

Summary of Feedback

Kia Kaha, Kia Māia, Kia Ora Aotearoa:
COVID-19 Psychosocial and Mental
Wellbeing Recovery Plan

September 2020

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About the Plan and request for feedback

Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan (the Plan) was published on the Ministry of Health website on 16 May 2020.

The Plan provides a framework to guide national, regional and local action to support mental wellbeing as the nation responds to and recovers from the COVID-19 pandemic.

Drawing on the directions for mental wellbeing proposed in *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)* the Plan provides a vision, principles and focus areas to guide actions in this area for the next 12–18 months. Recognising that recovery will take several years, the Plan is a 'living document', to be refreshed as the Ministry of Health assesses the ongoing impacts of COVID-19.

The Ministry widely distributed the Plan to stakeholders in the mental health and addiction sector for feedback, and invited feedback from the public via the Ministry's Consultation Hub from 16 May to 17 June 2020.

Feedback was sought on the Plan's vision, purpose and focus areas; how organisations see their role in implementing the Plan; factors critical to the success of the Plan; positive examples of actions to support mental and social wellbeing; and whether there was anything missing.

This report summarises the prominent themes from that feedback and includes examples of specific suggestions. Although it is not possible to outline all the comments we received, we are considering them all as we shape a further iteration of the Plan.

The feedback we received has helped us build a collective picture of actions supporting mental wellbeing taken by government agencies, community organisations and other contributors during the March–May 2020 lockdown.

We thank all submitters for taking the time to provide their considered comments to assist us in producing the next iteration of the Plan, which we intend to publish before the end of 2020.

Who provided feedback?

We received 147 responses from a range of organisations, individuals and networks.

Who provided feedback	
Government agencies (central government and Crown entities)	21
District health boards	26
Local authorities	10
Primary health organisations and general practices	11
Health non-government organisations (NGOs) and networks	38
Social services/other NGOs	19
Tertiary education providers	4
International submitters	1
Individual/unspecified	17
Total	147

We received most responses (99) via the Ministry's Consultation Hub, and some (48) by email. Where we received feedback via both channels, we recorded it as having been received via the hub.

Feedback on the overall framing of the Plan

Overall, feedback was very positive, and supported the Plan’s direction.

We asked: Do the vision, principles and focus areas in the Plan resonate with you?

122 submissions specifically addressed the vision, principles and focus areas. Of these:

- 87 expressly supported the vision, principles and focus areas
- 25 expressed partial support, or support with reservations (for example, saying ‘the principles are good, but we want to see concrete actions’)
- 7 explicitly did not support the vision, principles and focus areas
- 3 were unclear as to whether they did or did not support the vision, principles and focus areas.

The COVID-19 Psychosocial and Mental Wellbeing Recovery Framework diagram

The Plan included a COVID-19 Psychosocial and Mental Wellbeing Recovery Framework (see **Appendix A**). Overall there was broad support for the Framework but some submitters provided specific suggestions for improvement.

We support the visual representation of the vision, principles and focus areas. The inverted triangle implies working together rather than a top down approach.
Health NGO

The vision, principles and focus areas in the Plan resonate because of the investment in primary, community and wellbeing support and growing the workforce, both regulated and non-regulated.
Social service/other NGO

Examples of suggested amendments included:

- giving the vision and goal more prominence (they do not appear in the body of the text, only in the diagram)
- a revised vision such as ‘an equitable and thriving New Zealand in which mental wellbeing is promoted, protected and supported’.

Te Ao Māori

Some comments focused on strengthening the Māori world view, for instance:

- the Plan needs more resonance with a Te Ao Māori world view
- the framework could more strongly embrace the vibrancy and wairua (spirit) of the land, mountains, lakes and people

- a holistic approach such as Te Whare Tapa Whā model could be given more prominence at the front of the document
- the kaupapa of Whānau Ora is an excellent model of wellbeing that could be applied to the Plan.

The understanding of wellbeing could have been better articulated using a Whare Tapa Whā model, including the physical, spiritual and whānau aspects of health to a greater degree. There is too much focus on the mental aspects of wellbeing.

District Health Board

Feedback on the principles

In general, submitters expressed strong support for the Plan's principles.

The principles of this Plan support a bottom-up approach. They appreciate that one size does not fit all, and that different approaches will be required to achieving the vision of a thriving New Zealand.

Health NGO

The principles provide an excellent foundation for strong psychosocial and mental wellbeing recovery. These principles will ideally also underpin New Zealand's economic recovery.

Social service/other NGO

Upholding Te Tiriti o Waitangi

Submitters emphasised the primary importance of upholding Te Tiriti o Waitangi (principle 3). Comments included:

- 'upholding Te Tiriti o Waitangi' should be the first listed principle
- tino rangatiratanga must be emphasised; words like 'support' and 'enable' may be viewed as 'doing to'
- 'upholding Te Tiriti o Waitangi' should be built into each principle and focus area, and there should be expectations on mainstream services to include Māori approaches.

When considering the development of a model and/or a framework, co-design with mana whenua/Māori/tangata whenua [is essential], so that whatever you do descends from a Māori world view.

District Health Board

Māori will only achieve equitable outcomes in mental wellbeing when Māori are able to shape their own destiny. The path to equity is through tino rangatiratanga.

Government agency

Suggested changes to other principles

Other comments on the principles included the following.

- *People and whānau-centred* (principle 1): statements like 'where people have capacity, they lead their recovery and wellbeing with support from services' could be included.
- *Community-led* (principle 2): some submitters noted that government-led activity to design and deliver community-based services is not the same as 'community-led' activity.

- *Achieve equity* (principle 4): the Plan could include examples of groups that experience inequitable outcomes.
- *Protect human rights* (principle 5): this should mention the United Nations Convention on Torture and the Convention on the Elimination of all Forms of Discrimination Against Women.
- *Work together* (principle 6): submitters wanted more direction on how collaboration will be achieved and the strategic direction will be embedded.

Feedback on the focus areas

The five focus area themes (see **Appendix A**) were well supported in the feedback, although there was a strong call for more concrete actions, assigned responsibilities and timeframes (see 'How to progress the Plan' below).

Focus area 1: Collectively building the social and economic foundations for psychosocial and mental wellbeing

This focus area encompasses the wider determinants that influence mental wellbeing. There was wide support for this concept. Some submitters wanted detail about actions across government agencies, for instance, the role of schools in supporting mental wellbeing and work on homelessness. Several submitters called for the inclusion of 'culture' as a determinant/foundation of wellbeing.

The response needs to include much wider agencies than the mental health and addictions sector, as supporting people through the economic and job loss impacts may require a range of specific interventions.

Health NGO

An A3 easy read of all the plans related to COVID-19 that are developed by government would be useful. This would also show the common activities and show a coordinated approach.

Health NGO

Focus area 2: Empower community-led response and recovery

Submitters praised the prominence of community activity in the Plan. Many submitters highlighted positive actions that had already been undertaken at a community level during the COVID-19 lockdown.

Many submitters emphasised the significant roles of people with lived experience, whānau, neighbours, community organisations and volunteers. Submitters identified shifts needed in the system to enable communities to lead responses, noting that resourcing is a key issue.

Other comments included that:

- the Plan should clarify which initiatives should be national and which community-led
- community-led approaches should be about addressing power imbalances and deficits in communities that hinder communities' ability to implement their own solutions to local issues

- the verb 'empower' in this focus area has a government-in-charge flavour, and could be changed to 'prioritise and support', while 'resilience' could be used instead of 'recovery'
- the Plan should include actions related to community arts, sport and cultural activities
- 'encourage communities to reimagine our future' was an example of a listed action where responsibility was not clear.

The community sector and voluntary sector pick up addressing much of grassroots level impact of COVID 19. They will require funding, resourcing and autonomy to act and meet the needs of individuals, whānau and communities.

Social service/other NGO

Focus area 3: Equip people to look after their own mental wellbeing

Although most responses did not specifically address this focus area, those that did included that:

- this is too focused on the individual, and needs to place people within the context of their whānau
- people's different learning styles and needs should be acknowledged.

The focus areas need to be a bit broader to reflect that workplaces are considered part of the community and will contribute significantly to strengthening and equipping people to look after their own wellbeing.

Individual

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

Feedback for this focus area was positive, although many comments focused on the continuing demand and resourcing pressures.

General practices sought clearer acknowledgment of their role and expressed a desire for longer consultations and more access to psychologists. Some comments highlighted the essential role and resourcing needs of emergency departments, kaupapa Māori services and alcohol and other drugs services.

Population-focused actions were recommended, for instance to recognise that services for ethnic populations need to be provided in culturally appropriate ways.

Issues for community organisations were highlighted, particularly the need for sustainable funding. Several suggested government tendering processes needed changing, for instance to support collaboration, build in evaluation and strengthen equity.

We need to see widespread access to mental health and addiction support available free in communities and primary care.

General practice/primary health organisation

Continue to engage with, work with and trust the community sector and NGOs, who have demonstrated their strength in collaboration, to support government initiatives. NGOs need to be funded appropriately, to allow longevity and creativity.

Health NGO

Focus area 5: Support specialist services

Responses highlighted the pressure services were already under prior to COVID-19, and actions needed to address waitlists. Funding and staffing were outlined as main concerns, particularly if COVID-19 impacts were to increase.

Impacts on specialist services will need monitoring now that staff are returning and referrals are flooding in.

Health NGO

Overarching comments on focus areas

Some overarching comments on the focus areas included that:

- the Plan does not address mental health and addictions equally; most actions are singularly focused on mental wellbeing, or do not recognise that addiction covers more than just substance harm
- in order for the Plan to apply equitably to rainbow communities, references to whānau must be interpreted more broadly than birth or whakapapa whānau.

Feedback on enablers

The Plan identified certain enablers as tools that allow the Ministry of Health and other organisations to put the Plan into action: information and data, workforce capacity and capability, and policy and regulation.

Submitters suggested additional areas that could be considered enablers: collaboration and cooperation, funding for services, communications and access to technology.

In particular, we are pleased to see that the gathering and sharing of mental health and wellbeing data is recognised as a key enabler for all actions in the Plan.

Health NGO

Workforce

A range of organisations agreed with the continuing importance of diversifying and expanding the mental health and addiction workforce, taking into account additional pressures from responding to COVID-19. Submitters noted that workforce goals should include increasing Māori and Pacific health workforces and peer support.

It is good to see staff included and a focus on workforce development.

District Health Board

A well-trained and motivated workforce with the right skills, knowledge, competencies and attitudes is required to ensure that people with mental health and addiction issues receive high-quality care and support. We especially see the need to grow and develop the Māori, Pacific and Asian workforce.

Health NGO

Collaboration and cooperation

Submitters emphasised that the Plan's success depends on the participation of many players, including iwi/hapū/whānau, central and local government, district health boards, general practices, community organisations, lived experience networks and businesses.

The importance of collaboration was emphasised, both nationally and locally, to ensure people can easily move between services (that is, the concept that 'no door is the wrong door'). The value of leadership that shares decision-making power and lessons learnt was noted. Some identified that competition for contracts can be a barrier to community organisations collaborating with each other.

A critical success factor is the need to take a whole-of-system and cross-sector view and commitment to supporting our community, in collaboration with common purpose and no conflicting agendas, working in rhythm with one another: 'He waka eke noa'.

District Health Board

Collaboration and communication at a regional level as well as nationally is a key factor.

Social service/other NGO

Resourcing mental health and addiction services

Funding was highlighted as an essential enabler of effective response and recovery. Submitters noted the importance of resourcing in many contexts, including social services and across the spectrum of mental health and addiction services.

Communications/sharing information

One critical success factor highlighted by many submitters was effective communication. Submitters recommended:

- use of multiple channels to ensure information reaches the most vulnerable people
- a continued focus on positive messaging to build a sense of unity, and good news stories
- communication of work happening across government and elsewhere.

Access to technology

Submitters acknowledged the success of telehealth, e-therapy, video conferencing via Zoom and other uses of technology in the context of the COVID-19 response. However, some concerns were raised about people who struggle to access this support; for instance, due to poverty, remoteness, a lack of resources, language barriers or learning difficulties.

People, particularly vulnerable people, face multiple barriers to accessing treatment services. We saw this during lockdown, as some people were cut off from support because they didn't have access to the right technology.

Health NGO

Who is impacted?

Many submitters commented on certain groups particularly affected by the COVID-19 lockdown, and populations requiring specific attention in the recovery phase and the longer term.

Impacts on populations during lockdown

Submitters elaborated on the impacts of lockdown on particular groups of people; for example, the stress experienced by:

- the workforce – particularly frontline health staff and carers
- people in quarantine facilities and managed isolation and their whānau
- newly unemployed people
- people whose health treatments were postponed
- people unable to help whānau members in court or prison
- women giving birth and new mothers
- whānau exposed to family violence and the impacts of alcohol or other drug use
- community organisations reliant on grant-making trusts which stopped distributing funds during lockdown.

Carers of older people, people with dementia, disabled people and children, who would usually have some respite through respite care, day programmes and school had significant additional pressures to take on.

Government agency

Impacts on Māori

Regarding the needs of Māori communities, submitters commented that the Plan needs to take into account:

- the cumulative and generational impacts of colonisation
- the impacts of racial discrimination
- long-standing inequities in services available for Māori.

The need to retain links to the Ministry of Health's *Updated COVID-19 Māori Response Action Plan* was noted.

Māori are likely to be disproportionately impacted, with the Plan needing to be explicit about the impact, and specific mitigating actions, for Māori whānau, hapū, iwi and marae.

District Health Board

Mental wellbeing of diverse population groups

Many submitters wrote of population groups with specific mental wellbeing needs, including pregnant women and new mothers, infants and children, youth, rainbow communities, ethnic communities and refugees, older people, people with disabilities, prisoners and rural communities.

Many submissions provided evidence supporting the needs of these groups. Several mentioned the intersection of needs, and the value of taking a life-course approach to addressing these needs.

Attention also needs to be paid to the impact on Pacific people and cultures, including what long-term border closures may mean for people's connectedness to Pacific nation fanau.	District Health Board
Culturally and linguistically targeted and tailored approaches will be needed, which recognise the psychosocial impact of the refugee experience and of settlement in a new society.	Social service/other NGO
Rainbow communities need to be named throughout the Plan as a priority population that continues to experience stigma and discrimination resulting in higher rates of mental illness and suicide.	Health NGO
Based on the international evidence around economic downturns disproportionately impacting young people, it will be critical to ensure prevention and early intervention is prioritised.	Social service/other NGO
Supporting mothering and parenting is an investment and all efforts to support perinatal mental health and wellbeing are critically important not only for women but for infants, children and whānau.	Health NGO
We would like to see the needs of rural communities more visibly acknowledged as a group with specific needs.	Government agency

Positive examples and contributions

Positive examples of mental and social wellbeing support during COVID-19

Submitters highlighted wide-ranging positive examples of mental and social wellbeing support during the COVID-19 response, both within programmes that pre-dated COVID-19 and through new initiatives. Many people expressed support for particular national services (such as telehealth and e-therapy), health promotion campaigns and tailored messaging for specific populations.

A diverse range of local initiatives were cited, led by iwi/hapū, community organisations and volunteers, including:

- hygiene buckets and precooked meals for older Māori
- health care mobile units and testing stations led by Pacific communities
- community groups phoning vulnerable members to check that they were coping
- virtual parenting programmes and wellbeing events
- phone and video sessions for people with addictions.

Submitters praised the uptake of innovative approaches and new initiatives (for example, Zoom consultations and meetings) during the COVID-19 response. There were calls for this focus on innovation to continue, and for lessons in flexibility and innovation to be shared.

During alert levels 4, 3 and 2 Tūranga Health provided 980 precooked meals to iwi, 550 precooked meals for vulnerable whānau, and 2,050 hygiene buckets to iwi and vulnerable whānau. Another 580 hygiene packs from Whānau Ora were delivered. And 350 flu vaccinations were administered to vulnerable whānau. These reached rural and urban/central communities.

District Health Board

The Council has worked with Ministry of Primary Industries and our Rural Support Services to put together a campaign of practical interventions called 'Pride in Our Land'. It includes a range of activities and communications – including arranging a 'Learn to Fly Fish' day, a 'Take the Family tramping' day, a photo competition and lots of resources from places like Farmstrong.

Local government

How organisations saw themselves contributing to the recovery

We asked organisations how they saw themselves contributing to the Plan. In response, many described the nature of their work to support mental and social wellbeing.

- District health boards, including mental health and addiction services, saw their work as aligned with the Plan.
- Local authorities commented on their role in supporting community-led initiatives, providing facilities and linking economic recovery to social outcomes.
- General practitioners discussed their front-line role in providing mental health support.
- Community organisations highlighted a wide range of work to support communities and specific population groups.
- Various organisations highlighted their role in providing support for people with alcohol and other drug challenges.
- Several submitters discussed their role in providing information and intelligence to the Ministry of Health, district health boards and other organisations.

As a District Council, our role is in liaison and promotion. We can (and do) support the coordination of community-led initiatives. We also, as the document points out, contribute to psychosocial wellbeing via the provision of services and spaces such as parks, libraries, pools and a vibrant urban environment.

Local government

DHB provider arms need to do their core work as well as possible, support and advise primary providers, advocate, advise local plans and lend their expertise to upskill non-health provider agencies.

District Health Board

How to progress the Plan

General editing comments

Many submitters suggested wording changes to the Plan. For instance, while emergency management requirements refer to 'psychosocial response', several submitters noted this term is not familiar or accessible to everyone.

Timeframes

Responding to the Plan's 12–18-month timeframe, various submitters commented that a longer-term view is needed, tied to the government response to *He Ara Oranga* rather than just the pandemic.

There will need to be a seamless and progressive transition from initial recovery planning of the pandemic impacts to the already well-established and researched mental health and addiction needs of our communities.

Health NGO

Allow for future crises

The need to build community resilience in anticipation of inevitable future crises was noted, as was the need for development of early intervention strategies to address potential further waves of COVID-19. This should include planning to ensure equity across population groups.

Updated data on impacts

Submitters noted that updated information on the emerging and potential impacts of COVID-19, including impacts on specific populations and services, will be necessary to inform the next iteration of the Plan.

Engagement

Submitters emphasised that engagement in the evolving Plan should be ongoing, and should reflect the Treaty partnership, involve people with lived experience and focus on communicating progress widely. Collaborative planning needs to take place both nationally and locally.

More detailed implementation and actions

The most common feedback was that the Plan should include more detail about its implementation; for example, specific actions with assigned responsibilities, timing and sequencing, and detail about resourcing.

Stagger the Plan with clear phases that highlight specific actions and expectations from key stakeholders. Include a communications strategy. Clarify the different leadership roles for various stakeholders including DHBs and councils.

Joint submission

What will be done differently across key areas of the DHB to realise these areas?
What will need to stop? What will any funding be prioritised for?

District Health Board

Measures and monitoring

In terms of implementation, submitters requested that the Ministry develop measures for key actions and for monitoring/evaluation of progress.

Continuous monitoring is needed to ensure the supports in place are achieving what they are designed to do and absorbing feedback once the model is up and running.

Government agency

Next steps

The Ministry is developing a further iteration of the Plan that takes into account the feedback provided. This is due to be released before the end of 2020.

Appendix A: COVID-19 Psychosocial and Mental Wellbeing Recovery Framework, May 2020

Principles

