



9 September 2020

Submission to Initial Mental Health and Wellbeing Commission

The New Zealand College of Public Health Medicine (NZCPHM) would like to thank the Initial Mental Health and Wellbeing Commission for the opportunity to [make a submission](#) on the draft [He Ara Oranga wellbeing outcomes framework](#).

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 205 current members, all of whom are medical doctors, including 185 fully qualified Public Health Medicine Specialists, with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

Background

The NZCPHM supports the development of a wellbeing outcomes framework to support the mental health and wellbeing system to understand, measure and inform improved outcomes for Aotearoa New Zealand, including at population levels. We are of the view that a population approach to mental wellbeing will improve the overall mental health status of the population in Aotearoa New Zealand. The NZCPHM has therefore taken a public health approach to mental health, to provide specific feedback on the draft of the conceptual framework.

General points

Overall relevance

1. Overall, does the outcomes framework resonate with you?

Yes

No

Please provide details to explain your 'yes' or 'no' response.

Comment: As noted in our previous [Submission to the Mental Health and Addiction Inquiry](#), the NZCPHM supports a population approach to mental health and wellbeing, which will improve the overall mental health status of the population in Aotearoa New Zealand.¹ The outcomes framework covers some of the essential elements of this approach:

- Thinks about whole communities and population groups
- Works in partnership with populations
- Recognises the central importance of Te Tiriti o Waitangi for population mental health.

However, we believe that a stronger reference to the socioeconomic determinants of wellbeing and the need to achieve equity would strengthen this framework.² Specific detail as to where this could be interwoven is outlined in our submission below.

Six wellbeing areas

2. We have identified six interconnected areas of wellbeing:

For Māori as tangata whenua

- whakaaetanga (acceptance) and manaakitanga (love and compassion)
- oranga (wellbeing)
- rangatiratanga (autonomy), mana motuhake (authority) and whakaute (respect)
- whanaungatanga (connection and belonging)
- wairuatanga (spirituality) and manawaroa (resilience)
- rangatiratanga (autonomy), mana motuhake (authority) and whakanuitanga (celebration and honouring)

For everyone in Aotearoa

- are safe and nurtured
- are healthy
- have their rights and dignity upheld
- are connected and contributing
- are resilient and can heal and grow
- have hope, purpose and autonomy

How well do these six areas cover what wellbeing means to you?

- Not at all
- A little bit
- Somewhat
- Mostly
- Completely

3. (Unless you answered 'completely' in 2)

Please describe what could be changed in these six key areas. For example, are the right concepts grouped together? Are there important concepts missing?

Comment: We believe all six interconnected areas of wellbeing are important and successfully incorporate related concepts of wellbeing from different world views. As advocates of a population health to mental health and wellbeing, the effort to define six interconnected areas of wellbeing from both a Māori world view and everyone in Aotearoa New Zealand (including Māori) recognises the central importance of Te Tiriti o Waitangi, the need to think about whole communities and population groups, and the need to work in partnership with populations.

However, achieving health equity is also essential to mental health and wellbeing. We therefore suggest an additional area of wellbeing could be added for Māori as tangata whenua – *Oritetanga* (equity). From a population health perspective, this would better reflect our obligations under Article 3 of te Tiriti o Waitangi to achieve equity in health outcomes between Māori and non-Māori.^{2,3,4,5}

Descriptions of the six outcome areas

4. Each area of wellbeing includes a description about what this means for everyone and for Māori, and in the future, for other priority groups.

Refer to the descriptions in the draft outcomes framework on the [Initial Commission website](#), or a text version in Appendix 2.

How well do the statements under each of the six areas describe what wellbeing means to you?

- Not at all
 Slightly
 Moderately
 Mostly
 Completely

5. *(Unless you answered 'completely' in 4)*

Please explain what could be changed in the descriptions. For example, are the right concepts grouped together? Are there important concepts missing?

Comment: The NZCPHM would like to comment on the importance of the concept of social cohesion and mental wellbeing in relation to COVID-19. We contend that since the advent of the COVID-19 pandemic including the need for vigorous public health responses (including physical/social distancing, lockdowns) and economic shocks, social cohesion has become an even more important priority for wellbeing that may need to be better embedded in a mental wellbeing framework.

In particular, we would like to draw your attention to a report by Koi Tū: The Centre for Informed Futures on the response to COVID-19, [Social Cohesion in a Post-COVID World](#),⁶ which argues that sustaining and enhancing social cohesion needs to be a key policy priority as we move forward. There is a need for strength of the collective to co-determine a “new normal” in Aotearoa New Zealand. New Zealand’s cohesiveness was evident in the early responses to COVID-19. However, this has been challenged since then as decisions made by the Government, individuals and businesses have created tensions in the face of different views of the best path forward and wellbeing is affected.⁶

To achieve social cohesion, constructive and inclusive decision-making processes are needed that empower communities and foster co-determination; this could be better reflected in the outcomes framework to promote mental wellbeing as we move forward.

The NZCPHM acknowledges that the six wellbeing areas includes the concepts of whanaungatanga (connection and belonging) for Māori and the importance of connection and contribution to communities for everyone in Aotearoa. However, we suggest that these areas of wellbeing are further explored to reflect the need order to foster the five key components of social cohesion, as outlined in the Koi Tū report – belonging, inclusion, participation, recognition, and legitimacy.⁶

Vision

6. Our “vision” is one sentence that describes what we hope the future state of mental health and wellbeing will be in Aotearoa.

The proposed vision for the Initial Mental Health and Wellbeing Commission and the outcomes framework is:

“Tū tangata mauri ora, flourishing together”

Do you think this is a suitable aspirational vision?

- Yes – I think it is a suitable aspirational vision
- No – I think it needs some revisions

Principles

7. The outcomes framework development and all the work of the Initial Commission draws on overarching principles. These are:

- Te Tiriti o Waitangi paves our way, and the Māori-Crown partnership is our foundation
- Wellbeing for all is our goal
- We uphold multiple knowledges, including Mātauranga Māori, and share power
- We put people, whānau and communities at the centre of all our work
- Our priorities are guided by the voices of lived experience, Māori, Pacific peoples and other groups who experience poorer wellbeing outcomes
- We take holistic approaches that enhance wellbeing
- We carry the spirit and voices of *He Ara Oranga, Oranga Tāngata, Oranga Whānau* and the *Mental Health Inquiry Pacific Report*
- Our work makes a difference
- Our work is accessible to all

How well do you think these principles are reflected in the draft outcomes framework?

- Not at all
- A little bit
- Somewhat
- Mostly
- Completely

8. (Unless you answered ‘completely’ in 7)

Please explain how the principles can be better reflected in the outcomes framework.

Comment: The NZCPHM acknowledges that there is reference to Te Tiriti of Waitangi, but suggests that a goal to achieve equity be made more explicit. In the overarching principles, a further principle of *achieving equity of mental health outcomes for all is our goal* could be added to better reflect an aspiration for better, fairer and more equitable mental health outcomes between Māori and other New Zealanders.

The data phase

9. After the conceptual phase, we will be starting the data phase – how we will measure wellbeing outcomes and identify gaps in data.

We intend to include a range of indicators to measure the areas of wellbeing. This will include both quantitative and qualitative data, and ability for people to report on their own self-defined wellbeing along with objective indicators (e.g. percentage of people having safe, stable housing).

We plan to seek views from people who are interested in discussions about data. Would you be interested in being involved in the data phase (around October and November 2020)?

Yes

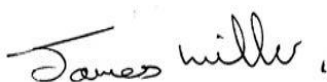
No

If yes, who is the appropriate contact for us to seek views on data? Please provide name and email address.

Comment: The members of the NZCPHM includes public health specialists who use data to analyse public health problems and would possibly be very interested in commenting on the next phase – the measures, indicators and data sources. Please contact Di Cookson, Policy Advisor, New Zealand College of Public Health Medicine di@nzcp hm.org.nz

Thank you for the opportunity for the NZCPHM to submit on the Initial Mental Health and Wellbeing Commission. We hope our feedback is helpful and are happy to provide further clarification on matters covered in this submission.

Sincerely,



Dr Jim Miller, President, NZCPHM

References:

¹ New Zealand College of Public Health Medicine. NZCPHM Submission to the Mental Health and Addiction Inquiry. Wellington: NZCPHM, 2018.

(https://www.nzcp hm.org.nz/media/115473/nzcp hm_1.pdf)

² New Zealand College of Public Health Medicine / New Zealand Medical Association. NZCPHM Policy Statement on Health Equity (adopting the NZMA Position Statement on Health Equity 2011). Wellington: NZCPHM, 2016.

(https://www.nzcp hm.org.nz/media/58923/2016_11_17_nzcp hm_health_equity_policy_statement.pdf)

³ New Zealand College of Public Health Medicine. NZCPHM Policy Statement on Māori Health. Wellington: NZCPHM, 2015.

(https://www.nzcp hm.org.nz/media/89786/2015_11_30_m_ori_health_policy_statement_.pdf)

⁴ Waitangi Tribunal. Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry Wai 2575. Lower Hutt: Waitangi Tribunal, 2019.

(https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf)

⁵ New Zealand College Public Health Medicine. Choosing Wisely – Recommendations and explanatory statements. Recommendation 1: Partner to achieve health equity Wellington: NZCPHM, 2019.

(https://www.nzcp hm.org.nz/media/119034/choosing_wisely_2019_reviewed_final.pdf)

⁶ Spoonley P, Gluckman P, Bardsley A, McIntosh T, Hunia R, Johal S, Poulton R. He Oranga Hou: Social Cohesion in a Post-Covid World. Auckland: Koi Tū: The Centre For Informed Futures, University of Auckland, May 2020. (<https://informedfutures.org/wp-content/uploads/Social-Cohesion-in-a-Post-Covid-World.pdf>)