be compounded by the economic effects of COVID-19.

People affected due to social and cultural reasons

Higher Alert Levels and border restrictions can result in particular stresses. People who may feel socially isolated or cut off from whānau include those in managed isolation, those with whānau overseas, and those unable to support other whānau members during lockdowns. Disabled people and older people may be particularly susceptible to isolation from whānau and paid carers, and to loneliness from reduced social connection.

Tensions within whānau bubbles create other challenges, as indicated by an increase in family violence notifications to Police during lockdowns. Children and youth need active protection from the effects of parents'/caregivers'/whānau wellbeing issues, especially as secondary stressors related to COVID-19 increase.

Lockdown periods may cause disruptions to cultural customs and protocols, such as tangihanga and faith-based practices, or disruptions to accessing food sources, such as hunting and seafood collection. Lockdowns also bring an added stress and responsibility for those volunteering to meet community needs, such as through churches or foodbanks.

Some people face stigma or discrimination associated with the virus. This may be due to personally contracting COVID-19 or being part of a community where higher numbers have contracted the virus – such as the Auckland Pacific community during the August 2020 lockdown. Some people may experience discrimination and racism due to perceived connections between COVID-19 and ethnicity, such as people of Chinese or East Asian origin. Additional stresses include visa and job uncertainties for some foreign nationals and migrants.

Those who have difficulty accessing digital tools (such as people in low socioeconomic and rural communities, and older people) are less able to benefit from public communications and have inequitable access to virtual health delivery during higher Alert Levels. If children and young people have limited access to digital tools and resources, this affects their learning and connection to their communities. Others with lessened access include ethnic communities requiring interpreters or translation, and people needing information in more accessible formats.

Actions in *Kia Kaha* seek to support the mental wellbeing and resilience of all individuals, whānau and communities, while also ensuring appropriate support is available to those with specific needs. Flexibility and responsiveness to new and emerging needs will be crucial.

Focus areas and enablers

Focus areas

The focus areas in the framework recognise that social, cultural, environmental and economic factors form the foundations for mental wellbeing, and reflect the importance of whānau and community leadership in achieving our vision.

The focus areas also acknowledge the importance of ensuring appropriate support is available across all levels of need. They provide the basis for a tiered response, from actions focused on individuals and whānau in their homes, communities and workplaces, to primary and specialist mental health and addiction services. These focus areas acknowledge that people and groups with different needs require different types of support for their mental wellbeing.

While the framework represents these focus areas as different layers of a tiered response, people's needs will span focus areas. For example, people accessing specialist mental health and addiction services also need to have in place the social, cultural and economic foundations of wellbeing, and will benefit from enhanced access to mental wellbeing self-help tools.

Kia Kaha acknowledges that many national, regional and local agencies both within and beyond the health and disability sector contribute to mental wellbeing. There are many ways to organise these collective efforts, such as by universal, targeted and individualised interventions; by level and nature of need; or by sector or setting. The focus areas in the mental wellbeing framework are not intended to replace these approaches, but rather to complement them and to enable others to consider their contributions against a national tiered response.

Progress, key actions and lead agencies

For each focus area, *Kia Kaha* sets out:

- areas for action – themes under which actions are categorised for each focus area
- progress to date – actions undertaken to support mental wellbeing during January to September 2020 (to cover the initial and recent response to COVID-19)
- examples of priority actions at the national level – indicating the priority actions of central government agencies during September 2020 to December 2021 (the immediate recovery period).

Appendix B details the many kinds of organisations involved in supporting wellbeing, including specific reference to responsibilities under Alert Levels 2 to 4, as indicated in the relevant legislation. Abbreviations are used to indicate the central agencies responsible for leading the listed actions.

While *Kia Kaha* specifies central government priorities, there are regional and local partners (DHBs, general practices, iwi, educational institutions, community organisations and others) which have implementation roles associated with many actions. Coordinated local action and initiatives are also essential. DHB psychosocial coordinators have roles in coordinating regional responses, particularly during Alert Levels 2 to 4. The MSD-led Caring for Communities cross-agency network also provides avenues for coordination of regional-led activity to support COVID-19 recovery. Other agencies have leadership coordination functions within their sectors, such as regional support provided in

emergencies through the Ministry of Education's regional education teams and local education traumatic incident services.

Key actions are part of a wider work programme

Many key actions to support people's mental wellbeing began before COVID-19. These remain relevant, perhaps even more so during the COVID-19 response and recovery phases. The examples of progress and future actions include both COVID-19 specific work and ongoing work.

The examples do not represent all actions on mental wellbeing being undertaken by the Ministry of Health or other agencies, as the full picture is extensive and multi-layered. As noted in the 'About this plan' section, the Government has a broad programme of work in response to *He Ara Oranga*, and a longer-term pathway will be developed to articulate future priorities for supporting mental wellbeing.

Focus area 1: Build the social, cultural and economic foundations for mental wellbeing

We are all shaped by our environments and circumstances. Income, employment, housing, education, recreation, social connection, cultural identity, relationships, and many other factors affect our wellbeing. Positive mental wellbeing, healthy whānau and thriving communities cannot be achieved by the health sector alone.

Meeting social, cultural and economic needs provides an essential buffer against many critical stressors, although mental distress also occurs for personal and interpersonal reasons. Populations and places which experience disadvantage and hardship may require additional support.

This focus area reflects the importance of working together to ensure that individuals, whānau and communities have the resources they need to adapt to the changing world and recover from this pandemic. It also involves supportive environments – such as schools and workplaces that prioritise mental wellbeing, green spaces in our neighbourhoods, affordable and connected housing, and connection with marae and places of significance.

The actions outlined highlight examples of programmes or initiatives focused on building the foundations of mental wellbeing. Many cross-agency programmes and initiatives are multifaceted and involve tiered systems of support that sit alongside the tiers of support provided by the mental health and addiction sector – from self-help information through to specialist services. Programmes and initiatives relevant to the five focus areas are currently underway across sectors and agencies.

As individuals may receive support from several types of services at once, it is important to have strong connections across different parts of the system. Many of the actions require joined-up policy-making and collaborative implementation.

Focus area 1: Build the social, cultural and economic foundations for mental wellbeing

Outcome: Whānau and communities have access to resources and live in healthy environments that support mental wellbeing		
Areas for action	Examples of progress	Priorities for national action
<p>Māori-specific strategies and initiatives</p> <p>Implement strategies targeting the needs of Māori</p>	<ul style="list-style-type: none"> Invested in support for whānau to recover from COVID-19 and build resilience (TPK) Published the <i>Updated COVID-19 Māori Response Action Plan</i> and <i>Whakamaua: Māori Health Action Plan 2020-2025</i> (MoH) 	<ul style="list-style-type: none"> Implement priority actions from <i>Whakamaua: Māori Health Action Plan 2020-2025</i> (MoH) Partner with hapū/iwi organisations to deliver urgent support to whānau affected by COVID-19 (MSD)
<p>Population-specific strategies and initiatives</p> <p>Implement strategies targeting groups with specific needs</p>	<ul style="list-style-type: none"> Published the <i>Youth Plan 2020–2022: Turning Voice into Action – Rebuilding and Recovering</i> which focuses on mitigating the effects of COVID-19 on rangatahi (MYD) Developed a <i>Pacific Peoples COVID-19 recovery plan</i> (MPP) Developed indicators to measure the effects of COVID-19 on older people (OFS) 	<ul style="list-style-type: none"> Implement the cross-sectoral <i>Child and Youth Wellbeing Strategy</i> and programme of action across housing, income and employment, social support, health and safety, and the education and justice systems, including developing: <ul style="list-style-type: none"> a national strategy and action plan to eliminate family violence and sexual violence (Joint Venture for Family Violence and Sexual Violence) a cross-sector action plan on physical activity and play (Sport NZ, MoH, DPMC) Develop the all-of-government <i>Oranga Tamariki Action Plan</i> and ensure actions within the plan include outcomes for populations of interest to Oranga Tamariki and take into account COVID-19 recovery (OT) Develop the first action plan to support implementation of <i>Better Later Life – He Oranga Kaumātua 2019 to 2034 strategy</i> (OFS) Implement <i>Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025</i> (MoH) Implement the all-of-government Pacific Wellbeing Strategy (MPP) Develop a National Action Plan Against Racism (MoJ) Continue to implement the <i>Disability Action Plan 2019–2022</i> and <i>Disability Employment Action Plan</i> (cross-government) and train government agencies in the Accessibility Charter (ODI)

Outcome: Whānau and communities have access to resources and live in healthy environments that support mental wellbeing

Areas for action	Examples of progress	Priorities for national action
<p>Housing Support people in Aotearoa New Zealand to have warm, dry, healthy and safe accommodation</p>	<ul style="list-style-type: none"> • Provided motel accommodation for rough sleepers during the COVID-19 period (MHUD) and emergency housing for vulnerable populations (MSD) • Expanded rent arrears assistance for a temporary period (MSD) • Continued to increase transitional housing with a pre COVID-19 target of 1,000 new places by the end of 2020 (MHUD) • Established the Local Innovation and Partnership Fund to support local initiatives to reduce and prevent homelessness (MHUD) • Accelerated immediate responses to Māori homelessness, including financial support to Māori housing providers and work with iwi and Māori partners on housing supply projects (MHUD) • Invested in a Budget 2020 support package to improve Pacific peoples' housing (MPP) 	<ul style="list-style-type: none"> • Implement <i>Aotearoa New Zealand Homelessness Action Plan</i> Phase One: <ul style="list-style-type: none"> • progress 18 immediate actions in 2020 • accelerate additional actions to respond to COVID-19, including applying kaupapa Māori approaches to all responses, developing further initiatives (early intervention, young people and Pacific peoples), enhancing assessment and referral processes, and supporting the capacity and capability of providers (cross-government) • Implement <i>Creating Positive Pathways: A long-term housing initiative for people released from prison</i> (Corrections) • Continue work through the <i>Healthy Homes Initiative</i> to provide education and access to interventions which will create warm, dry and uncrowded homes (MoH)
<p>Hardship/employment Provide support for people in Aotearoa New Zealand who are facing financial hardship or changed employment circumstances</p>	<ul style="list-style-type: none"> • Temporarily doubled the Winter Energy Payment and increased food grants, introduced COVID-19 Income Relief Payment and wage subsidies, and deferred requirements for medical certificates and reapplications to access main benefits (MSD) • Created new redundancy and employment supports for people affected by COVID-19, including Rapid Response Teams and the Apprenticeship Boost Initiative (MSD) • Continued employment support trials for disabled people and people with health conditions, including increasing capacity of two Individual Placement Support trials, and implementing integrated support in two regions (MSD) • Provided additional funding for phone and online counselling (Puāwaitanga) for people with mental health concerns (MSD) 	<ul style="list-style-type: none"> • Continue to ensure eligible New Zealanders have access to income support (MSD) • Continue to ensure New Zealanders, particularly those disadvantaged in the labour market, are able to access employment services and support by ensuring these supports are adaptable and resilient to change (MSD)

Outcome: Whānau and communities have access to resources and live in healthy environments that support mental wellbeing

Areas for action	Examples of progress	Priorities for national action
<p>Health and safety Promote mental wellbeing through safe and healthy workplaces</p>	<ul style="list-style-type: none"> Disseminated guidance for workplaces on how to keep workers safe and promoting mental wellbeing (WorkSafe) Released an issues paper inviting feedback on the effectiveness of systems that prevent and respond to bullying and harassment (including sexual harassment) at work (MBIE) Amended legislation to allow people affected by domestic violence to vary their working arrangements and access paid leave (MBIE) 	<ul style="list-style-type: none"> Continue implementing the Health and Safety at Work Strategy 2018–2028 to address drivers of work-related harm (MBIE, WorkSafe) Scope guidelines on minimum practice standards for mentally healthy work (WorkSafe)
<p>Education Ensure tamariki and rangatahi have access to an education system that delivers equitable and excellent outcomes</p>	<ul style="list-style-type: none"> Supported the wellbeing of students and teachers, including enabling remote learning, promoting mental wellbeing support in schools, and funding counselling services for educators (MoE) Established the Pacific Education Innovation Fund to support curriculum and wellbeing of Pacific learners where needs have increased due to COVID-19 (MoE) 	<ul style="list-style-type: none"> Implement the urgent response fund to support early learning services, schools and kura to improve attendance, and to help manage any learning, social, emotional, mental, or other child and youth wellbeing needs directly related to COVID-19 (MoE) Implement joint work programme to address racism and discrimination experienced by children and young people (MoE, MoJ) Implement the Bullying Prevention and Response Work Programme 2019–2022 (MoE)
<p>Justice Keep communities safe and deliver better outcomes for everyone who experiences the justice system</p>	<ul style="list-style-type: none"> Supported the wellbeing of people in prison during social distancing, such as ensuring continued recreation time and improving access to audio-visual facilities for appointments and therapeutic programmes (Corrections) 	<ul style="list-style-type: none"> Continue to ensure shared parenting arrangements are provided for at elevated Alert Levels, with associated guidance to parents and caregivers (MoJ) Implement the Hōkai Rangī Strategy 2019–2024 (Corrections) Complete the Alcohol and Other Drugs Strategy 2021–2026 (Corrections) Develop a suicide prevention/postvention action plan for people in Corrections’ care (Corrections)

Focus area 2: Foster community-led solutions

This focus area aims to build on and strengthen community-led responses to mental wellbeing needs, particularly initiatives led by community organisations; whānau, hapū and iwi; and tāngata whaiora (people seeking wellness).

Whānau, friends, neighbours, networks, volunteers and community organisations (such as marae, sport and recreation clubs, arts groups, playcentres and faith-based groups) and workplaces play a vital role in helping people find positive paths through challenging times.

Community-led development involves drawing on and enhancing the strengths and assets that exist within communities. It is often boosted by support from iwi, local authorities, DHBs, branches of national community organisations, philanthropic trusts, businesses or central government. This ensures communities have the information and resources necessary to meet their goals.

During the initial Alert Level 4, community-led activity came to the fore, with remarkable acts of kindness and innovation. Diverse initiatives included hygiene buckets and precooked meals for older Māori, health care mobile units and testing stations led by Pacific communities, virtual parenting programmes and wellbeing events, and phone and video sessions for people with addiction challenges.

Focus area 2: Foster community-led solutions

Outcome: Whānau and communities respond to mental distress and lead solutions		
Areas for action	Examples of progress	Priorities for national action
Support iwi, hapū, whānau and Māori organisations to lead	<ul style="list-style-type: none"> Invested in a COVID-19 Māori Mental Health and Addiction Provider Support Fund and contributed funding to iwi to provide COVID-19 psychosocial support for kaumātua and kuia (MoH) Supported iwi and Māori organisations to respond to the needs of local communities through COVID-19, including Budget 2020 investment in Whānau Ora (TPK) 	<ul style="list-style-type: none"> Top-up funding for COVID-19 Māori Mental Health and Addiction Provider Support Fund, and psychosocial support for kaumātua and kuia (MoH) Implement the Māori Suicide Prevention Community Fund (SPO) Continue to advocate for, and support Whānau Ora as a Treaty-based approach that gives whānau control over their own lives through investment in services and initiatives that support their aspirations (TPK) Continue to partner with Māori organisations for delivery of drug treatment programmes (Corrections)
Support the capacity of communities to lead initiatives that enhance mental wellbeing	<ul style="list-style-type: none"> Established grant funds to support community COVID-19 response and recovery (including through the Lottery Grants Board, MSD, MCH, Sport NZ) Established the Whai Ora, Whiti Ora Fund to support people living with mental health and addiction challenges (MoH) 	<ul style="list-style-type: none"> Review evidence of what works in strengthening community resilience in the New Zealand context (MSD) Continue the Social Sector Commissioning work programme, including implementing 10 key actions (MSD/OT, cross-government). Continue supporting local community-led action, including mental wellbeing initiatives, through the Healthy Families NZ programme (MoH) Top-up funding for the Whai Ora, Whiti Ora Fund to support additional community organisations (MoH)
Support initiatives for populations with specific needs	<ul style="list-style-type: none"> Provided funding to support mental wellbeing initiatives for the Deaf community, and COVID-19-related campaigns (see focus area 3) and services (see focus area 4) targeting specific communities (MoH) Established the Pacific Aotearoa Community COVID-19 Recovery Fund (MPP) Funded additional rural-specific wellbeing supports for individuals, families and communities affected by multiple adverse events (MoH) Realigned priorities for the Ethnic Communities Development Fund to respond to COVID-19, including a focus on community resilience and recovery (OEC) 	<ul style="list-style-type: none"> Support tailored initiatives for groups with specific needs as we build our understanding about the effects of COVID-19 on different populations (MoH) Implement the Pacific Suicide Prevention Community Fund (SPO) Implement the Rangatahi Suicide Prevention Fund (TPK) Administer the Pacific Community Health Fund (MoH, MPP) Continue to support rangatahi to get into long-term employment through He Poutama Rangatahi – Youth Employment Pathways (MBIE)

Outcome: Whānau and communities respond to mental distress and lead solutions		
<p>Support community organisations to adapt to the COVID-19 environment and sustain delivery</p>	<ul style="list-style-type: none"> • Provided wage subsidies (MSD) and small business cash flow loans (IR) to support community organisations • Secured funding to support resilience and recovery initiatives by social service providers through COVID-19, including the Community Capability and Resilience Fund, the Provider Capability and Resilience Fund, and the Community Connection Service (MSD) • Increased the number of available places in mental health and addiction literacy training programmes in communities (MoH) 	<ul style="list-style-type: none"> • Strengthen partnerships with iwi, national providers, networks and umbrella non-governmental organisations to provide leadership and coordination during COVID-19 response and recovery (cross-government) • Continue to support evidence-informed mental health, addiction and suicide prevention literacy programmes in communities (MoH)

Focus area 3: Equip whānau and individuals to look after their mental wellbeing

Many organisations have been working hard during the response to COVID-19 to continue to support people and whānau and equip them with the tools, resources, knowledge and support they need to look after their mental wellbeing.

Supporting whānau and individuals to nurture and look after their own and each other's mental wellbeing can reduce the effects of stress, and prevent and protect people from developing long-lasting or more severe mental distress.

Building knowledge about mental health and addiction, and encouraging openness about mental distress, substance use and gambling harm, can reduce stigma and enhance access to informal and formal support.

Equipping people and whānau involves promotion of public messages and access to evidence-informed self-help tools and educational resources. Design and delivery of tools, resources and messaging should be accessible and tailored to meet the needs of diverse population groups.

Focus area 3: Equip whānau and individuals to look after their mental wellbeing

Outcome: Whānau and individuals are strong, healthy, look after their mental wellbeing, and know where to get help if they need it		
Areas for action	Examples of progress	Priorities for national action
Provide tailored wellbeing resources for Māori	<ul style="list-style-type: none"> Distributed phones and data packages to tāngata whai ora to enable access to mental wellbeing care workers and online resources (MoH) Funded tailored COVID-19 related mental wellbeing messaging for Māori (MoH) 	<ul style="list-style-type: none"> Continue tailored messaging and resources for Māori (MoH)
Promote wellbeing for all people in Aotearoa New Zealand through national campaigns and practical self-help resources	<ul style="list-style-type: none"> Expanded free access to digital mental wellbeing resources including Mentemia and Melon apps, and web resources such as Staying on Track, Getting Through Together and Best Bubble (MoH) Established sponsored data partnership to remove mobile data charges for people accessing COVID-19 information (MoH) Developed a Let Nature In programme to encourage Kiwis to improve wellbeing by connecting with nature (DOC) 	<ul style="list-style-type: none"> Extend funding to maintain free access to wellbeing information campaigns and digital self-help tools related to mental health and substance use (MoH) Update mental wellbeing information on Ministry of Health and COVID-19 websites regularly and use mainstream media and social media channels to promote awareness and access to this information (MoH and cross-government) Support improved governance, coordination and quality of mental wellbeing promotion efforts (MoH) Provide guidance to media, journalists and broadcasters that promotes mental wellbeing, including joint development of guidelines to ensure responsible reporting and depiction of suicide (MoH, SPO) Increase availability of suicide prevention resources for family and whānau (SPO) Develop guidance on stress in the workplace (WorkSafe)
Provide tailored wellbeing campaigns and resources for groups with specific needs	<ul style="list-style-type: none"> Funded tailored COVID-19 related mental wellbeing messaging and resources for specific groups including youth, older people, Pacific peoples, people with chronic health conditions, remote communities, pregnant women, parents and caregivers, and people financially affected (MoH) Funded mental health and wellbeing support for frontline health professionals and care workers (MoH) Funded Le Va's Catch Yourself, to equip Pacific families to maintain respectful relationships during COVID-19 (ACC) Developed COVID-19 Pacific languages community content (MPP) Provided self-led wellbeing and educational material to people in Corrections' care (Corrections) 	<ul style="list-style-type: none"> Maintain access to tailored messaging and resources for specific groups as we build our understanding about the effects of COVID-19 on different populations (MoH) Provide access to mental wellbeing and resilience-building supports for children and young people in schools (MoH, MoE) Work across government to ensure parents and whānau have the confidence, capacity and resources to support healthy development and resilience of their young children, including awareness of brain development and how to support it, and more holistic support during pregnancy and in the very early years (DPMC Child Wellbeing Unit) Continue to support the Give Nothing to Racism campaign (cross-government) and the Racism is no Joke campaign (HRC) Develop app and web-based resources to enable people of different abilities to get information about walkways and cycleways, and access the level of support they may need to experience the outdoors (DOC)

Focus area 4: Expand primary mental health and addiction support in communities

This focus area seeks to address the need for more accessible and affordable mental wellbeing support for people with mild to moderate mental health needs and addiction challenges. While this work was underway before COVID-19, increased mental wellbeing needs due to the pandemic have made this focus area even more important.

An increased and diversified range of national and community-based responses will be provided across the country. Good information will help people find support that works for them, and there will be clear links between mental health and addiction services, and with other services that support wellbeing.

There will be more choice of services and increased accessibility, and people will be supported to transition between services and supports that meet their needs. People of different ages, ethnicities and identities will easily find support that is appropriate for them, no matter where they live. Kaupapa Māori services, designed by and for Māori, will be expanded.

Effective evaluation and workforce support will supplement this focus area. Services will be designed collaboratively, including input from people with lived experience of mental health and addiction services.

Focus area 4: Expand primary mental health and addiction support in communities

Outcome: Whānau and individuals are supported to achieve mental wellbeing through accessible, equitable and high-quality services in their communities		
Areas for action	Examples of progress	Priorities for national action
Support the expansion of primary services by and for Māori	<ul style="list-style-type: none"> Invested in expanding and replicating existing kaupapa Māori primary mental health and addiction services (MoH) 	<ul style="list-style-type: none"> Invest in new kaupapa Māori mental health and addiction services using innovative commissioning approaches such as use of video, oral responses and Te Reo Māori (MoH) Ensure access to tikanga-based interventions is supported alongside Māori clinical interventions (MoH) Undertake a review of contracted mental health services (for mild to moderate needs) for people in Corrections' care, emphasising responsiveness to Māori (Corrections)
Increase access and choice of services for people with a range of mild to moderate mental wellbeing issues	<ul style="list-style-type: none"> Invested \$40 million to expand access to integrated primary mental health and addiction services access through emergency departments and general practice (MoH) Increased capacity of mental health and addiction telehealth services (MoH) Invested in new community addiction responses, including peer support services (MoH) 	<ul style="list-style-type: none"> Continue rollout of integrated primary mental health and addiction services to over 100 general practice sites by June 2021 and further thereafter (MoH) Pursue opportunities to integrate primary, community and specialist mental health and addiction services, and health and social services, to ensure appropriate and holistic care is provided (MoH) Increase investment in community addiction services and access to whānau support for people who use substances (MoH)
Provide primary-level support for populations with specific mental wellbeing needs	<ul style="list-style-type: none"> Completed procurement processes to expand existing and support new Pacific and youth-specific mental health and addiction services (MoH) Funded specialist counselling for Asian communities (MoH) Contributed funding for a free peer support line for rainbow communities and a transgender peer support service (MoH) Contributed funding for youth-specific webchat (MoH) 	<ul style="list-style-type: none"> Extend mental wellbeing services targeting specific populations (MoH) including: <ul style="list-style-type: none"> Pacific primary mental health and addiction services youth-specific primary mental health and addiction services (MoH) wellbeing support for learners and whānau across early learning, schooling and tertiary education (MoE, MoH) Pilot new services to minimise gambling harm informed by the voices of people with lived experience (MoH) Deliver the new Suicide Bereavement Response Service (SPO) Improve mental health services focused on wellbeing at Mt Eden, Waikeria and Rimutaka Prisons (Corrections, MoH)
Strengthen the voice of lived experience and whānau in supporting tāngata whaiora	<ul style="list-style-type: none"> Funded delivery of <u>Whakatau Mai: the Wellbeing Sessions</u> (MoH) Funded a COVID-19-specific peer support telehealth line (MoH) 	<ul style="list-style-type: none"> Top-up funding for delivery of Whakatau Mai: the Wellbeing Sessions (MoH) Strengthen networks for people with lived experience of mental wellbeing challenges to input into policy, planning, delivery and communications (MoH) Engage with people in Corrections' care to shape the Kaupapa Health Services Model of Care (Corrections)

Focus area 5: Strengthen specialist services

Specialist mental health and addiction services are essential for the health of people with complex or enduring mental health and addiction issues. Strengthening these services will involve improving seamless access to care between hospitals, general practices and community services. It will include determining how to best use a range of forms of support, such as peer support, group therapies and telemedicine.

The voices and stories of people with lived experience of specialist services, and their whānau, will be important in influencing decision-making to implement changes.

Supporting the delivery of specialist mental health and addiction services to maintain service continuity has been a priority for the Ministry of Health and other stakeholders throughout COVID-19. The Ministry of Health has worked with DHBs, NGOs, service providers and mental health and addiction workforce centres to support the mental health and addiction workforce during this period.

This includes the provision of technical, clinical and cultural guidance to DHBs, District Inspectors and service providers, including in relation to ensuring the rights of patients and proposed patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992 are protected in the COVID-19 context.

Focus area 5: Strengthen specialist services

Outcome: Whānau and individuals experiencing complex mental health and addiction needs are supported to achieve mental wellbeing through accessible, equitable and high-quality services		
Areas for action	Examples of progress	Priorities for national action
Encourage flexible and innovative approaches to addressing mental health and addiction service pressures	<ul style="list-style-type: none"> Supported DHB innovations during higher COVID-19 Alert Levels such as more virtual delivery of services, alternatives to emergency departments, and additional support to people in temporary accommodation due to homelessness (MoH) Provided guidance on operating at higher COVID-19 Alert Levels, including guidelines for the Mental Health Act and Substance Abuse Compulsory Assessment and Treatment Act (MoH) Expanded community services for forensic mental health services for young people and adults (MoH) 	<ul style="list-style-type: none"> Develop national frameworks and guidance for alcohol and other drug services and adult forensic mental health services (MoH) Improve crisis responses by investing in DHB capability planning and capacity and trialling a peer-led community crisis alternative (MoH) Improve pathways to mental health and support services for people experiencing a crisis or severe mental distress who reach out to the New Zealand Police (NZP, MoH) Pilot wrap-around services to improve transitions from mental health inpatient units to support people into suitable accommodation (MoH) Continue work to establish and implement Alcohol and Other Drug Treatment Courts (MoJ, MoH) Rollout a new drug treatment programme at Tongariro Prison (Corrections)
Support high-quality mental health and addiction services in enhanced physical environments	<ul style="list-style-type: none"> Provided additional funding for DHBs to strengthen alcohol and other drug specialist services, including residential care, managed withdrawal services and peer support options (MoH) 	<ul style="list-style-type: none"> Support system performance including through the Health Quality and Safety Commission's national Mental Health and Addiction Quality Improvement Programme (MoH) Progress upgrades to mental health and addiction facilities (MoH) Progress upgrades to intensive support units (Corrections)
Strengthen the voice of lived experience and whānau in supporting tāngata whaiora	<ul style="list-style-type: none"> Established a Lived Experience network to inform responses (MoH) 	<ul style="list-style-type: none"> Provide guidance to providers on sharing information and partnering with whānau and carers (MoH, DHBs) Pilot development of a peer-to-peer workforce related to gambling harm (MoH) Identify opportunities to strengthen the consumer voice and role in the provision of mental health and addiction services (MoH)

Enablers

Enablers are the supports required to ensure successful implementation of actions in the focus areas. Moreover, enablers encompass the fundamental system settings that will be needed for longer-term transformation of New Zealand's approach to mental wellbeing.

While the areas for action below refer specifically to the Ministry of Health, all agencies and organisations are invited to consider their roles and actions in relation to these enablers.

Workforce

Growing and supporting a sustainable, diverse, competent and confident mental health and addiction workforce is essential to achieving the outcomes sought across the focus areas.

The future configuration and size of the workforce will need to evolve to reflect new models of support developed in collaboration with communities. Ensuring we have the workforce in place to support a transformed approach will require an increased focus on workforce analytics, an understanding of future models of support, and aligned workforce development strategies.

We must work together and think creatively to fully meet the mental health and wellbeing needs of New Zealanders. This includes collaboration to develop cross-sector approaches to workforce development to support people with multiple needs, as well as supporting the wellbeing of workforces.

Developing the mental health and addiction workforce includes balancing efforts across ensuring the sustainability of the specialist workforce, transforming the existing workforce with new skills and competencies, developing new workforces, and supporting communities to respond to distress and support mental wellbeing.

The Ministry of Health is working closely with the mental health and addiction workforce centres (Te Rau Ora, Le Va, Werry Workforce Whāraurau and Te Pou) and other key stakeholders to grow and support the mental health and addiction workforce, including the suicide prevention workforce. As part of this work, the Ministry is focused on supporting and developing the Māori and Pacific workforces to provide culturally safe, effective and responsive supports.

COVID-19 has created significant strains for frontline health and disability workers. The Ministry has provided psychological support and counselling for this workforce and continues to prioritise keeping the health workforce safe and well. The ongoing monitoring of and response to stress on the workforce will be vital.

Workforce		
Areas for action	Examples of progress (MoH)	Priorities for national action (MoH)
<p>Grow and support a sustainable, diverse, competent and confident mental health and addiction workforce by:</p> <ul style="list-style-type: none"> • building understanding through workforce information, data and analytics • growing the workforce (including strategies to attract people to the workforce) • transforming the workforce (including new skills and competencies and structured supports to quickly implement new approaches) • valuing and retaining the workforce (including intentional pathway development, quality improvement initiatives and workforce wellbeing initiatives) • innovating (including developing new and emerging workforces) • supporting leadership and system change. 	<ul style="list-style-type: none"> • Provided wellbeing support for health care workers including access to counselling, specialist clinical advice, and temporary accommodation for those needing to stay away from home • Development of health improvement practitioners and health coaches to deliver new integrated mental health and addiction services accessed through general practice • Investment in more than 100 new training places for post-graduate study in specialist practice areas • Increased New Entry to Specialist Practice places for nurses, social workers and occupational therapists to enter the mental health and addiction workforce • Investment in more than 800 new places in Māori and Pacific cultural competency training • Investment in more than 2000 extra places in mental health and addiction literacy training • Investment to sustain and grow the capacity and capability of the Māori and Pacific health and disability workforces, including increased scholarships and bursaries 	<ul style="list-style-type: none"> • Support the development of Māori and Pacific mental health and addiction workforces • Support the development of the peer workforce • Support evidence-informed mental health, addiction and suicide prevention literacy programmes for cross-sector workforces and communities • Grow the pipeline of people entering the workforce, and improve attraction, training and retention strategies • Enhance workforce data and analytics to inform ongoing investment and activities • Continue monitoring of and response to COVID-19-related stress on the workforce

Information and data

Quality data and information are critical to assess the effects of COVID-19 on populations and the workforce, and to identify service pressures and effectiveness.

In response to COVID-19, many agencies have worked to understand social challenges and outcomes, including the Social Wellbeing Agency, Ministry of Social Development, DHBs, community organisations, and mental health and addiction lived experience networks.

The Ministry is supporting the development of Whāriki, a network of mental health and addiction leaders who will rapidly share ideas, evidence and resources, learn from each other, and improve and innovate for faster transformation. Whāriki will be supported by an online platform. Initial areas of focus include:

- achieving equity for Māori
- sharing innovations related to the COVID-19 context to embed positive change
- promoting learning from the implementation of new primary and community mental health and addiction services.

Timely, accurate and comprehensive information and data will also be crucial for the longer-term transformation of New Zealand’s approach to mental health and addiction. Work is underway to lay the foundations for enhancing our data and information landscape and to continue to build the evidence base for best practice.

It will also be important to monitor progress with implementing *Kia Kaha* to understand how we are tracking with our collective actions. The Ministry of Health will provide updates to stakeholders on activities through regular communications and newsletters. We encourage stakeholders to share information, experiences and progress.

Information and data		
Areas for action	Examples of progress (MoH)	Priorities for national action (MoH)
Collect quality data and information that enables decision makers, providers and communities to: <ul style="list-style-type: none"> • assess the effects of COVID 19 on populations and the workforce • identify service pressures and effectiveness • make informed decisions on focus areas • learn, adapt and innovate. 	<ul style="list-style-type: none"> • Gathered and facilitated on-the-ground information about the effects of COVID-19, intelligence on community needs (nationally and regionally), predicted and emergent psychosocial needs, and at-risk groups • Development of Whāriki network infrastructure 	<ul style="list-style-type: none"> • Continue to collaborate with other national and regional agencies to measure the effects, share information and build our understanding of COVID-19 • Continue to support robust data collection, track service uptake, and monitor and evaluate supports and services • Facilitate shared learning, adaptation and innovation via the Whāriki network • Work with the Chief Coroner and Office of the Chief Coroner to monitor suspected suicide data • Monitor and communicate progress with implementing <i>Kia Kaha</i> to understand how we are tracking with our collective actions

Policy and regulation

Policy decisions by the Government in response to *He Ara Oranga* set out the basis for the cross-government mental health and addiction work programme, now expanded by the COVID-19 response.

The Ministry of Health is responsible for providing advice to the Government on strategic approaches to transforming mental health and addiction and for formulating legislative changes. This policy work sets the framework within which on-the-ground services operate.

One of the priorities identified in the Government's response to *He Ara Oranga* is the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act). Work has begun on legislative reform to support human rights, place people and whānau at the centre, and improve equity. We will continue to engage with stakeholders to develop a vision of mental health legislation within the New Zealand context.

Policy and regulation		
Areas for action	Examples of progress (MoH)	Priorities for national action (MoH)
Develop policy that supports and improves the mental health and wellbeing of people in New Zealand	<ul style="list-style-type: none"> Collaborated with key social sector government agencies to ensure mental wellbeing needs were considered in policy development and advice provided to Cabinet about the mental wellbeing effects of COVID-19 	<ul style="list-style-type: none"> Ongoing development, engagement and implementation of the long-term pathway for transformation Encourage agencies to consider mental wellbeing in the development of government policies to support a whole-of-government approach to wellbeing, prevention and social determinants Develop the next Preventing and Minimising Gambling Harm Strategy
Pursue legislative changes to promote and protect human rights and wellbeing	<ul style="list-style-type: none"> Published revised <u>Guidelines</u> to the Mental Health Act to promote and protect the rights of people receiving treatment under the Act 	<ul style="list-style-type: none"> Support implementation of the revised Guidelines to the Mental Health Act Progress initial amendments to the Mental Health Act to address pressing issues ahead of full repeal and replacement Progress policy development and stakeholder engagement as part of the longer-term work to repeal and replace the Mental Health Act Review the Substance Abuse (Compulsory Assessment and Treatment) Act 2017

Investment

Government investment across a range of portfolios contributes to mental wellbeing outcomes and underpins the actions throughout the focus areas in *Kia Kaha*. Investment in the social, cultural and economic foundations that contribute to mental wellbeing, such as social development, education, housing and justice initiatives, will play a crucial role.

In Budget 2019, the Government committed an additional \$1.9 billion over four years to support mental wellbeing in a cross-government mental wellbeing package. Of the \$1.9 billion over four years, approximately:

- \$843 million was allocated to Votes other than Health, including Social Development, Education, Housing and Urban Development, Corrections, Police, Justice, Courts, Defence Force and Internal Affairs to support addressing the social determinants of mental wellbeing
- \$235 million was allocated to Vote Health for capital investment in mental health and addiction facilities
- \$213 million over four years was allocated as an uplift to district health boards' ringfenced specialist mental health and addiction funding, in response to cost pressures, to maintain baseline service levels
- \$670 million over four years was allocated to Vote Health for mental health and addiction initiatives, including \$455 million over four years to expand access and choice of primary mental health and addiction services through a five-year national rollout.

Many actions in this plan's focus areas are supported through this investment, while other actions involve additional investment.

Further, the Government's COVID-19 response package included \$15 million to boost the psychosocial response and recovery to mitigate the immediate and long-term psychosocial effect of COVID-19. Much of this package funded online and telehealth mental wellbeing resources, and campaigns tailored to specific populations.

The Government's response to *He Ara Oranga* also highlighted the need to be confident that funding is going to the right people and places, and is improving all New Zealanders' health and broader wellbeing. As part of the Government's response, the Ministry is reviewing current funding arrangements, including the DHB mental health and addiction ringfence.

The Ministry of Health and government agencies will continue to roll out the programme of mental wellbeing investment begun before COVID-19, while supporting the recovery from and response to COVID-19. Ongoing investment and enhancements to existing funding arrangements will be critical for ensuring people in Aotearoa New Zealand have free and easy access to a range of mental wellbeing support that meets their needs as we recover from COVID-19.

Investment		
Areas for action	Examples of progress (MoH)	Priorities for national action (MoH)
Invest in mental wellbeing outcomes across a range of portfolios	<p>Refer to the focus areas of this plan for examples of specific actions, including investment in:</p> <ul style="list-style-type: none"> • mental health and addiction services as part of Budget 2019 • wider Government initiatives that contribute to mental wellbeing • community grants specific to mental health and addiction • online and telehealth mental wellbeing resources and campaigns tailored to specific populations • wellbeing support for population groups including Māori, Pacific people, rural populations, rainbow communities, disabled people and Asian communities • supports for children and young people • suicide prevention initiatives 	<ul style="list-style-type: none"> • Continued rollout of the programme of investment begun before COVID-19 • Review current funding and monitoring arrangements for mental health and addiction services, including the ringfence • Continue to assess emerging investment needs due to COVID-19 and to further longer-term transformation

Technology

Many people in Aotearoa New Zealand have embraced digital platforms during COVID-19, as demonstrated by the uptake of virtual consultations, the NZ COVID-19 Tracer app and use of mental wellbeing apps.

However, some people have limited access to digital technology or cannot use it. A priority is to ensure resources reach these people, while also ensuring access to digitally, clinically and culturally safe mental wellbeing tools.

Technology		
Areas for action	Examples of progress (MoH)	Priorities for national action (MoH)
Embrace the use of technology in existing and new mental wellbeing supports	<ul style="list-style-type: none"> • Initiated a sponsored data partnership to remove mobile data charges for people accessing online essential COVID-19 information • Developed a prototype Digital Mental Health and Addiction Framework to evaluate the clinical, digital and cultural safety of digital mental wellbeing resources • Funded access to online/app-based digital mental wellbeing resources and self-help tools (see focus area 3) • Provided guidance for the use of technology when face-to-face support is not available (see focus area 5) 	<ul style="list-style-type: none"> • Facilitate access to digital supports and resources • Support providers to embrace new virtual delivery mechanisms • Utilise multiple channels to provide mental wellbeing information to diverse populations • Test and release the prototype Digital Mental Health and Addiction Framework to guide funders, providers, developers and service users when selecting digital tools

Leadership

Strong leadership at all levels is critical in our shared response to COVID-19. Effective communication, collaboration and guidance from leaders will help ensure responses are coordinated, mental wellbeing needs are met, and individuals and whānau feel supported.

Central and local government agencies; DHBs; whānau, hapū and iwi; educational institutions; community organisations; and businesses, all have important leadership roles in responding to COVID-19 and supporting mental wellbeing – as discussed in Appendix B: Roles and responsibilities.

The MSD-led Caring for Communities cross-agency network provides avenues for coordination of wellbeing actions at national and local levels. The Ministry of Health will support sector leaders through networks such as Whāriki and the DHB psychosocial coordinators.

Leadership		
Areas for action	Examples of progress (MoH)	Priorities for national action (MoH)
Support and facilitate leadership at all levels in our shared response to COVID-19	<ul style="list-style-type: none"> • Provided system leadership through: <ul style="list-style-type: none"> ○ sector guidance ○ investment ○ leading the Government response to <i>He Ara Oranga</i> and COVID-19 • Established a cross-government group to ensure policy design is joined up and mental wellbeing is addressed across government 	<ul style="list-style-type: none"> • Lead the Government's work to transform the approach to mental health and addiction • Support DHBs, national providers and umbrella community organisations to provide leadership and coordination • Engage and collaborate widely to promote mental wellbeing, prevent suicide and support people bereaved by suicide, expand primary and community mental wellbeing supports, and strengthen specialist services

Appendix A: Psychosocial guidance and resources, Alert Levels 2 to 4

Mental wellbeing during Alert Levels 2 to 4 – resources and actions to support the organisations involved in our collective effort

Key messages	Roles to support mental wellbeing	Key actions
<ul style="list-style-type: none"> We have been at these Alert Levels before, and organisations at national, regional and local level know what to do. Communities, hapū and iwi are at the forefront of responses and have shown strength and innovation. Many people may experience increased distress during higher alert levels. This is an understandable and common response. A wide range of resources is available to assist, across the whole population and targeted to particular populations. We need to be prepared for this to happen again, but we have learnt much already, and we can do this. Working together is essential to support and empower individuals, whānau and communities to respond, recover, adapt and thrive despite the impacts of COVID-19. 	<ul style="list-style-type: none"> Community organisations, iwi and hapū provide services and support for the mental wellbeing of hapū, iwi, diverse populations, and geographic communities. District health boards run the psychosocial support subfunction in each region within the Civil Defence and Emergency Management (CDEM) welfare support framework. The Ministry of Health provides national leadership and coordination for psychosocial responses and development of national mental wellbeing responses to COVID-19. Other government agencies lead and coordinate responses to wellbeing needs. 	<ul style="list-style-type: none"> Make sure your staff are safe and well. Refresh your plans for adapting and providing essential services in the COVID Alert Level 2 to 4 environment. Whether you are at national, regional or local levels, coordinate with others to support and deliver mental health and wellbeing services. Maintain a picture of mental health and addiction service needs and use, and share your information. Reinforce the government's mental health and wellbeing messages when you engage with your clients and whānau. Seek assistance if you are at risk of being unable to provide essential services. Regional service providers, work with your DHB. National services, or services contracted directly by the Ministry of Health, contact the Ministry of Health. Inform other agencies if you are concerned that your clients' broader welfare needs are not being met (eg, financial support, housing, basic supplies).

Resources available to support mental wellbeing and the workforce

Mental wellbeing resources	Support for workers and workplaces	Ministry of Health COVID-19 guidance for health services	Mental wellbeing support for Māori	Mental wellbeing support for Pacific peoples
<ul style="list-style-type: none"> Ministry of Health information and tools to support mental wellbeing during the COVID-19 response and recovery Health Promotion Agency mental wellbeing resources, including for new parents, older people, rainbow communities, the Deaf community and people in rural communities COVID-19 factsheets and guidance to ensure help and support is available to people experiencing family violence and sexual violence Ministry of Education information and guidance to support the wellbeing of children and young people during COVID-19 	<ul style="list-style-type: none"> Health Care NZ 0800 820 080: free counselling for frontline health care professionals and care workers The Mental Health Foundation and All Right? Workplace wellbeing during COVID-19, including a guide for leaders and wellbeing tips for healthcare workers Te Pou resources for professionals and services The Ministry of Social Development information for employers and social service providers 	<ul style="list-style-type: none"> COVID-19 factsheets and guidance for health professionals Delivering health and disability services at Alert Level 3 and Alert Level 2 Information about Personal protective equipment use for workers in health care and non-health care settings The Mental Health Act processes for assessment and treatment during higher Alert Levels, including use of audio-visual technology Technical, clinical and cultural guidance and advice at the unite against COVID-19 website 	<ul style="list-style-type: none"> Health Promotion Agency resources and support for Māori mental wellbeing Getting Through Together campaign messaging and stories to support Māori mental wellbeing Te Puni Kōkiri COVID-19 resource links Ministry of Health guidelines for tangihanga 	<ul style="list-style-type: none"> Information and advice at the unite against COVID-19 website for Pacific communities We got your back Aotearoa campaign to help ensure COVID-19 messaging reaches Pacific communities COVID-19 guidance for religious communities Health Promotion Agency resources for Pacific peoples

Relevant plans and resources specific to supporting health and wellbeing during COVID-19

- Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID 19 Psychosocial and Mental Wellbeing Plan* provides a framework for recovery over the next 12 to 18 months and remains relevant during Alert Levels 2 to 4. It describes affected populations and expectations about the roles and responsibilities of organisations involved in planning, coordinating and delivering psychosocial and mental wellbeing responses
- COVID-19 Health and Disability System Response Plan* provides a framework for the health and disability sector and related sectors to prepare for and manage the national response to COVID-19
- Whakamaua: Māori Health Action Plan 2020–2025* sets the direction for Māori health advancement over the next five years
- Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025* sets out outcomes and actions to improve the health and wellbeing of Pacific populations living in Aotearoa New Zealand

Appendix B: Roles and responsibilities

Everyone has a role to play in supporting mental wellbeing, from people supporting each other, to local community activity, to regional and national-level actions. Most of these roles precede COVID-19 and continue to be vital in the new environment. There are, however, also some specific roles and responsibilities that come into play during periods of elevated COVID-19 Alert Levels.

Ongoing roles and responsibilities

The ongoing roles and responsibilities of organisations in supporting wellbeing are described below. Please note that this is not an exhaustive list.

Ministry of Health	The Ministry (MoH) sets the policy framework for mental health and addiction services, in collaboration with other agencies, and steers new service directions. The Suicide Prevention Office (SPO), which sits within MoH, provides national leadership on action to prevent suicide.
Government agencies	Other government agencies with roles that contribute to psychosocial wellbeing include: <ul style="list-style-type: none">• the Ministry of Business, Innovation and Employment (MBIE) has responsibilities for workplaces, and refugee and migrant support• the Department of Conservation (DOC) supports New Zealanders to connect with nature and heritage• the Department of Corrections (Corrections) provides primary (and some secondary) mental health support for people in their care, and works to reduce reoffending• the Ministry for Culture and Heritage (MCH), Manatū Taonga, supports cultural life and heritage (including arts, culture, heritage, sport, media and broadcasting sectors)• the Department of Internal Affairs (DIA) functions include local government system leadership, regulating gambling and community development support• the Ministry of Education (MoE) provides specialist services to support the wellbeing of children, and young people, and provides psychosocial support after emergencies for children and young people in early childhood services, schools and tertiary education• the Ministry of Housing and Urban Development (MHUD) leads the housing and urban development work programme• the Ministry of Justice (MoJ) works with other agencies on the Joint Venture for Family Violence and Sexual Violence (Joint Venture) to prevent and respond to family violence• the Ministry for Pacific Peoples (MPP) provides policies and interventions to support Pacific Peoples

- the Ministry for Primary Industries (MPI) supports psychosocial needs of people in rural primary industries affected by adverse events
- the Ministry of Social Development (MSD) provides information and resources to help individuals, whānau and communities connect to psychosocial support providers
- the Ministry of Youth Development (MYD) supports young people to strengthen their wellbeing, build resilience, connect with their communities, and thrive
- the New Zealand Police (NZP) work involves responding to people experiencing severe mental distress or addiction issues
- the Office for Disability Issues (ODI) is a government focal point for disability issues
- the Office for Ethnic Communities (OEC) provides information and services for ethnic communities and seeks to ensure they are strong and connected
- the Office for Seniors (OFS) provides information about the issues and concerns of older people
- Oranga Tamariki (OT) provides services for children, family and whānau
- the Social Wellbeing Agency (SWA) considers social wellbeing outcomes and supports social innovation
- Te Puni Kōkiri (TPK) links to iwi and Māori providers and advises on appropriate cultural responses.

District health boards	DHBs plan, fund and deliver health services for their local communities. This includes collaborating with other agencies, Māori and Pacific providers and community organisations.
Other Crown entities	<p>Crown entities with roles that contribute to psychosocial wellbeing include:</p> <ul style="list-style-type: none"> • the Accident Compensation Corporation (ACC) provides funding for treatment and rehabilitation services and financial compensation for certain mental injuries • the Health Promotion Agency provides mental wellbeing campaigns targeted to a range of audiences • Health Quality and Safety Commission works to improve the quality and safety of health and disability support services • the Human Rights Commission (HRC) responds to enquiries and complaints regarding human rights • the Mental Health and Wellbeing Commission (in its initial form as a Ministerial Advisory Committee until February 2021) has independent oversight of mental health and wellbeing • Sport NZ supports the play, active recreation and sport sector • Worksafe New Zealand is the primary regulator for health and safety at work.
Iwi, hapū, and Māori organisations	Iwi, hapū and whānau, and Māori organisations provide wide-ranging services to support the wellbeing of their people. This includes the roles of national forums (such as the Iwi Chairs Forum), national community organisations (such as the Māori Women's Welfare League), Whānau Ora Commissioning Agencies, and local groups (such as marae committees).
Local authorities	Local authorities support social, economic, environmental, and cultural wellbeing under the Local Government Act 2002, including services such parks, libraries and community centres.

National community organisations	National community organisations include the Mental Health Foundation, membership-based organisations (such as the Platform Charitable Trust and New Zealand Drug Foundation), and national bodies with local branches (such as Emerge Aotearoa, Pathways, Salvation Army, Age Concern).
Local community organisations and networks	Community organisations provide diverse services and initiatives that strengthen communities. Some focus on particular populations, such as faith-based groups, disabled people's organisations and rural support trusts. Networks include those for people with lived experience of mental health and addiction.
Educational institutions	Early learning services, schools and tertiary learning institutions provide for learning needs of children young people, including supports for mental wellbeing.
Workforce centres	National centres focused on supporting the development of the mental health and addiction workforce including Te Pou, Te Rau Ora, Werry Workforce Whāraurau and Le Va.
Philanthropic funders	Philanthropic trusts provide grants to support diverse charitable purposes within communities.
Businesses	Businesses have staff health and safety responsibilities. Many provide sponsorship or support for community activities.
People and whānau	As individuals and whānau, we all have skills and abilities that allow us to support mental wellbeing by listening, and providing comfort and practical support.

During elevated Alert Levels

Key support agencies and activities for the psychosocial response during periods when COVID-19 Alert Levels are elevated are outlined below.

Governance and coordination	<p>The National Emergency Management Agency, hosted by the Department of the Prime Minister and Cabinet, coordinates the management of emergencies via the National Crisis Management Centre.</p> <p>The National Welfare Coordination Group plans and coordinates welfare services. Psychosocial support is a welfare subfunction listed in the <i>National Civil Defence Emergency Management (CDEM) Plan Order 2015</i>.</p> <p>After the transition out of Alert Level 4, a Caring for Communities Group was established to respond to cross-agency system issues and support regional social sector responses regionally.</p>
Ministry of Health	<p>The Ministry of Health is responsible for national health coordination, including working with others to coordinate provision of psychosocial support at the national level. The Ministry has established a dedicated COVID-19 Health System Response directorate, including an Incident Management Team that manages periods of resurgence.</p> <p>The Ministry is a member agency of the National Welfare Coordination Group and Caring for Communities Group.</p>
Government agencies	Each government agency leads the response for the sector it serves. Under the <i>National CDEM Plan Order 2015</i> , other government organisations that may be required to coordinate aspects of psychosocial services are the Ministry of Education, Ministry for Primary Industries, Ministry of Social Development and Te Puni Kōkiri.
District health boards	DHBs are responsible at the regional level for coordinating the provision of psychosocial support services. DHBs advise primary health organisations (PHOs) and community organisations on the type and nature of services needed for ongoing psychosocial support.

Iwi, hapū, whānau	Iwi, collectively or individually, have a national role and relationship as Treaty Partners, along with the roles of Te Puni Kōkiri and Te Arawhiti as the two key enablers of this on behalf of the government.
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Community organisations	Under the <i>National CDEM Plan Order 2015</i> , roles in coordinating services are identified for the NZ Red Cross, the Salvation Army and Victim Support. Many other community organisations provide vital contributions, nationally and locally.
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Glossary of terms

Addiction	<p>In <i>Kia Kaha</i>, addiction refers to a wide range of harms arising from misuse of substances or from gambling.</p> <p>Addiction services refers to services which support people’s recovery from harm caused by alcohol, other drugs or gambling.</p>
Communities	<p>Communities are groups of people based around common locality, identity or interests/purpose. Communities feature a variety of organisations through which collective action can be expressed – such as schools, churches, community organisations and local businesses.</p>
Community organisations	<p>This term is used for non-government organisations and not-for-profit organisations, national and local, including service providers and volunteer-based groups.</p>
Equity	<p>In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises that different people with different levels of advantage require different approaches and resources to get equitable health outcomes.</p>
Kaupapa Māori services	<p>Kaupapa Māori services provide health and social services for Māori within a Māori cultural context across a broad range of conditions and ailments and within a whānau-centred framework.</p> <p>Kaupapa Māori services provide health and social services that are:</p> <ul style="list-style-type: none"> • whānau centred • delivering services for Māori by Māori • supportive of kaupapa Māori principles and practices • strong in te reo Māori • skilled in tikanga Māori • steeped in mātauranga Māori • experienced in rongoa Māori. <p>This includes Māori health service providers, which are:</p> <ul style="list-style-type: none"> • owned and governed by Māori and currently funded by the Ministry of Health and/or district health board and/or primary health organisation for the provision of health services, and • deliver health and disability services primarily but not exclusively for Māori.
Managed isolation	<p>See Quarantine.</p>
Mental distress	<p>Mental distress involves thoughts, feelings, and behaviours that negatively affect day-to-day wellbeing.</p>
Mental health	<p>Mental health is a state of wellbeing in which people realise their own potential, can cope with the normal stresses of life and have meaning, connection and purpose in their life.</p>

Mental wellbeing	<p>Mental wellbeing is one component of broader wellbeing. Ideas about wellbeing differ widely among different populations, groups and individuals. They also change throughout our lives and as our circumstances change.</p> <p>Te Whare Tapa Whā is a model that represents a holistic Māori view of wellbeing. It uses the symbol of the wharenuī (meeting house) to illustrate the four cornerstones of wellbeing: taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health), and taha whānau (family health).</p> <p>For Pacific peoples, wellbeing encompasses mental, physical, spiritual, family, environmental, cultural and ancestral components, and includes cultural values that strengthen family and individual wellbeing, such as respect, reciprocity, collectivism and a focus on relationships.</p> <p>Positive mental wellbeing (or mental health) is most likely when we feel safe, connected, valued, worthy and accepted; and have a sense of belonging, identity, and hope for the future. For many of us this comes from growing up in loving whānau where we feel strongly connected and are nurtured and nourished; having positive school experiences; having strong cultural, social and, for some, spiritual connections; being fit and healthy; having friends and family, a job, a home and a safe neighbourhood; being creative and having fun; contributing to our communities; having control over our lives; and mattering to other people.</p>
Primary care	<p>Primary care relates to the professional health care provided in the community, through a general practitioner, practice nurse, nurse practitioner or pharmacist, and other directly accessible health professionals. Primary care covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening.</p>
Peer/lived experience	<p>In <i>Kia Kaha</i>, being a 'peer' or having 'lived experience' specifically refers to people who have previous or current experience of mental health and addiction issues.</p>
Psychosocial support	<p>Psychosocial support focuses on easing the psychological, social and physical effects of an emergency. It includes supporting recovery of individuals and whānau, enhancing their wellbeing, and helping them adapt after their lives have been disrupted.</p>
Quarantine	<p>Quarantine is where travellers entering Aotearoa New Zealand during the COVID-19 period are required to go into managed isolation in a government-provided facility (hotel) or a quarantine facility (separate hotel) if they have COVID-19 symptoms.</p>
Recovery (psychosocial)	<p>Recovery in a psychosocial context begins with response and continues following the end of an emergency response, or over a transition period from response to recovery. Recovery activities are sustained for as long as required. Recovery involves activities which help restore social support structures, enabling individuals and communities to seek further support through existing and new pathways, such as community-based health and social services. Recovery in the general mental health context means living well in the presence or absence of symptoms of mental ill-health.</p>
Response (psychosocial)	<p>Response in a psychosocial context involves ensuring that agencies work together to deliver services that contribute to psychosocial support and reduce any long-term negative psychosocial effects on individuals, whānau and communities. Psychosocial considerations should be well integrated into and considered in all response activities.</p>

Self-isolation	People who have come into contact with someone with COVID-19 are required to self-isolate, which means taking simple steps to avoid close contact with other people as much as possible during the potentially infectious period.
Social wellbeing	Social wellbeing is about enabling people, whānau and communities to live the lives they aspire to, including both material conditions and quality of life. A social wellbeing approach is centred on people, with an emphasis on broad measures of wellbeing. It promotes a strengths-based approach that recognises the connections people have to family, iwi, communities and regions.
Specialist mental health and addiction services	Specialist mental health and addiction services are services designed specifically for people with acute, complex and/or enduring mental health and/or addiction needs. These services include NGO- and DHB-delivered community and residential services, and services delivered in a hospital setting.
Tāngata whaiora	Literally translated, this means 'people seeking wellness'. In <i>Kia Kaha</i> it refers to people from all ethnic backgrounds who experience mental health or addiction challenges and who are seeking wellness or recovery. It includes mental health and addiction service users.
Trauma-informed approach	Trauma-informed approaches use a strengths-based framework that: <ul style="list-style-type: none"> • is grounded in an understanding of and responsiveness to the results of trauma • emphasises physical, psychological, and emotional safety for both providers and survivors • creates opportunities for survivors to rebuild a sense of control and empowerment.
Wellbeing	Wellbeing is when people are able to lead fulfilling lives with purpose, balance and meaning.

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